

EMPLOYEE CONFIDENTIALITY STATEMENT

I hereby acknowledge, by my signature below, that I understand that the patient medical and financial information, records, and data to which I have knowledge and access in the course of my employment with **SAFEWAY HEALTHCARE SERVICES, INC.** are to be kept confidential, and this confidentiality is a condition of my employment. This information shall not be disclosed to anyone under any circumstance, except to the extent necessary to fulfill my job requirements. The approval of my agency management should first be obtained before any disclosure is made.

The unauthorized disclosure of patient medical and financial information, records, and data is ground for disciplinary action, up to and including immediate dismissal.

Date

Signature of employee

Print name

Supervisor