

ALEXANDRA MARINE AND GENERAL HOSPITAL
120 Napier Street, GODERICH, ON N7A 1W5
(519) 524-8689 ext. 5712 Fax: (519) 524-8504
Email: amgh.administration@amgh.ca

MEDICAL TRAINEE DATA FORM
(This information is required for all medical students)

Trainee's Surname	
Trainee's Given (proper) Name	
Mother's Maiden Name (info mandated by MOHLTC as identifier info)	
Birthdate (used to set up dictation/computer access)	
Trainee's Address	
Trainee's Phone Number	
Trainee's Email Address	
Name of Medical School/University	
CPSO# (if applicable)	
CMPA # (if applicable)	
Student Registration #	
Program Trainee is enrolled i.e. Family Medicine - FAM	
Trainee's Category and Level of Education i.e. Undergraduate Year 1 - U1, Postgraduate - PGY1	
Trainee Assigned to Service/Department i.e. Family Medicine - FAM	
Start Date of Rotation	
End Date of Rotation	
Preceptor's Name	

Signature of Trainee

Date

All medical students must complete this form. Please return the completed form by mail or fax (519-524-8504) to Administration. Thank you for your assistance.☺

This information is submitted to the MOHLTC. If you require any additional information or clarification please do not hesitate to contact the Executive Assistant by phone (519) 524-8689 ext. 5712 or email amgh.administration@amgh.ca



ALEXANDRA MARINE AND GENERAL HOSPITAL
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amgh.administration@amgh.on.ca

MEDICAL TRAINEE PROTOCOL AT THE AMGH

INTERN/RESIDENT

- (a) From time to time, a physician enrolled in a post-graduate training program at a recognized medical school may be granted intern/resident privileges at the Alexandra Marine and General Hospital for the purposes of furthering his/her education.
- (b) When granted intern/resident privileges, such a physician should have a designated local Supervisor. This physician shall be a member of the active staff of the Alexandra Marine and General Hospital.
- (c) Application form for intern/resident privileges shall be abbreviated and shall include these items:
- i) Name, address and telephone number
 - ii) Number of educational or general license, as applicable
 - iii) C.M.P.A. number
 - iv) Letter of good standing from Medical School training program resident is enrolled in
 - v) Name and signature of local Supervisor
 - vi) Statement, signed by the intern/resident, attesting to the fact that he/she has read the Medical Trainee Protocol at the AMGH for Intern/Resident and agrees to abide by the stipulations thereof. Implicitly, a copy of the Protocol will be appended to the application.
 - vii) AMGH Confidentiality Agreement, signed by intern/resident.
- (d) An intern/resident will:
- i) not have admitting privileges
 - ii) work under indirect/direct supervision of his/her local Supervisor at all times. The degree of independence enjoyed by the intern/resident with respect to orders for investigation and treatment will be at the discretion of the Supervisor, on his/her consideration of that intern/resident's capabilities at his/her particular level of training.
 - iii) The Supervisor will be jointly accountable, with the resident, to the Medical Advisory Committee, Hospital Administration, and the Board, for consequences of actions undertaken by the resident.
 - iv) At no time should the resident take upon him/herself any clinical responsibility that his/her Supervisor would not normally accept.

I have read and agree to abide by the above.

Date: _____

Signature: _____

Return Form to:
Executive Assistant to the President and CEO
Alexandra Marine and General Hospital
120 Napier Street, Goderich, ON N7A 1W5
Telephone: 519-524-8689, ext. 5712
Fax: 519-524-8504

Alexandra Marine & General Hospital, MEDICAL IMAGING

Request for access to PACS Centricity or Centricity Web Browser

Position: Staff Physician, Resident, Fellow, Locum, Nurse Practitioner,

(Please Circle)

Allied Professional, Support Staff

Name: _____

Department: _____

Pager: _____

Work _____ Extension:

Email _____ Address:

Training / Activation Date: _____

I acknowledge that my use of the Medical Imaging PACS Web Browser is limited to my patients or consults.

I will honour my signed confidentiality agreement with AM&GH.

I will not allow use of my Username/Password by any other Individual.

Signature _____ Date _____

PLEASE RETURN FORM TO COLLEEN MAGUIRE, PACS ADMINISTRATOR,
Diagnostic Imaging Department, AM&G Hospital.



Username: _____ PACS SA _____

Password: _____ Colleen Maguire M.R.T.(R.

Notified: _____ 519-524-8689 extension 5479

This is a one time only password. Please follow the prompts to create your new permanent password. Contact me if you need help or additional training.

After hours I can be reached through switchboard. Thanks.

Initial Live Date: March-8-2013	Alexandra Marine & General Hospital Human Resources Manual	Page 1 of 2
Review Frequency: Every 2 years	Standards for Behaviours of Excellence	Approved by: CFO/Dir.Human Resources

Any printed version of this document is only accurate on the date of printing. Always refer to the electronic version for the most current version.

Policy

The Alexandra Marine and General Hospital has an established code of conduct referred to as Standards for Behaviors of Excellence which defines the personal and professional standards of conduct and acceptable behavior for all people carrying out the assigned responsibilities of the organization at all of its service sites. It is the responsibility of individuals to act in a manner consistent with these standards, and to support this code of conduct by holding others accountable to the standards.

The standards of Behaviours of Excellence will ensure a positive, supportive and safe environment for all patients and clients, and visitors, as well as the employees, physicians, contractors, volunteers, students, auxiliary, foundation employees, and Board members. It is expected that All share in the preserving and enhancing of the organization's values and principles.

To achieve this, all people who carry out assigned responsibilities within the organization will be expected to conduct themselves in a respectful, courteous and professional manner and will be asked to sign a Commitment Agreement that will govern their future conduct and performance.

Be Accountable

Be Collaborative

Be Compassionate

Be Innovative

Be Honest, Fair and Transparent

Be Committed to Quality Improvement and Learning

Be Respectful

I. Standards for Personal Behaviour

1. I will treat others as I would want to be treated.
2. I will show a positive and helpful attitude.
3. I will adhere to the organizational values of Accountability, Collaboration, Compassion, Innovation, Integrity, Quality, and Respect in every action, behaviour and decision.
4. I will be honest, trustworthy, reliable, dependable, professional, presentable and punctual in all of my workplace activities.
5. I will collaborate with Leadership by taking direction and correction respectfully and by being an active contributor in offering ideas, suggestions, advice, and constructive criticism in an engaged and respectful manner.

II. Standards for Professional Behaviour

It is recognized that there must be rules and regulations to govern the activities involved in the operation of an organization. The following standards have been developed to protect the rights and privileges of you and others. Infraction of the following may be grounds for disciplinary actions up to and including termination, reporting to a professional body, or suspension of privileges.

1. I will present myself in a professional manner at all times.
2. I will conduct myself in a way that respects and safeguards the organization's assets including property.
3. I will perform the work assigned at my designated work location and comply with written or verbal instructions. I recognize that failure to do so may be considered insubordination.
4. I will comply with all policies and procedures, and perform assigned duties to ensure quality of care and personal safety and the safety of others.

5. I will report to Occupational Health all known communicable or infectious diseases which may endanger anyone associated with this organization.
6. I will provide truthful testimony when accidents (including WSIB claims) and incidents are being investigated, providing information in a truthful, open, and honest manner and without compromising the facts.
7. I will show diligence to avoid "Time Theft" at work which is when an employee accepts pay from their employer for work that they have not actually done, or for time they have not actually put into their work.

Examples of time theft is when staff take too much time on their given breaks (i.e. leaving for break early and coming back from break late), or when staff take more breaks in a shift than they are allowed. It is associated with staff who spend parts of their workday making and taking personal calls, or spend time checking and sending email that is non-work related during their paid work time. It is also associated with staff who use technology for non-work related purposes such as browsing the internet spending time on social networking sites, and texting during work hours.

8. I will report all types of absences (such as appointments, or sick time) that will necessitate any absence from the workplace during paid work hours to the in-charge supervisor in my department.
9. I will report for work fit for duty during work time including on-call and not possess any intoxicants while on AMGH property or during working hours.
10. I will provide quality patient care to patients and visitors without any acceptance of personal gratuities including money, and gifts of any nature.
11. I will always ensure a high level of discretion, confidentiality and privacy for those in my care, for my coworkers, and for the organization as a whole.
12. I will not conduct personal business during paid work time.

Declaration

Name: _____
(Please Print in Full, Last Name, First Name)

Date: _____

Affiliation with AMGH: _____

I have read and agree to the Standards for Behaviours of Excellence.

Signature: _____

Witness: _____

Witness Name: _____

Initial Live Date: August-26-2012	Alexandra Marine & General Hospital Freedom of Information & Privacy Manual	Page 1 of 3
Review Frequency: Every 2 years	Confidentiality Agreement	Approved by: CIO/Dir.Clinical Support

Any printed version of this document is only accurate on the date of printing. Always refer to the electronic version for the most current version.

Policy

Alexandra Marine and General Hospital (AMGH) has a legal and ethical responsibility to protect the privacy of patients / residents /clients, their families, and staff / affiliates, and ensure confidentiality is maintained.

AMGH considers the following types of information to be confidential:

- Personal information and personal health information regarding patients / residents/ clients (hereafter referred to as "patients") and their families;
- Personal information, personal health information, employment information, and compensation information regarding staff and affiliates; and
- Information regarding the confidential business information of the organization, which is not publicly disclosed by the organization.

This policy applies whether this information is verbal, written, electronic, or in any other format. Audits are performed to determine compliance.

In addition to standards of confidentiality, which govern Regulated Health Professionals, staff and affiliates are bound by the organization's responsibility to maintain confidentiality. The organization expects staff / affiliates to keep information, which they may learn or have access to because of their employment / affiliation, in the strictest confidence. It is the responsibility of every staff / affiliate:

- To become familiar with and follow the organization's policies and procedures regarding the collection, use, disclosure, storage, and destruction of confidential information; including privacy policies, E-mail policy and release of information policy.

Refer to:

- **E-Mail Policy**
- **Privacy Policy**
- **Release of Information Policy**

- To collect, access, and use confidential information only as authorized and required to provide care or perform their assigned duties;
- To divulge, copy, transmit, or release confidential information only as authorized and needed to provide care or perform their duties;
- To safeguard passwords and/or any other user codes that access computer systems and programs.
- To identify confidential information as such when sending E-mails or fax transmissions and to provide direction to the recipient if they receive a transmission in error;
- To discuss confidential information only with those who require this information to provide care or perform their duties and make every effort to discuss confidential information out of range of others who should not have access to this information;
- To continue to respect and maintain the terms of the Confidentiality Agreement after an individual's employment / affiliation with the organization ends;
- To participate in the organization's Privacy and Confidentiality education program, review this policy, and sign a Confidentiality Agreement before commencing work or the provision of service at AMGH as a condition of employment / appointment / contract / association for staff / affiliates at AMGH; and

- To report to their Leader suspected breaches of confidentiality, or within the organization that compromise confidential information. If the Leader is the individual suspected of the breach, staff / affiliates may contact Privacy Officer or Human Resources / Chief of Service.

Misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment / contract or loss of appointment or affiliation with the organization.

Procedure

General

- Leaders must review any department specific information or procedures related to confidentiality with new staff and affiliates.
- Staff / affiliates may consult their Leader, Professional Practice Leader, Privacy Officer, Human Resources or Risk Management regarding confidentiality issues or inquiries.

Confidentiality Agreement

- Confirmation of the successful completion of the educational program and the signed Confidentiality Agreement will be kept on the individual's file in:
 - Human Resources for staff;
 - CEO's office for physicians, residents, medical students, dentists, and midwives, secretaries who are privately employed by physicians, Medical Department Administrative Officers;
 - Human Resources for volunteers and students; and
 - Offices of Programs/CBU Leaders under whose supervision contract staff, vendors, or consultants are working (i.e., any individual employed by third-party organizations who are performing work in the organization on a temporary basis);

It is the responsibility of applicable Leader to stipulate in Education Affiliation Agreements with education institutions, the obligation to ensure that students and faculty abide by the organization's standards of confidentiality.

Investigating Alleged Breaches of Confidentiality

It is the responsibility of Leaders in conjunction with Human Resources, Risk Management, and Privacy Officer, to investigate alleged breaches of confidentiality.

Definitions

Affiliates - Individuals who are not employed by the organization but perform specific tasks at or for the organization, including appointed professionals (e.g., physicians / midwives / dentists), students, volunteers, researchers, contractors, or contractor employees who may be members of a third-party contract or under direct contract to the organization, and individuals working at the organization, but funded through an external source.

Confidential Business Information of the Organization - Information regarding the organization's business, which is not publicly disclosed by the organization that individuals may come across during the performance of their roles at the organization that is not generally known by the public. Examples of this would be:

- legal matters that involve the organization that are not public knowledge;
- financial information that would not be available in the organization's Annual Report;
- contractual agreements with vendors, third parties, consultants (many times the confidentiality of this information is written within the contract e.g., nondisclosure of how much we paid for service);

- information related to intellectual property, e.g., patents pending, research and development of new technology and treatments; and
- information related to the organization's information technology security and access to systems, including:
 - information leading to improper access to the organization's computing resources, both internal and external to the hospital network (e.g., "guest" access to systems, remote access credentials);
 - information pertaining to negotiated product discounts with partner vendors that is considered confidential and proprietary to the vendor; and
 - hardware and software vendor names for products which may be vulnerable to external access attacks, or products that are part of our security infrastructure.

Personal Health Information - Personal information with respect to an individual, whether living or deceased and includes:

- information concerning the physical or mental health of the individual;
- information concerning any health service provided to the individual;
- information concerning the donation by the individual of any body part or any bodily substance of the individual;
- information derived from the testing or examination of a body part or bodily substance of the individual;
- information that is collected in the course of providing health services to the individual; or
- information that is collected incidentally to the provision of health services to the individual.

Personal Information - Information about an identifiable individual, but does not include the name, title or business address or business telephone number of a staff member of an organization.

Related Information

Statement of Confidentiality

References

LHSC Confidentiality Policy, Correspondence and Personal Communication; 2008
Lakeridge Health Confidentiality Agreement, 2012



ALEXANDRA MARINE & GENERAL HOSPITAL

120 Napier Street, Goderich, Ontario N7A 1W5

Phone: 519 524 8323; Fax: 519 524 8504

Freedom of Information &
Privacy Manual

Statement of Confidentiality

Name: _____
(Please Print in Full, Last Name, First Name)

Date: _____

Affiliation with AMGH: _____
(Staff, physician, volunteer, student, researcher, resident, consultant, etc.)

I agree that I will observe and comply with Alexandra Marine & General Hospital's (AMGH) confidentiality and privacy policies and procedures.

I understand that I will encounter confidential information in my work with AMGH. This information will not be accessed, used or disclosed for purposes other than for which the information is intended and for which I am authorized.

I understand that when I am accessing any information within or external to the organization in the course of my work, that I am a representative of Alexandra Marine & General Hospital and will at all times represent the organization in a manner consistent with the Mission, Philosophy and Values.

I agree to treat electronic information, hard copy patient records, financial records, personal information and all other information in accordance with the organization's Privacy Policy.

I understand that my information system user ID is equivalent to my signature, and will take all reasonable steps necessary to safeguard my password from disclosure to others.

I understand that the use of my password will be strictly limited to accessing information on the basis of a need to know for direct patient care or performance of my duties. I will not attempt to access any unauthorized information including information about myself, my family, friends, colleagues or any other person whose information is not required to perform my work duties.

If I have reason to believe that the confidentiality of the password has been violated, I will contact the Information Technology Program immediately for reassignment of a new password.

I understand and agree that the password is and will remain the exclusive property of Alexandra Marine & General Hospital.

I understand and agree that as a safeguard to confidentiality, random audits will be conducted on the use of my computer access to confidential information. I understand and agree that I will be accountable for documented access to any records where I do not have a need to know as outlined in the Hospital Policy.

I understand that if I break this Agreement it will cause deactivation of my system password and could lead to discipline up to and including termination of employment, privileges or affiliation with the hospital as applicable.

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I understand and agree that the duty to maintain the confidentiality of the confidential information shall continue after my working relationship with Alexandra Marine & General Hospital is terminated.

Signature: _____

Witness: _____

Witness Name: _____