



## NONDISCLOSURE AGREEMENT

I HEREBY ACKNOWLEDGE THAT AS AN EMPLOYEE/CONTRACTOR OF EXPRESS PROFESSIONAL HOMECARE LLC., I HAVE CERTAIN RESPONSIBILITIES CONCERNING THE CONFIDENTIALITY OF INFORMATION OBTAINED BY THE AGENCY IN PROVIDING PATIENT CARE. I RECOGNIZE AND ACKNOWLEDGE THAT THE SERVICES THAT EXPRESSS PROFESSIONAL HOMECARE, (HEREINAFTER REFERRED TO AS "PROVIDER") PREFORMES FOR ITS PATIENTS ARE CONFIDENTIAL AND THAT TO ENABLE THE PROVIDER TO PREFORM THESE SERVICES, ITS PATIENTS FURNISH TO THE PROVIDER CONFIDENTIAL INFORMATION CONCERNING THEIR MEDICAL CONDITION; THAT THE GOODWILL OF THE COOPERATION DEPENDING AMONG OTHER THINGS, UPON ITS KEEPING SUCH SERVICES AND CONFIDENTIAL INFORMATION, AND THAT I MAY COME INTO POSSESSION OF INFORMATION CONCERNING THE SERVICES PERFORMED BY THE PROVIDER FOR ITS PATIENTS. I AGREE AS PRACTICED BY THE PROVIDER, THAT WILL NOT AT ANY TIME DURING OR AFTER MY CONTRACT, DISCLOSE ANY SUCH SERVICES OR INFORMATION TO ANY PERSON WHATSOEVER, OR PERMIT ANY PERSON WHATSOEVER TO EXAMINE OR MAKE COPIES OF ANY REPORTSOR OTHER DOCUMENTS THAT I PREPARE OR WHICH COME INTO MY POSSESSION AND CONTROL, THAT HAVE ANY WAY TO DO WITH THE PATIENTS OF THE PROVIDER. I RECOGNIZE THAT DISCLOSER OF SUCH INFORMATION MAY GIVE RISETO IRREPARABLE INJURY TO THE PROVIDER AND THAT ACCORDINGLY, THE PROVIDER AND THAT ACCORDINGLY, THE PROVIDER MAY SEEK ANY LEGAL ACTION REMEDIES AGAINST ME WHICH MAY BE AVAILABLE. I AGREE THAT I WILL HOLD ALL INFORMATION OBTAINED IN MY CAPACITES AS AN EMPLOYEE OF THE PROVIDER IN THE STRICTIST CONFIDENCE, AND WILL NOT RELEASE SUCH INFORMATION OR MATERIAL TO ANYONE UNLESS AN APPROPRIATE WRITTEN RELEASE HAS NOT BEEN EXECUTED BY THE PATIENT OR THEIR REPRESENTATIVE.

I FURTHER AGREE THAT I WILL AT ALL TIMES COMPLY WITH ALL POLICES AND PROCEDURES OF SAID PROVIDER IN REGARD TO THE CONFIDENTIALITY OF PATIENT RECORDS.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FOREGOING STATEMENTS OF THE AGREEMENT AND THAT I UNDERSTAND THEM AND AGREE TO ABIDE BY THEM.

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EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE