

DeZavala-Shavano Veterinary Clinic
Employee Confidentiality Agreement

I, _____, as an employee of DeZavala-Shavano Veterinary Clinic, do hereby acknowledge that I have received and read a copy of the Information Security Program which contains my employer's Sensitive Information Policy and Identity Theft Prevention Program. I further acknowledge I have been trained on the proper authentication procedures and the protection and handling of sensitive information and that I must comply with the Information Security Program as well as applicable Federal and state laws that regulate the handling of confidential and personal information regarding both clients and employees of this practice.

I understand that I must protect and maintain the confidentiality of any personal and sensitive information in paper or electronic form and that this information may only be used consistent with the Sensitive Information Policy, Privacy Policy and Identity Theft Prevention Program for the intended business purpose. The use of this information in any manner other than the specified business purpose is strictly prohibited and may be cause for immediate dismissal. In the event that I misuse, allow a breach or otherwise compromise any sensitive or personal information, I may be held accountable both civilly and criminally for real or implied damages that may result to the affected individuals and my employer.

I further agree to follow the rules and regulations this clinic has in place as regards to the handling of confidential information so as to protect the privacy of all involved.

Employee Signature

Date

Witness Signature