



6900 Dallas Parkway
Suite 450
Plano, TX 75024

Acknowledgement of Confidentiality of
Patient Healthcare Information

I acknowledge the confidentiality of patient healthcare information (“Confidential Patient Information:” that I may receive or have access to in the course of providing patient care services at healthcare institutions where I am assigned. I shall maintain the confidentiality of Confidential Patient Information, and in doing so, shall comply with all applicable state and federal laws and regulations , including, without limitation, the privacy provisions under the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) and the policies and procedures of each healthcare institution where I am assigned. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Liquid Agents, LLC and the conclusion of any assignment at a healthcare institution.

Signature

Date

Printed Name