

The Medical Council of Canada – Confidentiality agreement –

The Medical Council of Canada (MCC) has agreed to provide to me,
Name of applicant
information related to the MCC examinations. I acknowledge that information related to the MCC
examinations and any other information provided to me by the MCC is considered "Confidential Information"

In recognition of the good and valuable consideration provided to me by the MCC, I agree that:

- a. I shall not share any Confidential Information with persons within the MCC who are not authorized by the MCC to have this information.
- b. I shall not use the Confidential Information for any purpose other than for the purpose that was initially agreed to by me and the MCC.
- c. I shall not disseminate any analysis using the Confidential Information including, but not limited to, publications, technical reports, slide shows, and oral presentations, without first providing the proposed papers/presentations to the MCC for review and approval in advance of their release.
- d. I shall keep secure any copy of Confidential Information and I will use reasonable measures to protect the Confidential Information from unauthorized access. I agree to adhere to all applicable MCC policies for maintaining the security and protection of the Confidential Information.
- e. In the event that I become aware that Confidential Information has been lost, stolen, or has been accessed by unauthorized persons, I will immediately advise the MCC.
- f. Unless required by law, I shall not disclose Confidential Information to persons outside the MCC without the MCC's authorization.
- g. If MCC provides authorization to me to share the Confidential Information with my employees or agents, I remain responsible to ensure that any Confidential Information provided to my employees or agents is treated in accordance with this Agreement
- h. Upon the request of the MCC, I will return all Confidential Information that I have received to the MCC.

I understand that any breach of this Agreement may be grounds for the MCC to take disciplinary measures and/or legal action against me.

The Agreement is binding upon me, my successors, heirs and executors.

MCC	Name of MCC representative (please print)	Title
	Signature	Date (yyyy/mm/dd)
Applicant	Name of applicant (please print)	Title
	Signature	Date (yyyy/mm/dd)