

*Olympic*   
**COMMUNITY of HEALTH**  
**Confidentiality Agreement**  
September 20, 2017

As an employee, intern, volunteer, or contractor of the Olympic Community of Health (OCH), I understand and agree to keep all information which is protected or sensitive in nature that is disclosed to me during the course of my association with the OCH confidential.

Specifically, I agree to the following, during and subsequent to my relationship with the OCH:

1. To conduct myself in a manner that assures confidentiality and ensures compliance with regard to “protected health information” (PHI), financial information, employee information, or any other information which could be reasonably understood to be confidential in nature.
2. To hold in confidence privileged information gained about current or past OCH employees, clients or partners, regardless of the source of that information.
3. I further understand that violations of this confidentiality policy may result in disciplinary action; willful violations may result in disciplinary action up to and including immediate dismissal.

I acknowledge that the policies concerning confidentiality have been explained to me, copies have been provided to me for future reference, and understand that I can ask my supervisor or the Executive Director if I have any questions about these policies.

\_\_\_\_\_  
Employee/Intern/Volunteer/Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date