

**BC CENTRE FOR ABILITY
CONFIDENTIALITY AGREEMENT - STAFF**

**BC CENTRE FOR ABILITY
2805 Kingsway
Vancouver, BC, V5R 5H9**

I, _____ guarantee to keep client information
(please print name clearly)

confidential, in accordance with the Freedom of Information and Protection
of Privacy Act (FOIPA).

I also acknowledge I have been informed that personal information collected
will be used only for the purpose for which it was intended, in accordance
with the Personal Information Privacy Act (PIPA).

DATE: _____

SIGNATURE: _____

WITNESS NAME: _____

WITNESS SIGNATURE: _____