

Employee Statement of Confidentiality

I, _____ (employee name) in the capacity of “employee” at _____ (Company), which is involved in the collection and management of confidential and otherwise privileged information relating to the clinical, operations, business, and quality assessment information of Company and/or any of its clients and associates, agree to respect and maintain the confidentiality of all discussions, deliberations, minutes, records, procedures and other information generated in connection with data collection, peer review, analysis and dissemination.

I further agree not to voluntarily disclose any such information except to persons authorized to receive such information in the course of their duties. I should always consult the Administrator prior to disclosing information.

I understand that Company staff members are entitled to undertake such action as is deemed appropriate to ensure that confidentiality is maintained. This includes taking action including dismissal of employment. Breach or threatened breach of this agreement are grounds for dismissal.

Employee Signature

Date

Print Name