

Confidentiality Agreement
Wake County Medical Society Community Health Foundation

I, the undersigned, acknowledged by my signature, that in my capacity as an employee/consultant/officer/member I may, during my affiliation with this organization, have access to confidential or proprietary information about funding sources and projects; other financial information pertaining to this organizations computer software applications; personal, including compensation, information about staff; and other information or procedures pertaining to the past, current and pending projects and proposals of this organization and its staff.

Further, I understand that my access to any such confidential or proprietary information received solely in such capacity of performing duties for this organization is conditioned upon my agreement that I will not disclose any such information to any other person or entity, for any purpose, during or subsequent to my affiliation with this organization, without the specific, express, written consent of the Executive Director of this organization, including but not limited to transfers of information in exchange for compensation or to other tax-exempt organizations with whom I am affiliated, and that any such disclosure may subject me to liability for any damages incurred thereto, termination of my affiliation with this organization and any other remedies provided for by North Carolina law or the bylaws of this organization.

Finally, I understand that termination of my affiliation with this organization does not release me from the terms of this nondisclosure agreement and that subsequent to any such termination, I will be entitled to receive pursuant to my written request, a general description of all information considered confidential and/or proprietary to which this nondisclosure agreement applies.

Signature

Date

Print Name