

3022 Javier Road Suite 110-B Fairfax, VA 22031

CONFIDENTIALITY / CONFLICT OF INTEREST STATEMENT

I understand and agree to refrain from unauthorized disclosure or use of confidential information from all patients. This includes any information concerning patients, another employee, or agency operations. I recognize that the unauthorized release of confidential information any subject me to a civil action under provision of federal and/or state law and may result in the termination of employment.

I acknowledge, by means of this statement, that I am not involved in any transaction, investment, or other legal or personal relationship in which I would profit directly or indirectly as a result of my position. I agree to disclose to the Office any actual, apparent, or potential conflicts of interest that may arise in the future. I agree to abide by the determination of such matters made by the Agency Management.

Home Care, LLCfor any damages or costs associated with the defense of any claim arising out of any conflict of interest created knowingly or unwittingly on my part.

Employee Signature

Date

Date