

CONFIDENTIALITY AGREEMENT – VENDORS

All vendors coming into BC Cancer - Kelowna are required to sign this Confidentiality Agreement.

I, _____, as a vendor at BC Cancer – Kelowna, understand I may observe or have access to confidential information related to patients, staff, and volunteers while in the Cancer Centre selling my products. I may also become aware of information about BC Cancer/PHSA that is not public knowledge. I understand I am obligated under this agreement not to disclose, copy, misuse or release any of this confidential information.

I also understand that confidential information regarding patients is not to be discussed with anyone outside of BC Cancer or with any other staff member/volunteer whose duties do not require this knowledge. This information includes:

- Patient's name, address and and/or phone number
- The patient's race, nationality, ethnic origin, religious or political beliefs or associations
- Any information about the patient's health care history including physical or mental disability and/or healthcare choices
- Any information about the individual's educational, financial, family or employment history

I will not disclose or discuss any content of a patient's conversations, in whole or in part, with anyone not directly involved in their care. If I am unsure whether a staff member is entitled to patient information, I will check with the Regional Coordinator, Volunteer Services first.

I understand the importance of respecting confidentiality, if I am ever in the position of recognizing a patient or become aware of an employee, friend or family member's medical information while at the Cancer Center.

I will refrain from accessing, using or sharing information that is not required for or related to being a vendor at BC Cancer. This means I will not seek information in regards to any patient, family member, staff member or member of the public (eg. inquire about a health issue with a family member).

I understand that patients can offer whatever information they want to vendors, if they are interacting with them, but vendors are not to ask patients or families to provide information about themselves like what kind of cancer they have, inquire about their treatment, etc. I won't share information about other patients that I've learned through my interactions with them.

If I am not sure about something related to privacy and confidentiality, I will ask the Regional Coordinator, Volunteer Services.

If I violate any aspects of this confidentiality agreement, I will advise the Regional Coordinator, Volunteer Services immediately. I understand it may be grounds for terminating any future opportunities to be a vendor for BC Cancer Kelowna and may subject me to legal action.

I acknowledge I have read, understand and will adhere to the requirements outlined in this Confidentiality Agreement.

Vendor's Signature: _____

Date: _____

Witnessed by:

Regional Coordinator,
Volunteer Services
Name:

Signature: _____

Date: _____