

# Affirmation of Confidentiality Template

## Interagency Case Assessment Team Affirmation of Confidentiality

By signing this Affirmation of Confidentiality, I acknowledge that sensitive personal information may be disclosed during Interagency Case Assessment Team (ICAT) meetings, and I understand and affirm that all such information will be held in strict confidence.

I agree that any knowledge gained with regard to specific individuals as a result of my position on the team is, and will remain, confidential, subject to very limited exceptions and only for the use of the ICAT's purpose. I will exercise due care that any personal information I provide to team members is information I am permitted to disclose pursuant to the privacy legislation which applies to my agency. If any question arises as to whether such information can be disclosed, I will refrain from providing the information until clarification is obtained.

I further affirm that I will not discuss ICAT business, specifically naming victims/survivors or offenders, with any members of the media.

I understand that once signed, this affirmation is irrevocable and continues to apply to me even when I retire from the ICAT.

I have read the above Affirmation of Confidentiality and hereby affirm that I will abide by the terms herein.

---

Print name

---

Signature

---

Date

---

Witness