

## IAR User Agreement

A user account with the IAR allows authorized personnel to access assessment data from any of the health care organizations that have participated in the IAR program (“**Participating Organizations**”). This agreement outlines the responsibilities that accompany IAR access. Possession of a user account entails responsibility to both your employer and the Participating Organizations whose data is accessible through the IAR.

In return for being given a user account by your employer, you agree that:

1. You will comply with all relevant laws, including the *Personal Health Information Protection Act, 2004*.
2. You will access and use personal health information (“**PHI**”) from the IAR only for the purposes of providing health care (or assisting in the provision of health care) to the individual to whom the PHI belongs (the “**Patient**”). Furthermore, you will limit any access and use to what is necessary for these purposes.
3. You will maintain the confidentiality of all data in the IAR, and will not communicate this data to any other person except within the “circle of care” for the Patient.
4. If you become aware that the Patient (or the Patient’s substitute decision-maker) has withheld or withdrawn consent for the collection, use or disclosure of the Patient’s PHI, you will cease all access, use and disclosure of this PHI. You will advise your employer’s Privacy Officer, if necessary.
5. If you transcribe, print or duplicate a Patient’s record (or any portion of it) from the IAR, you will ensure that this information is either: a) maintained in the hard copy health record of the Patient, or b) disposed of in a secure manner in accordance with your employer’s procedures.
6. You will not disclose your password or secret code. You will not use any other person’s password or secret code.
7. You will access the IAR in accordance with these Terms and Conditions and any other conditions, policies and procedures that are required by your employer.

You understand that in agreeing to these Terms and Conditions, you are entering into a binding agreement with your employer.

In the event that you breach any of the provisions of this agreement, you may be subject to disciplinary actions up to (and including) dismissal. If these actions result in the suspension or revocation of your right to access PHI in the IAR as an Authorized User, the health care organizations participating in the IAR arrangement will be advised of the actions, as well as the rationale behind them.

Ministry of Health and Long Term Care

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**Name of Authorized User (Print)**

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**Signature of Authorized User**

**Date**

*Note to user: Sign above and return the signed form to the IAR User Authority of your organization.*