***Educator Acknowledgment of Confidentiality & Non-Disclosure Agreement***

The Educator understands that access to their data, information, and records (all hereinafter referred to as Information) is maintained in the manual and automated information records systems of the Education Department. National Ambulance will allow the Educator access to information solely required for him/her to perform his/her job duties. The Educator affirms that they have been advised of, understand, and agree to the following terms and conditions to access Information contained in Information Systems.

1. The Educator will use authorized access to Information only in the performance of the responsibilities of his/her position as external instructor of the Education Department.
2. The Educator will comply with all controls established by National Ambulance’s Education Department and company guidelines for the use of Information.
3. The Educator will avoid disclosure of Information to unauthorized persons without the consent of the Information owner except as permitted by the Education Department. The Educator understands and agrees that the obligation to avoid such disclosure will continue even after the Educator leaves National Ambulance.
4. The Educator will exercise care to protect Information against accidental or unauthorized access, modifications, disclosures, or destruction.
5. When discussing Information with other educators/employees in the course of his/her work, the Educator will exercise care to keep the conversation private and not overheard by others who are not authorized to have access to such Information.
6. The Educator understands that any violation of this Agreement or other National Ambulance policies related to the appropriate release or disclosure of Information may result in one or more actions taken including immediate termination of employment, disciplinary action up to and including dismissal from instructor status, criminal penalties, or civil liability.
7. The Educator affirms that he/she has been given the opportunity to review the appropriate Use of Information Resources, and other related company policies,

IN WITNESS WHEREOF, the Parties hereto agree to the terms of this Agreement and sign on the dates written below.

**Employee Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Medical Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_