

Employee Name: _____

Confidentiality of Client Information

Being employed by ReliaCare Agency, Inc. I, the employee agree not to divulge or discuss any client information, whether personal or medical, with any individual or group outside of the professional group employed at ReliaCare Agency, Inc.

The following applies:

No information will be discussed with anyone, whether family or friend, unless instructed to do so by the Personnel Coordinator. _____
(initial)

No information will be discussed with any other agencies. They are to be directed to the ReliaCare office.

(initial)

No information will be given or discussed outside the work area or given to the media regarding the client, the client's family, including the financial or medical status. _____
(initial)

As a ReliaCare Employee, you will be expected to operate with the highest ethical standards. Any breach in this policy will result in immediate termination.

Non-Compete Agreement

Reliacare has developed know-how, good will, sources of supply, customers, and other trade secrets and confidential information not generally known to others engaged in similar businesses. I agree that the Reliacare Agency is entitled to be protected from the possibility that I may seek to become associated with a customer/client that Reliacare Agency provides services to. This would be unfair competition, because I have extensive knowledge about Reliacare Agency, including its trade secrets and other confidential information.

I therefore agree as follows: For a period of one year from the date of severance/termination of employment I shall not directly or indirectly solicit or work for any client or family member of Reliacare. I shall also not take any action that will cause the termination of the business relationship between Reliacare and any of its customer/clients. I also shall not solicit for employment any customer or clients. I acknowledge that if I violate this agreement I will cause severe and irreparable injury to Reliacare Agency's business and good will. **In the event of a breach of this agreement, I agree as stipulated damages the amount of \$2,000.00.** I will also be responsible for actual attorney fees incurred by Reliacare.

Signature

Date

The Hepatitis B Vaccination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring infections.

I decline the hepatitis B virus vaccination and fully understand the risk of acquiring this virus. _____
or

I have already received the vaccination and will provide the necessary documentation. _____

Signature

Date