**Confidentiality Agreement  
Acknowledgment of Confidentiality Statement**

I have received a copy of, read, understand, and agree to uphold the written policy on matters of confidential information and trade secrets. I also understand that in my daily job duties, I have access to confidential Alliance Senior Center, INC. operations, and any violation of confidentiality, in whole or in part, could result in disciplinary action, up to and including termination and/or legal action.

Confidential information is defined as any information found in a patient’s medical record, personal information, and work-related information (including salary information). All information relating to a patient’s care, treatment, or condition constitutes confidential information that is considered protected health information (PHI), and subject to all applicable federal and state laws. This confidentiality policy also encompasses any trade secret and scientific and technical information developed by the Alliance Senior Center, INC. or its personnel.

Employees never discuss PHI with any non-employee of the Alliance Senior Center, INC. , friends, or family members. Confidential matters involving patients are not discussed in areas where they might be overheard by other patients or other non-employees of the Alliance Senior Center, INC. Employees should take appropriate steps at all times to ensure that conversations regarding PHI are not overheard by others. All salary information is confidential and may not be shared with others in the Alliance Senior Center, INC. or with patients. Only authorized individuals may relay salary information to employees or non-employees. Any unauthorized disclosure of confidential information by employees could render the Alliance Senior Center, INC. liable for damages. Any employee who violates the confidentiality of the Alliance Senior Center, INC. or discloses confidential medical or employee-related information is subject to disciplinary action up to and including termination.

Signed this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of

Employee:

Witnessed by Alliance Senior Center, INC. representative:

Date: