



Interlake School Division
192 2nd. Ave. N
Stonewall, Manitoba
R0C 2Z0
Phone 204-467-5100
Fax 204-467-8334

PLEDGE OF CONFIDENTIALITY

As an employee/volunteer of the Interlake School Division, I acknowledge and understand that I may/will have access to personal health information about others, including students, the confidentiality and protection of which is governed by The Personal Health Information Act (the Act).

I further acknowledge and understand that the Interlake School Division has established written policies and procedures containing provisions for the security of personal health information in the Division's possession during its collection, use, disclosure, storage and destruction, provisions for the recording of security breaches, and corrective procedures to address security breaches.

I further acknowledge that I have been provided orientation and that I have received or will receive ongoing training about these policies and procedures.

I acknowledge that I am bound by the policies and procedures established by the Interlake School Division in accordance with the Act and I am aware that a consequence of breaching them is prosecution under the Act, and/or disciplinary action.

(Date signed)

(Signature)

(Print name and position-Teacher, E.A. etc.)

