

## Confidentiality Agreement

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### Privacy Policy

*Confidential information is defined as any information found in a patient's medical record, personal information, and work-related information (including salary information). All information relating to a patient's care, treatment, or condition constitutes confidential information. This confidentiality policy also encompasses any trade secret scientific or technical information developed by the Practice or its personnel.*

- Employees shall never discuss a patient's medical condition with any non-employee of the Practice, friends, or family members. Confidential matters involving patients will not be discussed in areas where they might be overheard by other patients or other non-employees of the Practice. Staff members are to be aware at all times that conversations regarding patients are not to be overheard by others and take appropriate steps to ensure this confidentiality.
- All salary information is confidential and may not be shared with others in the clinic or with patients. Only authorized individuals may relay salary information to employees or non-employees.
- Any unauthorized disclosure of confidential information by employees could render the clinic liable for damages. Any employee who violates the confidentiality of clinic, medical- or employee-related information is subject to disciplinary action up to and including termination from employment.

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**I have received a copy of, read, understand, and agree to uphold this written policy on matters of confidential information and trade secrets.**

**I also understand that in my daily job duties, I will have free access to confidential clinic operations and any violation of confidentiality, in whole or in part, could result in disciplinary action up to and including termination and/or legal action.**

**I recognize that this signed document of my agreement to uphold the provisions of this policy will be kept on file in my personnel file.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Employee: \_\_\_\_\_

Witnessed by Practice representative: \_\_\_\_\_

Date: \_\_\_\_\_