

STATEMENT OF CONFIDENTIALITY

I, _____ hereby acknowledge that all the information disclosed
(Print Name)

to me, through my association with Central Region Respite Society (CRRS), in regards to any client or their family is to be held in confidence.

I understand and agree only to discuss the personal information of a client and/ or their family with those individuals directly related to the provision of respite services to the client and their family, and furthermore I agree to maintain an attitude of respect and professionalism when discussing these matters.

I consent to the release of all my personal information (except for the returned Child Abuse Register form) , supplied to and compiled by the Central Region Respite Society, as it pertains to my respite registry posting and care provider profile; to those individuals directly related to the procuring my respite services.

Independent Respite Care Provider

Date

Central Region Respite Society