



MEDICAL COUNCIL OF CANADA LE CONSEIL MÉDICAL DU CANADA

1021 Thomas Spratt Place  
1021, place Thomas Spratt  
Ottawa, ON  
Canada K1G 5L5  
613-521-6012

## MEDICAL COUNCIL OF CANADA CONFIDENTIALITY AGREEMENT FOR OBTAINING MCC DATA

The Medical Council of Canada (MCC) has agreed to provide me, \_\_\_\_\_ 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/or oral presentations, without first providing the proposed papers/presentations to the MCC for **review and written 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 confidentiality 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 the 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 request of the MCC, I will return all Confidential Information that I have received and delete any electronic copies.

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

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

Name of Medical Council of Canada representative ( <i>please print</i> )	Title
Signature	Date ( <i>yyyy/mm/dd</i> )

Name of Requestor ( <i>please print</i> )	Organization/Title
Signature	Date ( <i>yyyy/mm/dd</i> )