

**ACKNOWLEDGEMENT OF CONFIDENTIALITY
OF RECORDS AND OPERATIONS FORM**

I have received a copy of, read, understand and agree to uphold the written policies on matters of confidential information of medical records, personnel records and facility operations/trade secrets and all other applicable policies contained in the current office Policy and Procedure Manual. I also understand that, in my daily job duties, I will have free access to confidential information and office operations information, and any violation of confidentiality, in whole or in part, could result in progressive disciplinary action, up to and including termination and/or civil or criminal legal action, whether or not I actually benefit from the disclosure of the information. I also understand and agree that the obligations set forth in this paragraph survive the termination or completion of my employment.

EMPLOYEE SIGNATURE

DATE

OFFICE MANAGER

DATE