NON-EMPLOYEE CONFIDENTIALITY STATEMENT

I, ____________________________, understand and agree that, both during and after participating in activities with Pathways Home Health and Hospice, I must, in accordance with Agency policy, hold information regarding patients, employees and/or other proprietary Agency business in confidence and not disclose this information to any unauthorized person.

Propriety information is defined as any and all information of a confidential, privately-held nature which is, or may be, applicable to present or future business; to the development of Agency plans, improvements, techniques, or strategies; and to data concerning patients, employees or vendors.

Purpose of contact with Pathways Home Health and Hospice may be a Contract Personnel, Intern, Student, or Prospective Employee.

__________________________                  ____________________
Signature                                      Date

_______________________________                  ________________
Printed Name                                    Date