

**NONDISCLOSURE AGREEMENT**

The undersigned contracted employee/student recognizes and acknowledges:

That the services the hospital performs for its patients are confidential and that to enable the hospital to perform those services, its patients furnish to the hospital confidential information concerning their affairs; that the good will of the hospital depends, among other things, upon its keeping such services and information confidential; and that by reason of the contracted employee/student's duties, the contracted employee/student may come into possession of patient information or information concerning the services performed by the hospital for its patients, even though the contracted employee/student does not take any direct part in or furnish the services performed for those patients.

The contracted employee/student accordingly agrees that, except as directed by the hospital, the contracted employee/student will not at any time during or after his/her employment by the hospital disclose any of such services or information to any person whatsoever, or permit any person whatsoever to examine or make copies of any reports or other documents prepared by the contracted employee/student, or coming into his/her possession under his/her control, that have in any way to do with the patients of the hospital. The contracted employee/student recognizes that the disclosure of information by the contracted employee/student may give rise to irreparable injury to the hospital or to the owner of such information, and that, accordingly, the hospital or the owner of such information may seek any legal remedies against the contracted employee/student, which may be available. Disclosure of information by the contracted employee/student will result in cause for immediate termination.

The contracted employee/student further agrees that he/she will at all times comply with all hospital and Health Management Associates, Inc. policies and security regulations in effect from time to time for all materials belonging or relating to the hospital or Health Management Associates, Inc.

I have read all of this Agreement, I understand it, and agree to abide by its terms.

AGREED TO AND ACCEPTED ON \_\_\_\_\_, 20 \_\_\_\_\_

BY: \_\_\_\_\_  
(CONTRACTED EMPLOYEE/ STUDENT)

WITNESSES: \_\_\_\_\_  
\_\_\_\_\_