Confidentiality Agreement for Employees

I, _____, as an employee of Premier Provider Network, LLC understand that I must maintain strict confidentiality of clients information and not disclose or cause to be disclosed any personal, financial, psychological o medical information relating to a client except to appropriate staff, the client's representative, client's physician, the Department of Community Health or other individuals authorized by the consumer in writing or, as may be required by court subpoenas.

I understand that a breach of confidentiality may be interpreted as misconduct for which I may be disciplined and could result in the termination of my employment.

_____ _____

Employee's Signature Date

_____ _____

Agency's Representative Date