



Southern Crescent Personnel

CONFIDENTIALITY AGREEMENT

It is the policy of Southern Crescent Personnel, Inc. or its assigned Client(s); that any patient, financial, employee, payroll and related information are strictly confidential and/or proprietary information.

I understand that, in the course of my work, I may learn information which is confidential and under federal and state law or which is considered confidential and/or proprietary by Southern Crescent Personnel, including but not limited to patient medical information, or other information considered personal by patients and their families, financial information, and employee and payroll information. I agree to keep confidential all such information, whether verbal, written or computerized, which I learn in the course of my work for Southern Crescent Personnel. I will not discuss patient or family information with anyone not immediately concerned with or involved with a particular patient's care or treatment. I will not discuss organizational information with anyone who does not have a business need to know. In addition, I will not discuss patient or organizational information in public areas (such as elevators, cafeterias, etc.).

I agree that I will not access or attempt to access any information paper or electronically unless the information is relevant to my job and I am clearly authorized to access it.

I understand that the logon ID, computer password, and other credentials (hereinafter "credentials") assigned to me by Southern Crescent Personnel and/or assigned Client(s) are to be used solely by me in connection with my authorized access to information. I understand that use of my credentials by anyone other than myself is strictly prohibited. I will not share my credentials with anyone and I will take all necessary steps to protect the confidentiality of my credentials.

I understand electronic mail is Southern Crescent Personnel and/or assigned Client(s) property and subject to organizational review and should be used only for business purposes. I also understand and certify that the use of my electronic or digital signature to authenticate documents is the equivalent of my handwritten signature on the documents.

I understand it is my responsibility to read and to abide by any and all policies and procedures regarding the use and distribution of information by Southern Crescent Personnel and/or assigned Client(s) currently in effect or which may be implemented or revised from time to time. I understand that information access will be monitored and any violation of Southern Crescent Personnel and/or assigned Client(s) policies and procedures will be reported to the appropriate individual(s) and may result in disciplinary action against me including termination of employment or other affiliation(s) with Southern Crescent Personnel and/or assigned Client(s), as well as prosecution to the fullest extent of the law.

I HAVE READ THE ABOVE CONFIDENTIALITY AGREEMENT AND I AGREE TO COMPLY FULLY WITH ITS TERMS.

Please print your name clearly

Signature

Date