

CONFIDENTIALITY AGREEMENT FOR STAFF MEMBERS

CONFIDENTIALITY AGREEMENT

NAME.....

ADDRESS.....

EMAIL.....

STATEMENT

I acknowledge and agree that all and any information whether verbal, written or electronic, obtained in my position with Dr Michael William Epstein and/or with other members of staff is considered to be strictly confidential and will not be divulged to any third party (third party referred to herein understood to be any party outside the direct employment of Michael WN Epstein). I further acknowledge and agree that no information written, verbal or by any other means will be discussed or released by me to any third party, and that no information may be keyed to a hard disc on any computer other than those on site at the offices of Michael Epstein unless otherwise agreed upon by him or his practice manager. I further understand and agree that should any work be performed off site, such work to be written on removable hardware only and such to be returned to the office address immediately on completion or otherwise as agreed by Michael WN Epstein or his practice manager.

I understand and agree that my employment status and tenure is strictly confidential and is not to be discussed or sighted by any third party.

SIGNED NAME:

WITNESSED: NAME:

DATED: