



*Partners in health care ventures*

### **Confidentiality Agreement**

I, \_\_\_\_\_, employee, agree that for and during the entire term of my employment, I will not disclose any information or data, whether written or verbal concerning the employer's business, clients of employer or personnel to any form or individual or institution except of the direct authorization of the employer.

I further understand and agree that as a consequence of my employment and the projects, to which I am assigned, will learn of information and have access to records containing information which is highly sensitive, confidential and proprietary to the clients of the employer. I agree and understand that I may not and must not discuss or disclose any such information, data, or documents to any other firm, individual or institution, except on the specific authorization of the employer. I understand and agree that this imposes upon me the highest possible duty of confidentiality, and that the nature of the projects on which I am working, including the names of companies or individuals involved, is never a proper subject of discussion outside of the employment setting, or even inside the employment setting, as may be necessary for the proper completion of my work.

Furthermore, upon termination of employment for any cause, I agree that I will maintain confidentiality of any information or data, written or verbal concerning the employer's business, clients or employer or personnel and will not disclose any such information to any firm, individual or institution, except on the direct authority of my employer. I further understand and agree that my duty of confidentiality with regard to the information, data documents and business matters of any client of the employer as described earlier in this Confidentiality Agreement, shall continue following the termination of employment for any cause. I further understand and agree that this duty of confidentiality is perpetual and will never expire.

I have read this Agreement and understand that failure to keep this Agreement is a breach of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date