This NON-DISCLOSURE AGREEMENT FOR SOP is to assure the protection and preservation of the confidential and/or proprietary nature of information to be disclosed.

The Discloser (Dankook University Hospital) intends to disclose proprietary information and data <The Confidential Information> relating to Dankook University Hospital (DKUH) Standard Operating Procedures (SOP) to the Recipient for the purpose as below (Please tick where applicable).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Audit** |  | **Inspection** |  | **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Obligation of Information Requestor;**

\* Please tick the all boxes when you have read and understand the statement below.

|  |  |
| --- | --- |
|  | I understand that the Confidential Information cannot be used for any purpose or in any manner that would constitute a violation of any laws or regulations. |
|  | I agree to keep the Confidential Information secure and not to disclose it to any third party. |
|  | I agree that the Confidential Information provided shall not be reproduced in any form |
|  | I will return all copies and records of the Confidential Information to the Discloser and will not retain any copies or records of the Confidential Information without permission. |

**Information Requestor**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Name |  | Role/Company |  | Signature |  | Date (DD-MMM-YYYY) |