

## CONFIDENTIALITY CERTIFICATE VA Contractor

Gainesville, FL Mental Health Clinic  
VA Project Title

36C10F18R0683  
VA Contract Number

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\_\_\_\_\_  
Contractor's Name

\_\_\_\_\_  
Contractor Employee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact information: Address/telephone/email address

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Fax number

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