

## Non- Employee Corporate Compliance & HIPAA Confidentiality Agreement

*I understand and acknowledge that the restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interest of patients, EJGH and my employer. My failure to comply with this Agreement in any respect could cause irreparable harm to patients, EJGH and my employer for which there may be no legal remedy. I therefore understand that EJGH or my employer may prevent me from violating this Agreement by any legal means available, in addition to disciplinary measures, which may result in sanctions imposed by EJGH or my employer.*

**My signature below indicates that I have read, accept, and agree to abide by all the terms and conditions of this Agreement and agree to be bound by it.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_