

EXAMPLE

Panorama User Rights & Confidentiality Agreement

As an employee, contracted employee, student, or otherwise service provider, I understand that as an authorized user of Panorama I will have contact to confidential client information that includes, but is not limited to, information relating to client registration and immunization data stored in Panorama (Panorama Information) .

As a condition of being granted user rights and permissions for Panorama, I acknowledge that I am permitted to access and use the Panorama Information only for authorized health purposes or such other purposes that may be permitted by law, and that my access to and use of the Panorama Information is limited to that information I need to perform the legitimate duties within my Trustee organization that are specific to the role(s) for which I was authorized as a user.

In Particular:

1. I understand that the Panorama Information I use in the performance of my duties is confidential;
2. I understand that my use of and access to the Panorama Information must be in accordance with the Panorama Immunization Management System Joint Service and User Access Policy and that I have been made aware of the terms of that Policy;
3. I understand that a client's implied or express consent is required to disclose Panorama Information to a third party, unless applicable law permits disclosure of the information without consent;
4. I understand that I am not permitted to use Panorama Information regarding myself, my spouse, family members, friends, acquaintances, co-workers, and any other person for purposes unrelated to my duties. This includes looking up birth dates, addresses, and immunization information for personal use, out of curiosity or for any other purposes other than those for which the Panorama Information is intended;
 - 4.1 I further understand that unauthorized use also includes looking up and/or exporting any information on the names, birth dates, and addresses of clients for purposes other than those for which Panorama has been approved;
5. I understand that any disposal of documents containing Panorama Information must be done by way of secure disposal which includes mechanical shredding of the documents;
6. I acknowledge that I am responsible and accountable for all activities conducted on the computer network under my Panorama user account and I am not to share my Panorama user account or password with others; and
7. I acknowledge that Panorama is monitored in order to protect and maintain the integrity of the system and to ensure compliance with privacy policies and procedures.

I understand that there are severe consequences including discipline and possible termination of my employment/service if I act in a fashion which is not in keeping with the foregoing. I also understand that legal action may result from breach of these terms and that such may include prosecution of an offence where actions violate the provisions of the law. I understand that my name may be released to a complainant as part of full disclosure in a proven case of breach of privacy.

I hereby acknowledge the above obligations regarding my user rights and permissions associated with Panorama:

User's Legal Name: John Doe

Signature: John D Doe

Date: November 7, 2014

User Organization/Operating Legal Name: Sun Country Health Region

Authorizing Signature: S G Panorama MD

Printed Name and Title: Dr. S. G. Panorama, Medical Health Officer

Date: November 10, 2014

Street Address (mailing): Community Health Services Building, Box 2003

City and Province: Weyburn, Saskatchewan

Postal Code: S4H 2Z9

Once fully completed, please either:

1. Scan and email to Panorama Project Lead at the Ministry of Health at panoramaconfidentiality@health.gov.sk.ca,

or

2. Mail to
Panorama User Agreement
Population Health Branch
Saskatchewan Health
3475 Albert Street
REGINA SK, S4S 6X6