

<b><u>POLICY</u></b> <b>JOB SHADOW</b>	Page 1 of 1
<b><u>APPENDIX C</u></b> <b>Release of Liability and Confidentiality Agreement for Job Shadow</b>	<b><u>DATE</u></b> August 15, 2023

**RELEASE OF LIABILITY AND CONFIDENTIALITY AGREEMENT FOR JOB SHADOW**

*Release of Liability*

I, \_\_\_\_\_, (name of individual), I understand and release Fraser Health, its directors, officers, employees, agents and doctors, from any liability for loss, injury, action, cause of action, or claim for damages resulting from being in the workplace for a job shadow.

*Confidentiality Agreement*

I have read and understand that under the [British Columbia's Freedom of Information and Protection of Privacy Act \(FOIPPA\)](#), I am not allowed to use or share personal information learned during my job shadow. Personal information includes: names, addresses, phone numbers, ethnicity, religion, age, marital status, education, employment, and medical and psychiatric history.

I agree not to change, copy, destroy, or remove any information that I come into contact with during my job shadow at Fraser Health.

I understand that I will follow Fraser Health's policies and procedures during my job shadow and, if I am not sure, I will ask for help from the Fraser Health employee I am shadowing. I understand the [Confidentiality and Security of Personal Information - Corporate Policy](#) and I understand that if I do not follow Fraser Health policies, I can be removed from my Job Shadow.

<b>Legal name of individual</b> (print first and last name):	
<b>Name of organization and program</b> (if applicable):	
<b>Signature:</b>	<b>Date</b> (dd/mm/yyyy):
Required if the individual is under nineteen (19) years of age	
<b>Legal name of parent or guardian:</b>	
<b>Signature of parent or guardian:</b>	

Retain a copy of the completed form for your personal records **and** submit **original** signed form to lead (or designate) that granted permission for the job shadow.