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 (Chung-Ang University Hospital (CAUH)) intends to disclose proprietary information and data <The Confidential Information> relating to Chung-Ang University Hospital (CAUH) 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.

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