pacific medical centers

Pacific Medical Centers Confidentiality & Non-Disclosure Agreement for Other Personnel*:

The purpose of this agreement is to help you understand your duty regarding confidential information. Every PacMed employee, medical staff or allied health member, contractor, resident, student, fellow or volunteer who is exposed to, receives or has access to confidential information is required to maintain the confidentiality of that information. For the purposes of this agreement, "PacMed" shall include any corporation or other entity affiliated or doing business with or negotiating with PacMed.

I acknowledge that during the course of my employment with PacMed, I will have access to confidential information, including but not limited to medical and financial records, computer files, notebooks, trade secrets and patient information of PacMed. I recognize that the above-described information has been recognized as proprietary or is protected from disclosure by law. I further understand that PacMed is legally entitled and may in some cases be obligated to prevent disclosure of the above referenced information. Therefore, during and subsequent to my relationship with PacMed, I agree to hold in confidence and not directly or indirectly disclose, use, copy, or make lists of any such information, whether or not in writing, except to comply with the terms of PacMed's written directive or authorization, or unless properly subpoenaed to testify before a court or administrative agency having jurisdiction. All records, files, documents, equipment and the like, or copies thereof, relating to PacMed's business, which I may prepare, use, or come into contact with, shall be and remain the sole property of PacMed, shall not be removed from PacMed's premises without its prior written consent, and shall be promptly returned to PacMed upon termination of employment.

- I understand and will abide by the terms of PacMed's confidentiality policies.
- I will use confidential information only as needed to perform my duties at PacMed.
- I will report any suspicion or knowledge surrounding disclosure of PacMed confidential information to the PacMed Privacy Officer.
- If I have accidentally accessed confidential information or compromised confidential information, I will immediately notify the PacMed Privacy Officer.
- I understand I have no right or ownership interest in any PacMed confidential information. At all times during my employment/relationship I will act in the best interests of PacMed.
- I understand my obligation under the Agreement will continue indefinitely after leaving my employment or business relationship with PacMed.

_____	_____	_____
Print Name Legibly	Signature	Date

*Other Personnel is defined as Interns, Job Candidates, Students, Externs, etc.

This form needs to be filed with individual's paperwork as maintained by PacMed policies.