CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT FORM FOR NON-MAKATI MEDICAL CENTER

STAFF AND MEMBERS

1. The following shall be considered as confidential information for the purpose of this Agreement:
	1. Hospital related data and information which is relayed to me which by its nature is confidential or sensitive (including information relating to patients, customers or other employees)
	2. Existence of patient in the Hospital and his/her personal and medical records
	3. Employee, medical and house staff, independent practitioner or project hire/consultant personal data and medical records
	4. Information which relates to the specialized and distinctive method of operations used by MMC in operating the business
	5. Business or marketing plans/strategies, client and patient listing or pricing information relating to MMC, its clients, business partners or prospective clients
2. The following shall be considered as intellectual property for the purpose of this Agreement:
	1. Copyrights which include, but not limited to, research and non-research documents, manuals, articles, manuscripts, correspondences, technical/industrial drawings
	2. Trademarks, which include, but not limited to, the logo, business name, business slogan
	3. Patents which include, but not limited to, business methods, any software applications or programs
3. I agree that the confidential information and intellectual property are the sole and exclusive property of MMC and is confidential to MMC and to the users of the confidential information as authorized by MMC.
4. I agree not to duplicate, publish, distribute or otherwise disclose the confidential information and/or intellectual property to any person(s) or organization, except if authorized by MMC.
5. I understand that the documents/information I am given access to by MMC are confidential. I shall use the information only for the purpose indicated in this form and shall not duplicate in any form, give or distribute these documents to any person(s) without permission from the MMC. MMC reserves the right to protect itself from any violation of this Agreement.

Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information as confidential.

|  |
| --- |
| Information/document to access/view |
| Purpose for access/viewing |

**Name**

Signature above Printed Name

**Organization**

**Date** (MMM/DD/YYYY)

**Time** (0000H)

FM-MMC-GF-424 Rev 00 *Nov 2020-* Page 1 of 1