
CONFIDENTIALITY STATEMENT

This document is written specifically for the following companies:

Desert Physicians Management

Choice Physician Network

Choice Healthcare Associates

From this point forward COMPANY will address all companies listed above.

- I understand all medical information on all patients is considered confidential. I also understand during the course of my work, I will come in contact with and have access to confidential information on many patients. I understand I am committed to an oral and written bond regarding the safeguarding of this confidential information. I agree that I will not discuss or release, in any manner, any information from any medical record, with my family, friends or any other unauthorized persons.
- I understand any unauthorized discussions, release or any misuse of medical information on any patient may be grounds for immediate termination without prior notice.
- I understand discussion of any patient's medical information for purposes other than treatment, medical education, quality assurance activities, or other approved uses may result in accidental disclosure to unauthorized persons. Confidential medical information should not be discussed casually among staff members. I understand even accidental disclosure of confidential medical information may be grounds for immediate termination without prior notice.
- I also understand that I am not to disclose or provide access to confidential information which has been obtained or developed with respect to Company , Choice Medical Group (CMG), any related entities or its business, including information concerning past, present, or prospective employees, agents, policy holders, customers, borrowers, proposed corporate investments, or other current or planned business activities:
 1. To anyone inside the company other than those who have legitimate need for such information in the normal course of Company, CMG and other entities business; or
 2. To anyone outside the company (including media representatives and regulators) without prior approval by an appropriate Company official and in accordance with communications, employee regulations, government contract and privacy policies.
- In addition, I am not to use such information for personal advantage. I recognize that unauthorized release of confidential information or privileged information may make me subject to civil and or criminal provisions of the law.

Employee's Name (Printed): _____

EMPLOYEE'S SIGNATURE

DATE