



Medical and Mental Health Clinic
1420 Valwood Parkway Ste. 170a
Carrollton, Texas 75006

CONFIDENTIALITY AGREEMENT

I, _____, agree with the following statements:

I have read and understood Keturah Health Medical and Mental Health Clinic's Privacy Policy. I understand that I may encounter confidential information during my time at Keturah Health Medical and Mental Health Clinic. As part of the condition of my work with Keturah Health Medical and Mental Health Clinic. I hereby undertake to keep in strict confidence any information regarding any client, patient, employee, or business of Keturah Health Medical and Mental Health Clinic or any other organization that comes to my attention while at Keturah Health Medical and Mental Health Clinic. I will do this in accordance with the Keturah Health Medical and Mental Health Clinic's privacy policy and applicable laws, including those that require mandatory reporting. I also agree to never remove any confidential material of any kind from the premises of Keturah Health Medical and Mental Health Clinic unless authorized as part of my duties, or with the express permission or direction to do so from Keturah Health Medical and Mental Health Clinic.

(Print Staff Name)

(Signature of Staff)

(Signature of witness)

Dated this _____ day of _____, 2_____