

Appendix 3-D

NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT

I, _____,
(Print name)

- am aware that as a support person for a foster parent, I may receive information of a personal nature related to the foster family or to a child in care of the Director; and
- will not to disclose any information that I may receive in my role as a support person to any other person, in accordance with Section 75 of the Child, Family and Community Services Act of British Columbia, unless compelled by law to do so.

Signature of Support Person

Signed this _____ day of _____, 20_____

Witness Name

Witness Signature

Date