

Declaration of Confidentiality

I _____, of _____
First and last legal names Address: #, street, city/town

in the province of _____ will be observing the interview of _____
First and last legal names (interviewee) on this the _____ day of _____, 20____

at the request of _____ due to my involvement with the specified
First and last legal names (Interviewee)

person as a _____.

- 1) I have been informed and understand that the Community Living disABILITY Services Program (CLDS) under the Department of Families is the delegated authority under *The Vulnerable Persons Living with a Mental Disability Act (The Act)* and that part 3 of The Act establishes the Community Living disABILITY Services Program's authority and duty to protect vulnerable persons (sec 20.2) as defined in sec. 1(1).
- 2) I have been informed and understand that under sec. 22(1) of The Act, CLDS is required to investigate incidents where as the delegated authority the program "*receives a report under section 21 or believes on reasonable grounds that a vulnerable person is likely to be abused or neglected.*"
- 3) I have been informed and understand that under sec. 22(2)(b)(c) of The Act that in conducting an investigation the CLDS program may, "*require any person to provide any information, including personal information as defined by The Freedom of Information and Protection of Privacy Act and personal health information as defined in The Personal Health Information Act, or produce any record, paper or other thing in his or her custody or under his or her control, which in the opinion of the executive director, may be relevant to the investigation; and solicit, accept and review reports and information, which in the opinion of the executive director may be relevant to the investigation.*"
- 4) I have been informed and understand that under sec. 25.2 (a)(b) of The Act that if after the investigation it is believed that the employment duties of the person who abused or neglected the vulnerable person "*involve the care of a vulnerable person, or the provision of support services or other assistance to a vulnerable person; or permits unsupervised access to vulnerable persons,*" the CLDS program must report the name of the person who abused the vulnerable person to the person's employer.
- 5) I have been informed and understand that under sec. 160 (e) of The Act the confidentiality of the vulnerable person with respect to all information which comes to the CLDS program's knowledge through the performance of duties or the exercise of powers under The Act shall not be disclosed except "*where disclosure is necessary to the performance of duties or exercises of powers of this Act.*"

- 6) I have been informed and understand that under sec 160.1 of The Act that any person in the administration of this Act shall not disclose any information that could be reasonably be expected to reveal the identity of a person who makes a report of abuse or neglect under sec 21 of The Act.
- 7) I have been informed and understand that under sec. 164(1)(b)(b.1)(c)(d)(g) of The Act, a person is guilty of an offence under this Act who:
- (b) interferes with any person who is attempting to report, reports or has reported that a vulnerable person is or is likely to be abused or neglected;*
 - (b.1) discloses the identity of a person who makes a report of abuse or neglect;*
 - (c) interferes with the commissioner, executive director or any person in the exercise of powers or the performance of duties under this Act;*
 - (d) withholds, destroys, conceals or refuses to furnish any information, or produce any record, paper or thing required to be produced under the Act;*
 - (g) in a statement made in any proceedings under this Act, asserts something that he or she knows to be untrue."*

I, _____ hereby agree, declare and undertake that I will not at
Legal first and last name of person making declaration

anytime disclose, access or use the information revealed in this interview to any persons as it is confidential and will respect and uphold the confidentiality of the vulnerable person(s) and the identity of any person who makes a report of abuse or neglect under *The Vulnerable Persons Living with a Mental Disability Act*.

Signature of Person Making Declaration

Date Signed

Signature of Witness

Date Witnessed