

**PEOPLE'S PLACE CONFIDENTIALITY AGREEMENT FOR  
VENDORS, CONTRACTORS AND CONSULTANTS**

Confidential information is information that must be protected. It may be written, electronic, overheard or observed. People's Place policy, federal statute (e.g. "protected health information" or "PHI" under the Federal Health Insurance Affordability and Accountability Act) and state statute require that client identity, client information, and service(s) received by clients at People's Place are confidential.

\_\_\_\_\_ I will not disclose any information regarding People's Place past or present clients to  
(Initial) my relatives, friends, associates, other clients or anyone else except as required to perform my work as a consultant, contractor or vendor for People's Place. I will protect the confidentiality of clients while working at People's Place and after I leave.

People's Place policy, federal and state statute require that information on employees and others in the People's Place work force is confidential. Further, People's Place financial/business operations, donor base and research are confidential.

\_\_\_\_\_ I will not disclose any information regarding the People's Place work force, or  
(Initial) financial/business operations, or donor base, or research to my relatives, friends, associates or anyone else except as required to perform my work. I will protect the confidentiality of the People's Place work force and financial/business operations and donor base and research while working with People's Place and after I leave.

\_\_\_\_\_ I understand that all confidential information remains the property of People's Place and  
(Initial) may not be removed or kept by me except as specified through written agreement between People's Place and me.

I will report any breeches or suspected breeches of confidentiality to People's Place Executive Director immediately.

I understand that if I violate this agreement I may be subject to adverse action up to and including termination of my ability to work at or on behalf of People's Place. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand this agreement. I will follow all terms in this agreement. I further agree that I am responsible for ensuring that anyone providing services on my behalf or on behalf of my company will follow this agreement.

Name: \_\_\_\_\_

\_\_\_\_\_  
People's Place Representative

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

Company: \_\_\_\_\_

\_\_\_\_\_  
Date

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