

**CONFIDENTIALITY AGREEMENT BETWEEN MEDICAL PRACTICE & FILE  
DESTRUCTION FACILITY**

The Contractor named below hereby agrees that it will destroy patient files and other confidential information provided by the medical practice described below.

**The Agreement**

The Contractor agrees that it will, with respect to all documents provided by the medical practice to it for destruction:

- a) Shred all documents within 10 days of taking possession of those documents;
- b) Not permit any agent or employee of the Contractor, or any other person, to read or copy any document;
- c) Maintain all documents in a secure location until they are shredded;
- d) Shred the documents in such a manner that they cannot be reconstructed;
- e) Comply with all the requirements of *The Health Information Protection Act* and the regulations under *The Health Information Protection Act* respecting personal health information.

The Contractor acknowledges and agrees that any breach of this agreement may result in termination of the agreement for destruction of documents.

**Contractor:** (please print)

\_\_\_\_\_

**Authorized Signatory:** (please print)

\_\_\_\_\_

**X** \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date (dd/mm/yy)

**Medical  
practice:** \_\_\_\_\_

\_\_\_\_\_

**Witness (privacy officer):** (please print)

Dr \_\_\_\_\_

**X**

\_\_\_\_\_

Witness Signature

Date (dd/mm/yy)