



COLLEGE OF
DENTURISTS
OF ONTARIO

Confidentiality Agreement

Annual Declaration for Council and Committee Members and Volunteers

Name:

Public Appointee¹ Public Representative² Elected Member Non-Elected Member

As a member of Council and/or a committee of the College:

- I have read, considered, and understand [section 28 of the College's by-laws](#) on Confidentiality, and agree to abide by its provisions.
- I have also read and understood [subsection 36\(1\) of the Regulated Health Professions Act](#) about when disclosure is permitted in specific circumstances.

I agree to take all reasonable steps to avoid any breach by:

- Ensuring that all the information I receive in the course of discharging my duties will be held in the strictest confidence
- Acknowledging that if disclosure is permitted, it is authorized by Council or subsection 36(1) of the RHPA
- Agreeing to seek advice if I am in doubt about whether an exception applies to my duty to not disclose
- Agreeing that my obligations regarding confidentiality continue after my term as Council and/or committee member expires

I acknowledge and agree that breaching confidentiality is a breach of my fiduciary and statutory duties.

I recognize that breaching this duty could discredit and create liability for myself and the College.

I understand that breaching this duty may result in a governance complaint and possible remedial action, censure or my removal from office. It could also result in a provincial prosecution and conviction.

¹ A member of the public appointed to the Council by Order-in-Council.

² A member of the public appointed by the Council or Executive Committee to College Committees.



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Form L3 – Confidentiality Agreement

I declare that the information I have provided on this form is complete, accurate, and true to the best of my abilities. By signing below, I indicate that the information in this form is bound to me.

Signature:

Date:

Please return this form to the Registrar and CEO of the College by one of the following methods:

Email: info@denturists-cdo.com

Fax: 416-925-6332

Mail:

College of Denturists of Ontario
365 Bloor Street East, Suite 1606
Toronto, ON M4W 3L4