

General Health System

NON-WORKFORCE MEMBER CONFIDENTIALITY AGREEMENT

I, the undersigned, understand that, although I am not a member of the workforce of General Health System, ("General Health"), I may acquire certain information during my visit at General Health facilities that constitutes information that must be kept confidential. I understand that General Health's patients expect confidential treatment of their medical information and other protected health information. I understand that I may have access to confidential medical, financial and proprietary operational information pertaining to General Health, its patients, or other persons.

I agree that I will not disclose confidential medical, financial, operational, or personnel related information to any person, corporation or entity unless General Health expressly permits it or unless required by law or legal process. Any disclosure made will be reported immediately to the General Health System Privacy Officer. Confidential information includes, but is not limited to, information relating to any and all medical treatment or protected health information of persons at General Health or affiliated companies, or anyone whose records are obtained by General Health in the course of treating a patient. I agree to treat all financial information as confidential unless I receive explicit instructions to disclose it. I agree that I will not disclose any confidential information of General Health after termination of my relationship with General Health, regardless of the circumstances of the end of my services with General Health, unless I have received prior permission in writing from General Health.

I understand that my entering this agreement is a condition of my continued relationship with General Health and its affiliates.

Signature

_____/_____/_____
Date

Print Name

Company Name or Affiliation

