

Confidentiality Agreement

I have read the Confidentiality Agreement and understand my responsibility regarding security and misuse of confidential information. I accept the responsibility of maintaining the strict confidentiality of all materials, processes, and information to which I have access. I understand that if I violate the confidentiality rules I may be subject to disciplinary action.

Employee's Name (print)

Signature

Date

A copy of this form will be maintained in your personnel file.