

*Paxxon Healthcare Services*  
**CONFIDENTIALITY AGREEMENT**

This Confidentiality Agreement ("Agreement") is made and effective \_\_\_\_\_ (date), between Paxxon Healthcare Services and its affiliates., to be referred to as "Paxxon Healthcare Services." and \_\_\_\_\_, Employee.

(Please Print Name)

- 1. Confidential Information.** Resident and employee information from any source and in any form (such as paper, talking, computers, etc.) is confidential. I shall protect the privacy and confidentiality of patient, Paxxon Healthcare Services, any Paxxon Healthcare Services affiliated company, and other employee's information. Access to this information is allowed ONLY if I need to know it to do my job.

As an employee of Paxxon Healthcare Services and in the performance of my job, I may see or hear confidential information on:

- Residents and\or family members
- Employees, Contractors, Vendors
- Business Formation
- Third Parties
- Insurance Information
- Billing Information and Hospital, Nursing Home,
- Assisted Living, Personal Care, Home Care Records
- General Operations of Paxxon Healthcare Services, Paxxon Healthcare Services' affiliated companies, and its Officers

It shall be understood that all Residents, Hospital, Laboratory, other Medical Facility Information and Business of the Corporation shall not be disclosed, I fully understand that this would be a breach in confidentiality, and failure to comply with this agreement may result in the termination of my employment and\or criminal legal penalties.

**2. I AGREE THAT:**

- I WILL ONLY access information I need to do my job.
- I WILL NOT show, tell, copy, give, sell, review, change or trash any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct procedures set up or directed by Paxxon Healthcare Services or any of Paxxon Healthcare Services affiliated Companies (such as shredding of confidential papers before throwing them away).
- I WILL NOT misuse or be careless with confidential information.
- I WILL NOT leave unsecured computer or hard copy information unattended.
- I WILL NOT misuse Paxxon Healthcare Services' equipment, or allow unauthorized use of the equipment by other individuals.
- I AM RESPONSIBLE for my use or misuse of confidential information.
- I AM RESPONSIBLE for my failure to protect my password or other access to confidential information.

- 3. Employee wages are to remain confidential at all times. Any disciplinary actions you are involved with are also to remain confidential. I understand that any discussion of my wages or employment status with fellow employees, vendors, customer and their employees, residents, families, or visitors is considered grounds for immediate termination.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date