



## **Katherine West Health Board Aboriginal Corporation**

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### **ACCEPTABLE USE OF COMMUNICARE – CONFIDENTIALITY AGREEMENT EXTERNAL CONTRACTOR/S**

I, \_\_\_\_\_ of \_\_\_\_\_  
agree that I have received sufficiently comprehensive training to use Communicare competently. I understand that it is a condition of my work with Katherine West Health Board that:

- I must comply with all confidentiality requirements and procedures of Communicare, and
- failure to comply with Communicare confidentiality requirements and procedures is considered to constitute a breach of the terms of the agreement under which I am engaged and may involve consideration of termination of that agreement, and
- a copy of this signed agreement will be placed on file with KWHB.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_