

CONFIDENTIALITY AGREEMENT BETWEEN MEDICAL PRACTICE & FILE STORAGE FACILITY

The file storage facility named below hereby agrees that it accepts for storage patient files provided by the medical practice described below.

The file storage facility agrees that it will not allow its representatives, agents or employees to read, use or disclose any patient information contained within the files provided to it.

The file storage facility agrees that it will maintain complete confidentiality with respect to all patient information (whether received or created before or after the date of this agreement).

The file storage facility agrees that, upon receiving a request from the medical practice, it will deliver the requested files to the medical practice on a timely basis.

The file storage facility represents that it has safeguards in place, to protect the security of patient information.

The file storage facility represents that it is aware of and fully compliant with Saskatchewan's Health Information Protection Act

The file storage facility acknowledges and agrees that any breach of this agreement may result in termination of the service agreement and may be grounds for legal action by the medical practice against the service provider.

File Storage Facility: (please print)

Authorized Signatory: (please print)

X _____

Authorized Signature

Date (dd/mm/yy)

**Medical
practice:** _____

Witness (privacy officer): (please print)
Dr _____

X _____

Witness Signature

Date (dd/mm/yy)