

CONFIDENTIALITY & CONSENT AGREEMENT FORM (REQUIRED)

EMPLOYEE INFORMATION (PLEASE PRINT)	
First and Last Name:	
Department / Job Title:	
UWaterloo Email (WAT IAM):	@uwaterloo.ca
Personal Email address:	

STEP 1: READ THE AGREEMENT

Following all applicable legislation and privacy standards, your information is kept confidential within the Employee Health and Accommodations (EHA) department. To enable service delivery, EHA staff may collect, access, and use your personal health information for the purposes of designing and facilitating accommodation plans or facilitating other service delivery within the scope of the EHA office. EHA may need to engage and communicate with campus partners, as part of facilitating services - for example, we may need to communicate your accommodation eligibilities to your supervisor for implementation or identify an expected return to work date. However, EHA will not disclose confidential information (such as diagnoses, medical treatment etc). EHA will share information on a need-to-know basis, in support of protecting privacy to the greatest extent possible.

There are a number of situations in which EHA may disclose your information without your consent. These include (but not limited to):

- Emergency Situations (harm occurring, or imminent risk of harm occurring to self, or others);
- Report of sexual abuse by a regulated health professional/regulated professional;
- When there are reasonable grounds to suspect that a child, elderly, or vulnerable person is in need of protection;
- Where required by law, such as complying with a legal proceeding or court order.

More information is available on the EHA Confidentiality and Disclosure of Information webpage.

STEP 2: INDICATE YOUR CONSENT

Read through the list of campus partners/services below and use the checkboxes to indicate your consent for communication of information to facilitate our services.

- ☐ **Supervisor(s)** (e.g. direct line supervisor, department head, Dean, Chair, Executive Officer, Executive Council member) for absence/sick leave communication, facilitating accommodation, return to work processes, etc;
- ☐ **Human Resources** (e.g. Human Resources Partner, Disability Benefits Specialist) for sick leave benefit administration, workplace accommodation process, or other service delivery within the scope of the department;
- ☐ **Safety Office** to enable the facilitation of supports as applicable – such as services related to WSIB claims, arranging ergonomic assessments, or other service delivery within the scope of the department.
- ☐ **Support Unit(s)** (e.g. Faculty Relations Managers, administrative coordinators, etc)

NOTE: if you choose not to provide consent, EHA may be unable to facilitate our services. This may have impacts to the provision or facilitation of your accommodation request and/or benefits (i.e. sick leave benefits).

NOTE: This consent will remain in place for your entire career at the University of Waterloo. You can update or withdraw your consent at any time by contacting Employee Health and Accommodations.

STEP 3: SIGN AND DATE

By signing below, I confirm that I have reviewed the confidentiality and consent agreement above, had the opportunity to ask questions, and provide my consent willingly. I consent to EHA sharing information with the campus partners selected above on a need-to-know basis for the purposes of service delivery.

Employee Signature:	Date (DD/MM/YYYY):
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