

EXPERIENCE THE NORTH

STANDING OFFER

Appendix "B"

ACKNOWLEDGEMENT OF CONFIDENTIALITY

I, the undersigned, agree that I will keep confidential all information relating to the affairs of the Minister, and any and all patient information to which I become privy, in relations to the provision of Nursing Services at Health Facilities in the Province of Ontario, FNIHB of Health Canada, under with:

Canadian Health Care Agency Ltd., Cambridge, ON. Company Name

Dated:	At: <u>Cambridge, Ontario</u>
Employee:	
Print Name	Signature
Witness:	
Print Name	Signature