



## Confidentiality Statement

As an employee, volunteer, consultant, contractor, intern, or vendor of Intrust Healthcare, I understand that I have access to information which is deemed privileged and confidential under KRS 421.215. My access to this privileged and confidential information will be limited to that information which is necessary to the performance of my job. I will not reveal knowledge I have obtained regarding clients of Intrust Healthcare, to anyone who is not employed by Intrust Healthcare. I realize that if I do reveal such information I will be subject to disciplinary action and may be legally liable for such action.

I have been instructed by Intrust Healthcare regarding Privacy and Security Practices. Also, I have read and understand the confidentiality policies of Intrust Healthcare and will abide by these policies.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date