

# Completion of the Alberta Health Services (AHS) Confidentiality and User Agreement Form

This agreement must be completed and signed before students are granted access to AHS information or AHS electronic systems. Completed forms become part of the official AHS legal record.

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## Before You Begin

### 1. Read the Agreement Carefully

Review all sections of the Confidentiality and User Agreement. By signing the form, you are confirming that you understand and agree to follow AHS privacy, confidentiality, and system security requirements.

### 1. Ensure Your Student Information Is Ready

You will need accurate student and program details, both on the form and in your email submission.

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## Step-by-Step Completion Instructions

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Last Name	First Name
Job Title (e.g. Physician, Analyst, Nurse, etc)	Identification # (For physicians-CPA #)
Phone	Email
<b>Role</b> (submit your form to the office identified in brackets)	
<input type="checkbox"/> Employee of AHS/subsidiary (Manager/Supervisor)	<input type="checkbox"/> Volunteer (Volunteer Resources Coordinator)
<input type="checkbox"/> Medical Staff, Medical Students, Residents/Trainees (Zone Medical Office)	<input type="checkbox"/> Researcher (Repository Owner)
Indicate Primary Zone _____	<input type="checkbox"/> Student or Educator (Educational Institution Liaison)
	<input type="checkbox"/> Board Member (Board Office)
	<input type="checkbox"/> Midwives (Chief Nursing Officer)

## Step 1: Personal Information

Complete the following fields clearly and accurately:

- **Last Name**
  - **First Name**
  - **Job Title:** Enter **Medicine Hat College Student**
  - **Phone Number**
  - **Email Address**
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### Identification Number:

- **Not required for students**
  - Leave this field blank
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## Step 2: Role Selection

Check **only** the following box:

- Student or Educator**

No other role boxes should be selected.

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## Step-by-Step Completion Instructions

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### Step 3: Review the Agreement Conditions

Before signing, carefully reread the sections related to:

- Appropriate collection, use, and disclosure of information
- Confidentiality and privacy obligations
- System security responsibilities
- Audits and consequences of misuse

By signing, you confirm that you understand your responsibilities, and that confidentiality obligations continue even after your student placement ends.

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<i>I accept the rules and expectations described in this agreement:</i>		
Name (print)	Signature	Date (yyyy-Mon-dd)
		

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### Step 5: Acceptance and Signature

At the end of the form:

- **Print your full name** in the Name (print) field
- **Sign your name** in the Signature field
- **Enter the date** in the required format: *yyyy-Mon-dd* (example: 2026-Apr-08)

Unsigned or undated forms **will not be accepted**.

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### Submitting the Completed Form (Students)

Once the form is fully completed and signed:

- Submit the form by email to: [YSHCS@mhc.ab.ca](mailto:YSHCS@mhc.ab.ca)
- Attach the signed form as a PDF or clear scanned copy
  - Be sure to **submit both pages** of the completed form.

Do not send the form to Human Resources or Medical Affairs.

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## Email Submission Requirements (Important)

When submitting your form by email:

### 1. Create an Email Signature

Your email **must include** all required student and program information. This information is required to process your submission. To ensure this is provided in all emails it is recommended that you create a personalized email signature.

A complete student email signature should include:

- Your full name
- Program of study: [Program Name]
- Enrollment Year: [Year]
- Student ID #: [Optional but helpful]

See the email signature creation information on the Medicine Hat College website.

### 2. Use a Clear Email Subject Line

Recommended subject line:

*AHS Confidentiality and User Agreement – Student – [Your Full Name]*

## Important Reminders

- Access to AHS systems will not be granted until the agreement is signed and submitted correctly.
  - Confidentiality obligations continue after your student placement ends.
  - Any suspected or actual privacy breach must be reported immediately to your supervisor or placement contact.
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