

Palmetto Personal Care Services Inc.

CONFIDENTIALITY AGREEMENT

I understand and agree that in the performance of my duties as an employee. I may be exposed to and have knowledge of confidential client medical and personal information,

I understand and agree that I will review, obtain or discuss such information only in situations which relate directly to the performance of duties as described in the policies and procedures.

I understand and agree that any violation of client and or medical confidentiality is a serious offense which may affect the health and well being of a client and understand the stated mission of the Agency.

I understand and agree that fellow employees' personal or medical information will not be discussed unless pertinent to their well being.

As an employee, I will not at any time disclose or use, either during or subsequent to my employment, any information, knowledge or data which I receive or develop during my employment which is considered agency property. For example-processes, business plans and strategies, client names, knowledge, accounting or financial data, salary data or any other information related to the operation of the business.

Upon termination of my employment, I agree to promptly return any and all documents containing the above information listed. I understand that my continued employment with the Agency is contingent upon my compliance with this agreement.

I understand and agree that any act which constitutes a violation of the confidentiality of client or medical information will result in immediate disciplinary action.

Employee signature: _____

Date: _____

Company representative: _____