NON-DISCLOSURE AGREEMENT

The undersigned, as a condition in consideration of being permitted to view protected health information (PHI) and tour a program where Living Alternatives for the Developmentally Disabled Inc. provides staffing supports and maintains PHI agrees as follows:

1. That all information obtained on said premises shall be and will remain confidential, and shall not be disclosed to any third person, firm, or corporation except as permitted in writing by an authorized agent of Living Alternatives for the Developmentally Disabled Inc. and except to the extent that such information does not and cannot identify any person served, group of people served, or otherwise constitute disclosure of any particular disability, treatment, or other medical or personal information.

2. That no photographs, drawings, names, or other means of identifying the people we serve may be taken while on the premises, without specific written permission from an authorized agent of Living Alternatives for the Developmentally Disabled Inc.

3. This agreement may be enforced by Living Alternatives for the Developmentally Disabled Inc. and/or any affected person served by an action for an injunction, or damages, or both.

_____
Print Name

_____ _____
Signature Date

_____ _____
Corporate Compliance Officer Signature Date