

Confidentiality Agreement

Apollo Pharmacies Limited has a legal and ethical responsibility to safeguard the privacy of all patients/ customers and protect information that is defined as confidential. Confidential information includes information contained in manual documentation as well as information stored in the pharmacies computer systems. Customers/ Patients personnel, financial and other business records also contain confidential information.

I understand that information regarded as confidential must be maintained in the strictest of confidence. As a condition of my affiliation with Apollo Pharmacies Limited, I hereby agree that I will not divulge at any time during or after my affiliation other than as necessary during my affiliation with Apollo Pharmacies Limited and when accompanied by the appropriate, authorized personnel.

Information in the Apollo Pharmacies Limited network resources/ storage media may be accessed only by authorization from the management. Computer system access is granted only to persons who have been issued user identification code/password and giving your user identification code/password to another person may result in disciplinary action.

I understand that all user identification codes and passwords are confidential, and may not be shared or disclosed to any other person. I understand that I am directly responsible for the accuracy and completion of data entries, which are entered into the facilities' storage media.

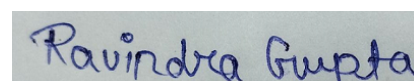
I understand that it constitutes a security violation to fail to sign off when leaving the computer unattended, accessing any medical or employment record without appropriate need and approval; requesting another employee to access my employment or medical record, allowing another employee to utilize my password / access medical or employment records without having a legitimate reason, using another employee's access code, revealing confidential information of customer, employees, business / financial details, etc.

All security violations will be reported to and investigated by the appropriate authorities.

My signature below indicates that I have read the Security, Confidentiality and Integrity of Information Policy and have been given the opportunity to have any questions regarding this statement explained to me, and the failure to abide by this agreement may result in suitable disciplinary action as per the standing orders of the hospital.

I have also read the Patient's/ Customer's Rights and Responsibilities document and I agree to understand and protect each patient's cultural, psychological and spiritual values.

Employee ID : R0856
Employee Name : Ravindra Gupta
Organization Name : Acxiom Consuting Private Limited
Place : Noida, Uttar Pradesh


Signature