

10. I understand that a failure to comply with the *SHA Confidentiality Agreement for External Parties* may result in action being taken against me which may include but is not limited to the following:
- a) disciplinary action by the SHA which may result in the suspension or revocation of my appointment and privileges, or the termination of my employment;
 - b) a legal action being brought against me by SHA or the patient, client or resident affected by the breach of confidential information;
 - c) a complaint or report about me being made to my professional licensing body by the SHA;
 - d) a complaint being made to the Saskatchewan Information and Privacy Commissioner (OIPC) by the SHA; and/or
 - e) a complaint to the Ministry of Justice by the SHA.
11. I understand that my obligations under the *SHA Confidentiality Agreement for External Parties* will survive beyond the term of my service and/or relationship with the SHA, and all confidential information must be returned to and remain in the custody of the SHA.

I acknowledge that I have been given the opportunity to read this *SHA Confidentiality Agreement for External Parties* and to ask questions about it.

Name _____ **Date** _____
Signature _____

The above person signed this document in my presence.

Name _____ **Date** _____
Signature _____