



## CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_ fully understand my obligation to Peel Health Campus Foundation, and staff members, in respect to confidence of any personal information which becomes available to me during the course of my involvement as a volunteer.

I am aware that, under the provisions of the criminal code, a person may take legal action against me for any unauthorised disclosure of confidential information concerning that person.

**Volunteer's Name** [please print]: \_\_\_\_\_

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness's Name** [please print]: \_\_\_\_\_

**Witness's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_