**CONFIDENTIALITY AGREEMENT**

**I understand and acknowledge that:**

* I have read and understood information contained in the Confidentiality Policy Standard #LD0100.
* I understand that in the performance of my duties as a Caregiver that I will have access to confidential information.
* I agree that I will not access, view or verbally discuss information in which I do not have a legitimate business reason.
* I understand and agree that I must hold information concerning patients and their care, personnel and payroll records, proprietary business information and information regarding the conduct of Mosaic Life Care Caregivers and Representatives in confidence. I agree not to discuss such information outside the work place or within hearing of other people who do not have a legitimate business relationship to know about the information.
* I agree to use patient information as minimally necessary for legitimate business reasons as needed for my assigned job duties.
* My username is recorded when I access the electronic records and I am the only one authorized to use my username. Use of my username is my responsibility whether used by me or anyone else. I agree to keep my password strictly confidential.
* All caregivers and representatives are obligated to notify their leaders or Compliance Officer in the event the Confidentiality Policy standard #LD0100 is not followed.
* Caregivers are encouraged to utilize the process outlined in the organization’s Setting the Standard: Code of Conduct to share information concerning any practice or activity that they feel is illegal, unethical or fraudulent.

I hereby acknowledge that I have read and understood the above information and that my signature below signifies my agreement to the Confidentiality Policy and the above terms. In the event of a breach of the Confidentiality Policy, Mosaic Life Care, as deemed appropriate, may purse disciplinary action up to and including separation of employment.

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Caregiver or Representative Print Name Date

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Caregiver or Representative Signature Caregiver #