

CONFIDENTIAL



Office of Student Rights & Responsibilities Confidentiality Agreement

This statement is to be signed by any person who is agreeing to voluntarily contribute to an investigation undertaken by the Office of Student Rights and Responsibilities (OSRR), including witnesses & support person(s)

When investigations into any student incident takes place, careful consideration and protection of the wellbeing and confidentiality of all parties is paramount. This will ensure that all parties involved feel safe and confident that they are heard, respected, and taken seriously at every stage of the investigation. Persons who are providing evidence to the OSRR who are not students are equally required to maintain and preserve the confidentiality of the investigative process, so everyone is protected in the same manner.

To protect all parties involved in any incident investigation, and the integrity of the complaint handling and procedures, we require that strict confidentiality be maintained during and after the investigation, to the extent practicable and appropriate in the circumstances.

In signing below, I confirm that I have been advised to keep confidential everything discussed in my meetings with the investigator(s), except as may be required to be disclosed by law. The only additional exceptions to maintaining full confidentiality is my ability to consult with;

- A mental health counsellor and/or doctor,
• My immediate family/witness/designated support person or,
• A lawyer (for scheduling reasons, if you intend for your lawyer to be present during your interview, please inform the OSRR prior to your meeting).

I understand that this obligation of confidentiality includes the subject matter of our discussions, the specific questions that I am asked and the fact that there is an investigation taking place. I also acknowledge that my failure to maintain confidentiality to the best of my ability may make me subject to legal action by Yorkville Education Company. Additionally, if I am currently a student with Yorkville University / Toronto Film School, I understand that a breach of confidentiality could subject me to disciplinary action, up to and including dismissal from my program.

If I know that I have already discussed the subject matter in question with anyone before my meeting with the investigator(s), or if I realize during this meeting that I have done so, then I will provide the details of any such communication to the investigator(s) during our meeting, or as soon as possible thereafter.

I acknowledge that I have been offered by the investigator(s) to have a support person present prior to my attendance today. If I have chosen to attend this meeting alone, then I have waived that right. If my support person is present, then, by signing below, they also agree to be bound by the confidentiality provisions set out above.

PLEASE NOTE: Interviews are typically recorded for quality assurance and evidentiary purposes; by participating in this meeting, you consent to being recorded. If you do not consent, please inform the investigator(s) at the time you return this form.

Date

Your Name

Your Signature or

Digital Signature

Date

Witness/Support Person Name

Witness/Support Person Signature or

Digital Signature