



**VISITOR CONFIDENTIALITY  
AGREEMENT  
RF\_:**

In consideration of being granted access to certain portions of the \_\_\_\_\_ (the "Facility"), I (the undersigned visitor) agree to abide by the requirements below. I understand that failure to follow these confidentiality requirements can lead to civil proceedings and/or criminal prosecution.

1. **Confidential Information.** During access to your facility, I may learn and/or have disclosed to me confidential information which is not generally known to the public. I understand that this information is NOT to be shared with anyone.
  - (a) Because of significant security and safety issues, I understand that the Facility location must be kept confidential; and
  - (b) I will maintain the confidentiality of the people I meet in the Facility including personal details of the Facility staff or volunteers; and
  - (c) I understand that my confidentiality obligation is on-going and it does not end when my visit to the Facility or relationship with Manitoba Housing ends.
2. **Personal Knowledge of Occupants.** I declare, to the best of my knowledge:
  - (a) I do not personally know any past or current occupant; and
  - (b) I have no personal knowledge of any situations between past or current occupants and close personal friends, immediate family members, or coworkers.

This Visitor Confidentiality Agreement was created to ensure the safety and privacy of occupants, staff and volunteers.

I agree to notify the \_\_\_\_\_ immediately if I have questions or concerns regarding this Visitor Confidentiality Agreement and if there are any changes to my declaration above as a result of my visit to the Facility.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date