[Your Health Provider's Name]

 [Provider's Address]

[City, State, Zip Code] [Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

RE: CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement (the "Agreement") is entered into between [Your Health Provider's Name] ("Provider") and [Employee's Name] ("Employee") collectively referred to as "the Parties."

1. **Confidential Information:** "Confidential Information" shall mean any non-public information, including but not limited to patient records, medical history, treatment plans, financial data, business strategies, and any other information related to the operations of the Provider, whether written, oral, or in any other form.
2. **Obligations of Employee:** Employee agrees to maintain the confidentiality of all Confidential Information received during the course of their employment with the Provider. This obligation extends beyond the termination of employment.
3. **Use of Confidential Information:** Employee shall use the Confidential Information solely for the purpose of performing their duties as an employee of the Provider and shall not disclose, reproduce, or use such information for any other purpose without the express written consent of the Provider.
4. **Security Measures:** Employee shall take all reasonable precautions to prevent unauthorized access, disclosure, or use of Confidential Information, including, but not limited to, keeping physical and electronic records secure, using secure passwords, and restricting access to authorized personnel only.
5. **Return or Destruction of Information:** Upon termination of employment or at the Provider's request, Employee shall promptly return or, at the Provider's option, destroy all copies of Confidential Information in their possession or control.
6. **Exceptions:** The obligations of confidentiality shall not apply to information that is already in the public domain or becomes part of the public domain through no fault of the Employee.
7. **Remedies for Breach:** Employee acknowledges that a breach of this Agreement may cause irreparable harm to the Provider, and in the event of a breach, the Provider shall be entitled to seek injunctive relief, in addition to any other remedies available at law or in equity.
8. **Governing Law:** This Agreement shall be governed by and construed in accordance with the laws of [State].

IN WITNESS WHEREOF, the Parties hereto have executed this Confidentiality Agreement as of the date first above written.

[Your Health Provider's Name]

[Employee's Name] Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Provider's Contact Information]

[Phone Number] [Email Address]

[Employee's Contact Information] [Phone Number] [Email Address]