

Confidentiality Statement

Contractors with Lived Experience Working in VCH Mental Health and Substance Use Services

- I have read the VCH Policy on Information & Confidentiality.
- I understand and agree that in the performance of my duties as a contractor with VCH, I must hold client and administrative information in confidence.
- Further, I understand that intentional or unintentional violation of this confidentiality may result in termination of my contract.

Date

Contractor Name (Please print)

Signature: Contractor

Date

Team/Unit/Program

Contract Supervisor

Title

Signature: Contract Supervisor

Copy to: Contract Supervisor

Copy to: Consumer Involvement and
Initiatives, 520 West 6th