

## Sample Confidentiality Agreement for Use by Provider Office Staff

The following sample confidentiality statements are generic and should be specifically tailored to the purposes or entities for which they are intended:

“I understand that my responsibilities at (**name of office / practice**) give me access to privileged documents, records, and information which are not to be disclosed, except to those persons authorized to receive them. I recognize that such confidentiality is vital to the effective operations of the (**name of office / practice**). Therefore, I agree that I will not make any voluntary disclosure of confidential information to unauthorized persons or entities. I recognize that these obligations are a condition of my relationship or employment with (**name of office / practice**) and if breached may lead to disciplinary action including dismissal.”

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Signature

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Date

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NAME