

Licensed Practical Nurse (LPN) Non-Compete and Confidentiality Agreement

I acknowledge that I have received, read, and understood the Company's Licensed Practical Nurse (LPN) Non-Compete and Confidentiality Agreement.

I understand that, as an LPN, I may have access to confidential patient information, treatment protocols, facility procedures, and proprietary healthcare data. I agree to maintain strict confidentiality and to protect all patient and company information in accordance with HIPAA and company policy.

I further agree that during my employment and for the period specified in the Non-Compete Agreement after my employment ends, I will not:

- Provide nursing or related healthcare services for, or be employed by, a competing healthcare provider, clinic, home-health agency, or facility within the restricted geographic area stated in the agreement.
- Solicit or attempt to transfer patients, residents, or clients of the Company to another provider or facility.
- Recruit or solicit other employees, nurses, or caregivers of the Company to leave their employment.

I understand that these restrictions are designed to protect patient relationships, confidential information, and legitimate business interests of the Company, and that violation of this agreement may result in disciplinary action or legal proceedings.

Key Understanding Areas (Employee Confirmation)

- I have received and reviewed the LPN Non-Compete and Confidentiality Agreement.
- I understand the restricted time period and geographic area.
- I understand what constitutes a competing healthcare provider.
- I agree to maintain patient and company confidentiality at all times.
- I understand I may seek legal advice before signing this acknowledgment.

Employee Declaration

I certify that I fully understand and voluntarily agree to comply with the terms of the Company's LPN Non-Compete and Confidentiality Agreement.

I acknowledge that my employment and continued employment as a Licensed Practical Nurse are contingent upon compliance with these terms.

Signature Section

Field	Description
-------	-------------

Employee Signature	
Employee Printed Name	
Date	