



CCHN Membership Agreement for 2013 and 2014

I _____ (please print name) agree to serve as a member of the CCHN for a term of two years ending December 31, 2014.

Signature Date

CONFIDENTIALITY AGREEMENT

I, _____ [name], agree to preserve the confidentiality of information acquired as a member of the Cowichan Communities Health Network (CCHN). I will not disclose information from CCHN unless I am certain that the Freedom of Information and Protection of Privacy Act allows such disclosure in a particular circumstance and that the Network or a subcommittee has arisen and reported on the matter.

If in doubt about the confidentiality of any information or my ability to legally disclose such information, I agree to consult with the Facilitator or chairs of the CCHN before disclosing such information.

This agreement remains in effect during and after my involvement with Cowichan Communities Health Network.

Signed _____ CCHN representative: _____

Date: _____ Facilitator Initials _____