**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an employee of Access Health Centre, agree with the following statements;

I understand that I may come in contact with confidential information during my time at Access Health Centre. As part of the condition of my work with Access Health Centre I hereby undertake to keep in strict confidence any information regarding any client, employee or business of Access Health Centre. I will do this in accordance with the Access Health Centre’s privacy policy and applicable laws.

I agree not to disclose, report, or use, for any purpose, any of the confidential information disclosed to myself by Access Health Centre as a result of the my employment, or which I have otherwise obtained, accessed or witnessed.

I also agree to never remove any confidential material of any kind from the premises of Access Health Centre unless authorized as part of my duties, or with express permission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Employee Name) (Signature of Employee)

Kateryna Hutsulyak

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Employer Name) (Signature of Employer)

**If you want witness signature- add here \*\***

Dated this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020