LEGACY HEALTH SYSTEM
NONDISCLOSURE AGREEMENT

Patient information and Legacy Health System Proprietary Information are strictly confidential. Legacy Health System Proprietary Information includes, but is not limited to, any and all unpublished information owned or controlled by Legacy that relates to the clinical, technical, marketing, business or financial operations of Legacy and which is not generally disclosed to the public, including, without limitation, patient information, clinical data, technical data, proprietary processes or designs, trade secrets, inventions, proprietary computer software, plans for future projects, business and marketing plans, policies, or strategies, financial data and information, employee information, customer lists, vendor lists, supplier's identities and pricing policies and information, whether disclosed orally, in writing or by inspection.

You agree as follows.

1. You will not disturb, copy or remove any patient or LHS proprietary information from LHS premises *unless required for appropriate patient care.*

2. You will not use any patient or proprietary information which comes to your attention during the course of your work for any purpose *other than patient care*.

3. You will not disseminate, disclose or otherwise reveal any patient information or LHS Proprietary Information to any third party.

4. You will use your best efforts to maintain the confidentiality of all patient information or LHS Proprietary Information and to safeguard such information against loss, theft, or other inadvertent disclosure.

5. Your obligations under this Nondisclosure Agreement will continue indefinitely even after you have completed your work for or at a Legacy Health System facility.

UNDERSTOOD AND AGREED:	**WITNESS:**
_____	_____
_____	_____
(print name**)**	**(**print name**)**
Date:_____	**Date:**_____

It is not sufficient that the individual read and sign this document. The witness must be sure that the individual understands the meaning of this document.