

COLLEGE OF CHIROPRACTORS OF ONTARIO

UNDERTAKING TO MAINTAIN CONFIDENTIALITY

(please print legibly)

I, _____ former patient of _____

who was previously registered as a member with the College of Chiropractors of Ontario (CCO):

1. undertake to keep all information relating to my application for funding and receipt of funding in strict confidence, including the basis upon which the funding was granted;
2. undertake to refrain from using the information relating to my application and receipt of funding for any collateral or other purpose; and
3. undertake not to communicate any information concerning such matters to any person except as required by law.

I acknowledge and agree that all records, material and information and copies thereof obtained by me relating to my receipt of funding for therapy and counselling are confidential, and I undertake to take all reasonable steps to protect the confidentiality of such records, material and information.

I further acknowledge and agree that my obligations regarding confidentiality continue beyond the expiration of my receipt of funding for therapy and counselling.

Signature: _____

Date: _____

Witness: _____

Printed Name

Witness: _____

Signature

Date: _____