

## **CONFIDENTIALITY AGREEMENT BETWEEN MEDICAL PRACTICE & SERVICE PROVIDER**

The service provider named below hereby agrees that it will not use or disclosure any identifiable patient information (whether received or created before or after the date of this agreement) except for the purposes necessary to perform services for the medical practice named below, as set out in the service contract entered into between the service provider and the medical practice before this date (“service agreement”) or with the prior written consent of the medical practice in its sole discretion or as compelled by law.

The service provider represents that it has safeguards in place, equal or superior to the medical practice named below, to protect the security of patient information. The service provider agrees to securely dispose of identifiable patient information once it is no longer required for the purposes specified in the service contract and to notify the medical practice within a reasonable time thereafter that this has been done and how it has been done.

The service provider represents that it is aware of and fully compliant with Saskatchewan’s Health Information Protection Act ~~and agrees to comply with that Act.~~

The service provider 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. -

**Service Provider:** (please print)

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**Authorized Signatory:** (please print)

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X \_\_\_\_\_

Authorized Signature

Date (dd/mm/yy)

**Medical  
practice:** \_\_\_\_\_

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**Witness (privacy officer):** (please print)

Dr \_\_\_\_\_

**X**

\_\_\_\_\_

Witness Signature

Date (dd/mm/yy)