



## Confidentiality and Non-Disclosure Agreement

I, \_\_\_\_\_, do affirm that I will not divulge Pediatric Therapy, Inc. DATA TO ANY UNAUTHORIZED PERSON FOR ANY REASON. Neither will I directly nor indirectly use, or allow the use of, Pediatric Therapy, Inc. data for any purpose other than that directly associated with my official assigned duties. I understand that ALL PATIENT INFORMATION, including financial data, is strictly confidential.

Furthermore, I will not, either by direct action or by counsel, discuss, recommend, or suggest to any unauthorized person the nature or content of any Pediatric Therapy, Inc. information.

Violation of confidentiality is cause for disciplinary action, including immediate dismissal.

I understand that signing this document does not preclude me from reporting instances of breach of confidentiality.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_