**ACKNOWLEDGMENT AND NON-DISCLOSURE UNDERTAKING FOR ACCESS TO**

**THE HOSPITAL’S SOFTWARE SYSTEM AND EXCLUSIVE USER ACCOUNT ASSIGNMENT**

**I**, *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*, and a resident of ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*,* hereby declare and confirm that:

1. I am the *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* under *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I was assigned a specific user account under the **Master Patient Registration (MPR)** Software of the **Province of Pangasinan** and understand that my access was given to me with the condition that is exclusive to myself, and to the exclusion of others.
3. I was granted permission by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to view and/or access the **Master Patient Registration (MPR).** Furthermore, I acknowledge that the said system acts as the repository of all relevant data or information (“Data”) on all the patients within the Fourteen (**14) Public Hospitals in the Province of Pangasinan.**
4. **DUTIES AND RESPONSIBILITIES**

In connection with the foregoing, I bind myself to the following duties and responsibilities:

1. *Duty to Maintain Integrity of Assigned Account*. I understand that by using my account and the password unique to me that I am responsible for all the activities performed under said assigned Account. I also understand that I have the sole duty to keep the integrity of the account’s mode of access and keep confidential all the contents in the software system. I further understand and acknowledge my responsibility to deny others from accessing and/or using my account and deny others from viewing or accessing the contents of the given USER ACCOUNT, and which contents I understand are highly sensitive and confidential.
2. *Proprietary Rights.* I understand that all materials, knowledge, and information that I received, learned, and/or came into possession with as a result of or in connection with the training, orientation, briefing, demonstration, and/or instruction provided by **One Document Corporation** are, and shall remain the sole and exclusive intellectual property and creation of **One Document Corporation**.

**B. PROPRIETARY INFORMATION IN FAVOR OF THE PROVINCE OF PANGASINAN**

In relation to my access and use of the **MPR** system, I hereby understand that all Data, whether simulated or actual, including all materials, documents, links, recordings, notes, and references that I will create, receive, or come into possession connected with the use of the **MPR System**, shall be the **sole and exclusive property of Province of Pangasinan. I further state that I do not have any right to own, retain, and share any and all Data that I may come across with while accessing the MPR.**

1. **CONFIDENTIALITY.**

*In Favor of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* hereby bind myself not to disclose to any party, or keep, or use for my personal or other person’s benefit, any and all Data, including all materials, documents, links, recordings, notes, and references that I will create, receive, or come into possession within relation to or connected with the access and use of **MPR** System without the express written approval of the corresponding **Hospital Chief** of the *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

1. **BREACH.**

I hereby bind myself to be liable to and indemnify and hold **Province of Pangasinan**, and/or any injured parties (“Aggrieved Party”), for any injury the Aggrieved Party may suffer, in the total amount One Million Pesos (Php1, 000,000.00), or the total amount of damages, whichever may be higher, as a result of my breach or non-compliance of any or all of the terms and conditions of this undertaking.

**SIGNATURE ABOVE PRINTED NAME/ DATE**