

CONFIDENTIALITY AGREEMENT

By accepting employment with Helping Hands Care Agency, LLC, I agree to carefully refrain from discussing any patient's condition or personal affairs with anyone outside the agency unless expressly authorized to do so. I will not share any medical information with other patients/clients or visitors with clear instructions provided by the agency. I acknowledge that all information seen or heard regarding patients directly or indirectly, is completely confidential and is not to be discussed even with my family or coworkers. My job as an employee requires that I govern myself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of professional ethics, but can also involve an employee in legal proceedings. I will not share any information about patients, families or employees of the agency with the media. This is essential for protection of both the patient and agency.

I have read and understand the above statement and agree to abide by these policies. I understand that a breach of policy may result in disciplinary action and possible dismissal from employment.

I have read and received a copy of the Employee Policy and Procedures handbook. I fully understand their content.

Employee Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____