



Use of Confidential Information by Employee

I, _____, as an Employee of _____, do hereby acknowledge that I must comply with a number of State and Federal Laws which regulate the handling of confidential and personal information regarding both this company and its other employees and branches. These laws may include, but not be limited to, FACTA, HIPAA, The Economic Espionage Act, The Privacy Act, Gramm/Leach/Bliley, ID Theft Laws (where applicable), Trade Secrets Protections, and Implied Contract Breach.

I understand that I must maintain the confidentiality of ALL documents, credit card information, and personal information of any type and that such information may only be used for the intended business purpose. Any other use of said information is strictly prohibited and is cause for immediate dismissal. Additionally, should I misuse or breach, any personal information of said clients and/or employees, I understand I will be held fully accountable both civilly and criminally, which may include, but not be limited to, Federal and State fines, criminal terms, real or implied financial damages incurred by the client, employee, or this company.

I further agree to follow the rules and regulations this company has in place regarding the handling of confidential information so as to protect the privacy of all involved.

Employee

Witness

Date