Community Care of West Niagara
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2026 Confidentiality and Non-Disclosure of Privileged Information

CCWN Governance Policies and Procedures – Policy 504

As a result of my involvement with Community Care of West Niagara (CCWN), I will acquire knowledge of confidential information of individuals, groups, agencies, and/or governments associated with Community Care of West Niagara business. This information is privileged and is not to be discussed with persons other than relevant Community Care of West Niagara staff, volunteers and members of the Board of Directors.

I understand it is the Policy of CCWN to hold such confidential information in the strictest of confidence and recognize that the individuals, groups, agencies, and/or governments associated with CCWN business entitled to such protection as a matter of right.

By signing below, I undertake that both now, and in the future, I will keep confidential and not disclose any or all information pertaining to individuals, groups, agencies, and/or governments associated with CCWN business unless otherwise stated in CCWN Policy.

I, _____ have read, understood and accept
(First, Last Name)

this undertaking on _____.
(Date)

Signature: _____

Witness: _____