PRAIRIE ROSE SCHOOL DIVISION
PLEDGE OF CONFIDENTIALITY

As an employee/volunteer/agent of the Prairie Rose School Division, which is a trustee under *The Personal Health Information Act* (PHIA) and a public body under *The Freedom of Information and Protection of Privacy Act* (FIPPA), I acknowledge and understand that I may/will have access to personal information[1] and personal health information[2] about others, including students. I acknowledge the confidentiality and protection of personal health information is governed by PHIA and the confidentiality and protection of personal information is governed by FIPPA.

I further acknowledge and understand that the Prairie Rose School Division has established written policies and procedures respecting the protection of personal information and/or personal health information in the division's procession during its collection, use, disclosure, storage and destruction, including the recording of security breaches and correct procedures to address these 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 Prairie Rose School Division in accordance with both PHIA and FIPPA and I am aware that a consequence of breaching these policies and/or procedures is prosecution under these Acts and/or disciplinary action in accordance with Division policy.

Signature: _____ Date signed: _____

Print name: _____ Position: _____

STATUTORY DEFINITIONS

1. Personal Information means recorded information about an identifiable individual that relates to:
   a) The individual's name;
   b) The individual's home address or home telephone, facsimile or email address;
   c) Information about the individual's age, sex, sexual orientation, marital or family status;
   d) Information about the individual's ancestry, race, colour, nationality or national or ethnic origin;
   e) Information about the individual's religion or creed or religious belief, association or activity;
   f) Personal health information about the individual;
   g) The individual's blood type, fingerprints or other hereditary characteristics;
   h) Information about the individual's political belief or association or activity;
   i) Information about the individual's education, employment/occupation or occupational history;
   j) Information about the individual's source of income or financial circumstances, activities or history;
   k) Information about the individual's criminal history including regulatory offences;
   l) The individual's own personal views or opinions, except if they are about another person;
   m) The views or opinions expressed about the individual by another person, and
   n) An identifying number, symbol or other particular assigned to the individual.
2. Personal health information means recorded information about an identifiable individual that relates to:
   a) The individual's health or health care history, including genetic information about the individual;
   b) The provision of health care to the individual, or
   c) Payment for health care provided to the individual, and includes,
   d) The PHIN as defined in *The Personal Health Information Act* and any other identifying number, symbol or particular assigned to and
   e) Any identifying information about the individual that is collected in the course of, and is incidental to, the provision of health care or payment for health care.

"**PHIN**" means the personal health identification number assigned to an individual by the minister to uniquely identify the individual for health care purposes.