

Seniors Home Supports Program

Confidentiality and Non-Disclosure Agreement

On behalf of _____,
Name of Service Provider

I, _____
Name of Individual / Owner/President of Company or Authorized Signatory

have read the policy on confidentiality and understand its intent and limitations. I hereby agree to protect all confidential information acquired in the course of my involvement with Seniors Home Supports Program.

I will disclose confidential information only when properly authorized to do so or when legally or professionally required to do so. I understand that a breach of this agreement shall constitute grounds for and may result in the termination of my association with Seniors Home Supports Program except where such disclosure is consistent with stated policy and relevant legislation.

Please sign below to indicate your acceptance and agreement with the terms outlined.

Company: _____ Date: _____

Signature: _____
Individual / Owner / President of Company or Authorized Signatory

Print Name: _____
Individual / Owner / President of Company or Authorized Signatory

Signature: _____ Date: _____
Seniors Home Support Program Referral Service (SHSP)