

VINTAGE HEALTHCARE SERVICES

CONFIDENTIALITY AGREEMENT/PLEDGE OF CONFIDENTIALITY

This is to certify that I, _____, an employee, student, volunteer or Board member of Vintage Healthcare Services, Inc., understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about members, clients, families, employees and other associate organizations, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

Signature of Employee

Date

Supervisor

Date