



Confidentiality Agreement

(Version 1.0 August 2006)

I understand that all information including computer generated data concerning patients, residents, employees, and Corporate operations to which I have access, or learn of through my association with the Providence Health Care Research Institute, is strictly confidential. I understand that this agreement is lasting even though my employment or association with the Providence Health Care Research Institute may have ended.

I understand that breach of this agreement may result in severe consequences.

Name (print)

Signature

Date