

CONFIDENTIALITY AGREEMENT

As an employee of Kristie Jo's Love, Comfort and Care LLC, which is involved in the evaluation and monitoring of the quality of care rendered to our patients and their families, I recognize that confidentiality is vital. I also understand that the preservation of confidentiality is a policy.

Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, records, and other information generated in connection with the activities of Kristie Jo's Love, Comfort and Care LLC. I will make no c/voluntary disclosures of such information except to persons authorized to receive by Kristie Jo's Love Comfort and Care LLC. I understand the agency is entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained. Any breach of agreement may result in termination.

Furthermore, I recognize an importance of patient confidentiality and safeguarding of clinical records against any unauthorized use. I assure Kristie Jo's LCC if placing and/or storing any patient information using my computer at home, that information will be password protected and accessible only by me.

Print Name _____

Employee Signature _____

Date _____

Kristie Jo's Love, Comfort and Care

Representative _____

Date _____