

BCBCBTU	CLR
This document has been approved for use under the Substance Abuse Testing and Treatment Program Policy which is jointly administered by the Bargaining Council of BC Building Trade Unions and Construction Labour Relations Association of BC.	



CDS Drug Testing Services of BC, Inc.

CONSTRUCTION INDUSTRY OF BRITISH COLUMBIA SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY COMMUNICATOR CONFIDENTIALITY AGREEMENT

EACH COMMUNICATOR MUST SUBMIT A SEPARATE COPY OF THIS FORM

I am associated with _____ which is hereinafter referred to as "the Organization".

The Organization is bound by the Construction Industry of British Columbia Substance Abuse Testing and Treatment Program Policy ("the Policy").

The Organization has designated me as a Communicator as defined in Article 2.01(e) of the Policy. I am hereafter referred to as the Designated Communicator.

I hereby accept my designation as Communicator and I undertake to act in fulfillment of the role of the Communicator in accordance with the provisions of the Policy.

I understand that I have been designated as Communicator so as to preserve the confidentiality of workers' personal information in the context of the administration of the Policy.

I undertake to collect, use and disclose personal information only in accordance with the objectives of the Policy and only to the extent necessary for the reasonable administration of the Policy.

Name of Designated Communicator (printed): _____

Signature of Designated Communicator: _____ Dated: _____
(DD/MM/YY)

Cell Phone Number of Designated Communicator: _____

E-mail Address of Designated Communicator: _____

Password of Designated Communicator: _____

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM:

Each designated Communicator must submit a separate copy of this form indicating their individual password in the appropriate space. Your password can be up to ten (10) letters in length. Please select your password carefully, as it will be requested from you as a means of identification. CDS will assign you an access number and notify you of such.

CDS will mail you a confirmation letter with your PASSWORD you provided and an ACCESS NUMBER assigned by CDS. No information will be released to you by our office without furnishing us with this ACCESS NUMBER and PASSWORD.

PLEASE FAX TO: 604-522-2694