# DECLARATION OF CONFIDENTIALITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_ , hereby acknowledge that I understand that in the

(Print Name)

course of carrying out my duties as a Board Member with Children’s Mental Health Services of Hastings and Prince Edward Counties, I will be dealing with information contained in files and records that is confidential or that reveals or tends to reveal, the identity of the person who is the subject of the record or the identity of a person who has provided information about the subject of the record.

I agree to hold such information confidential and except as I may be legally required, I will not disclose or
release it to any person at any time.

Dated at \_\_\_\_\_ this day of 20  \_\_\_\_\_

Signature