



UNDERTAKING

I, _____ wish to bring _____ ,
(the "Parent") (The "Student")
to _____ on _____ , 20 _____
(location) (Month, Day) (Year)
in order to participate in the "Take Our Kids to Work" program.

1. I have signed a Pledge of Confidentiality regarding Personal Health Information.
2. I understand that personal health information must be kept confidential.
3. I agree to:
 - a) (i) attend a PHIA orientation session with the student if required; or,
(ii) explain to the student what personal health information includes (Appendix B);
 - b) tell the Student to keep confidential any personal health information he/she may see or hear;
 - c) make arrangements to have the Manager/Supervisor request permission directly from any patient/client for the Student to be present at any clinical assessment, consultation, procedure or treatment, including surgery, or any other area where the patient/client is in attendance away from the presence of the Student or Parent so that the patient/client has every opportunity to refuse permission; and,
 - d) limit the amount of personal health information provided to the Student to a "Need to know" basis (for example, the Student may need to know that you are performing a lung x-ray to check for pneumonia, or giving chemotherapy for leukemia, however the Student does not need to know the patient/client's name).
4. I agree to supervise the Student while involved in the Program.
5. Additional Terms and Conditions required by the Supervisor, if any:

Parent's Name	Parent's Signature	Date
---------------	--------------------	------

Location	Manager's Signature	Date
----------	---------------------	------

I, _____ agree to keep all personal health information confidential.
(the Student)

Student's Signature: _____ **Date:** _____

* PARENT for the purposes of the "Take Our Kids to Work" Program means a responsible adult employed within the Interlake-Eastern RHA (IERHA) or a member of the IERHA Medical Staff, who agrees to supervise a child participating in the Program.