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OATH OF CONFIDENTIALITY

I, _____, hereby accept the elected/appointed/contracted position of _____ with the Manitoba Association of Health Care Professionals (MAHCP) with full knowledge of the associated responsibilities and duties.

I understand and agree that all items and issues discussed during MAHCP business shall be kept confidential unless otherwise decided by the Executive Council.

I understand and agree that:

- All MAHCP documents, in all formats, shall be kept confidential, unless otherwise decided by the Executive Council
- All MAHCP access credentials (User ID's, Passwords) shall be kept confidential.

I will, at the close of my term, immediately turn over all monies, books, papers and property of the Association into the Association offices, and shall delete any files in my possession.

_____ Member

____/____/____
YYYY/MM/DD

_____ Witness

____/____/____
YYYY/MM/DD