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PLEDGE OF CONFIDENTIALITY

I understand that all confidential information to which I have access through my employment with the Health PEI is not to be used or disclosed except for the purpose for which it was collected and as required in the performance of my duties or where otherwise permitted or required by law.

I understand that disclosure of confidential information in a manner not consistent with the purpose for which it was collected and as required in the performance of my duties, except where otherwise permitted, may be cause for disciplinary action as an employee of Health PEI.

Employee Name: _____ (Please Print)

Employee Signature

Date

Employer Representative Signature

Date

