



Confidentiality Agreement for Guests/Observers

I, _____, understand that I am allowed to attend the UPCHE REC meeting and/or supervised access to the UPCHE REC files as a/an _____. In the course of the meeting of the UPCHE REC and opening of UPCHE REC files, some confidential information may be disclosed or discussed. Upon signing this form, I agree to take reasonable measures to keep the information as **confidential**.

Date of UPCHE REC Meeting : _____
UPCHE REC Meeting Number : _____
Purpose of attendance/access : _____

| | |
|----------------------------------|-------------------------------|
| GUEST/ OBSERVER Date: | Name _____ Signature _____ |
| MEMBER SECRETARY Date: | Name _____ Signature _____ |
| REC CHAIR Date: | Name _____ Signature _____ |