

CONFIDENTIALITY AGREEMENT

BETWEEN

Dr. [insert name of dentist or health profession corporation]

AND

[insert name of contractor/consultant/supplier]

[insert name of contractor/consultant/supplier] provides services [describe nature of services provided]
to the dental office of Dr. [insert name of dentist or health profession corporation].

[insert name of contractor/consultant/supplier] undertakes and agrees that in the course of providing the above services, I will not access personal and/or confidential information held in the office of Dr. [insert name of dentist or health profession corporation], except as required in the course of specified duties and as specifically enunciated by contract or agreement with Dr. [insert name of dentist or health profession corporation].

If accessing personal and/or confidential information held in the office of Dr. [insert name of dentist or health profession corporation] is required in the course of my duties, [insert name of contractor/consultant/supplier] undertakes and agrees not to collect, use or disclose said information for any other purpose without consent, and this obligation shall endure for all time.

In performing said services, [insert name of contractor/consultant/supplier] undertakes to make best efforts to safeguard the personal and/or confidential information held in all mediums in the office of Dr. [insert name of dentist or health profession corporation].

This agreement applies to the undersigned and to all of his/her agents and employees who may have access to the office of Dr. _____ [insert name of dentist or health profession corporation] either regularly or from time to time.

_____ [insert name of contractor/consultant/supplier] has been provided with a copy of the Privacy Code of the office of Dr. _____ [insert name of dentist or health profession corporation] which the undersigned has read and understands. _____ [insert name of contractor/consultant/supplier] undertakes and agrees that in the course of providing services to the office of Dr. _____ [insert name of dentist or health profession corporation], _____ [insert name of contractor/consultant/supplier] will abide by the relevant rules and/or principles set out in his/her Privacy Code, a copy of which is attached to this Agreement.

The undersigned agrees to communicate the confidentiality/privacy obligations undertaken and agrees to herein to all of the agent/employees of _____ [insert name of contractor/consultant/supplier] who may have access to the office of Dr. _____ [insert name of dentist or health profession corporation] either regularly or from time to time, and to make best efforts in ensuring their compliance with this confidentiality agreement.

I have authority to bind the corporation/organization.

(name)

(signature)

(witness)

(date)