## **CONFIDENTIALITY AGREEMENT**

THIS CONFIDENTIALITY AGREEMENT ("Agreement	nt") is made between Consumer Direct Care Network
Virginia, LLC ("Company") and,	("Other Party"), hereinafter
referred to as the "Parties."	
<ul> <li>The Parties hereby agree to the provisions of this Agreement.</li> <li>1. Confidential Information <ul> <li>a. Protected Health Information</li> <li>As used in this Agreement, Protected Health Information ("PHI") shall mean individually identifiable health information relating to a client/consumer of Company that identifies the individual or provides a reasonable basis to believe the information can be used to identify the individual. PHI includes, but is not limited to, a client's name, address, family member, provided services, treatment or medical regimen.</li> <li>b. Proprietary Business Information, Processes, Systems</li> <li>As used in this Agreement, Proprietary Information shall mean all information and materials including, without limitation, business plans, market analyses, utilization of information technologies, hardware and software, personnel, research, data, databases, protocols, functional and interface specifications, and any documentation, analyses, compilations, forecasts, studies or other documents prepared using Company's processes, systems, and/or personnel, whether oral, written or in any other medium.</li> </ul> </li> <li>2. Non-Disclosure of Confidential Information <ul> <li>a. Confidential Information shall be kept confidential and, except as necessary to complete the agreed-upon work for the Company or the State of Virginia Department of Medical Assistance Services, must not be shared or discussed with Other Party supervisors, co-workers, family members, friends, third parties, or any employees of Company. Other Party shall handle all Confidential Information, including all PHI, with the standards of care set forth in the Health Insurance Portability &amp; Accountability Act (HIPAA).</li> <li>b. Confidential Information must not be removed from Company premises or systems, or reproduced in any way, by any means, except as necessary to complete the agreed-upon work for the Company. Other Party or their assignee(s) who unnecessarily removes Confidential Information from Company pr</li></ul></li></ul>	
IN WITNESS WHEREOF, the Parties have executed this the Other Party.	s Agreement as of the date signed ("Effective Date") by
Company: Consumer Direct Care Network Virginia, LLC	Other Party
	Agency name
Signature & Date	
Natalie Williams, Area Director	Signature & Date
Printed Name & Title 6802 Paragon Place Suite 430	Printed Name & Title
Richmond, VA 23230	
Address 888-444-8182	Address
Phone Number	

Phone Number

National Provider Identifier (NPI)