



Confidentiality Agreement

As an employee of Solantic, I acknowledge that I am exposed and have access to sensitive and confidential patient, financial and other business information that is both confidential and proprietary. I understand and agree to abide by the following rules of confidentiality.

1. Except as required by my job function, I will not discuss the information described above with any parties outside of Solantic.
2. I will not furnish or reproduce information from files except in the course of my assigned duties as directed by my Manager or designated Solantic Manager or Director.
3. I will protect the confidentiality of files and print outs by properly securing such files and print outs when I cannot personally ensure their protection.
4. I will not share my password(s) with others, except when required by Information Services or my Manager.
5. I understand that I am responsible for reporting any breach of confidential information to my Manager or Human Resources.
6. My obligation to keep proprietary and confidential information confidential is a continuing one and does not terminate when my employment terminates.

I understand all of the above and will abide by these rules. I further understand that my failure to do so may result in disciplinary action, up to and including termination of my employment or legal action taken against me personally.

Acknowledgement:

Employee Name: _____

Employee Signature: _____

Date: _____

Solantic Representative: _____

Signature: _____

Date: _____