

**PEARL
HEALTH CARE SERVICES, INC.**

EMPLOYEE STATEMENT OF CONFIDENTIALITY

I, the undersigned, understand the importance of observing strict confidentiality policies. Therefore, I agree not to discuss/release any information obtained within the agency regarding any Pearl Health Care Services, Inc. client, their medical record, or any client's condition with any individual not directly associated with Pearl Health care Services, Inc. nor with Pearl Health Care Services, Inc. employees who are not directly associated with that client. I also agree that any information that is released regarding the client or the client's record will only be done with proper authorization and/or in accordance with established agency policy for the release of the information.

My signature on this document indicates that I understand and agree to abide by the aforementioned policies, and that any breach in the aforementioned policies will result in implementation of the Disciplinary procedure up to and including possible IMMEDIATE DISMISSAL from employment at Pearl Health Care Services, Inc.

Employee's Signature

Date

Supervisor's Signature

Date