

CONFIDENTIALITY / NON-DISCLOSURE AGREEMENT

During my employment with the _____, I acknowledge that I will be given access to patient information that is deemed sensitive and/or confidential.

I agree that:

- a) I shall not share this information, material or documents (information) with persons within or outside of the _____ who are not authorized to have this information.
- b) I shall not publish such information.
- c) I shall not communicate such information without authority.
- d) I shall not use or disclose any such information for other than authorized official purposes.
- e) I shall not remove any such information from the premises without permission.
- f) Should I receive any such information, I will accept full responsibility to ensure the confidentiality and safe-keeping of this information.
- g) I shall take every reasonable step to prevent unauthorized parties from examining and/or copying any such information.

I understand that these rules apply both during and after my employment with _____ and that any infringement by me of these rules may be grounds for the termination of my employment and /or legal action.

Name (print)

Signature

Witness

Date