

**EMPLOYEE CONFIDENTIALITY AGREEMENT OF VEIN EXPERTS, LLC AND  
CHICAGO VASCULAR AND INTERVENTIONAL CLINIC**

I, \_\_\_\_\_, have read and understand the [Vein Experts, LLC] policies regarding the privacy of individually identifiable health information (or protected health information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) [if appropriate, also list relevant state legislation]. In addition, I acknowledge that I have received training in [Vein Experts, LLC] policies concerning PHI use, disclosure, storage and destruction

In consideration of my employment or compensation from [Vein Experts, LLC] I hereby agree that I will not at any time - either during my employment or association with [Vein Experts, LLC] or after my employment or association ends - use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with [Vein Experts, LLC], as set forth in [Vein Experts, LLC] privacy policies and procedures or as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with [Vein Experts, LLC], whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply [Vein Experts, LLC] policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including the termination of employment or association with [Vein Experts, LLC] and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the termination of my employment or end of my association with [Vein Experts, LLC], regardless of the reason for such termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_