

**COLLEGE OF CHIROPRACTORS OF ONTARIO**

**UNDERTAKING TO MAINTAIN CONFIDENTIALITY**

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: \_\_\_\_\_

Date: \_\_\_\_\_