CONFIDENTIALITY AGREEMENT

THIS CONFIDENTIALITY AGREEMENT ("Agreeme	
	("Other Party"), hereinafter
referred to as the "Parties."	
health information relating to a client/consumer reasonable basis to believe the information can be not limited to, a client's name, address, family maregimen. b. Proprietary Business Information, Processes, Syn As used in this Agreement, Proprietary Informat without limitation, business plans, market analyst and software, personnel, research, data, database any documentation, analyses, compilations, fore Company's processes, systems, and/or personnel. 2. Non-Disclosure of Confidential Information a. Confidential Information shall be kept confident upon work for the Company or the State of Virginot be shared or discussed with Other Party super parties, or any employees of Company. Other Partll PHI, with the standards of care set forth in the (HIPAA). b. Confidential Information must not be removed from any way, by any means, except as necessary to company or their assignee(s) who unnecessarily remore or uses any Confidential Information terminated c. Other Party shall ensure that all Other Party empericance of the party emperi	ormation ("PHI") shall mean individually identifiable of Company that identifies the individual or provides a be used to identify the individual. PHI includes, but is nember, provided services, treatment or medical stems ion shall mean all information and materials including, ses, utilization of information technologies, hardware as, protocols, functional and interface specifications, and casts, studies or other documents prepared using all, whether oral, written or in any other medium. In all and, except as necessary to complete the agreedinia Department of Medical Assistance Services, must ervisors, co-workers, family members, friends, third arty shall handle all Confidential Information, including the Health Insurance Portability & Accountability Act from Company premises or systems, or reproduced in complete the agreed-upon work for the Company. Other towes Confidential Information from Company premises or not allowed under HIPAA, will have their access to and may be prosecuted to the full extent of the law.
Company. IN WITNESS WHEREOF, the Parties have executed this	is Agreement as of the date signed ("Effective Date") by
the Other Party. Company: Consumer Direct Care Network Virginia, LLC	Other Party
	Agency name
Signature & Date	Signature & Date
Samantha Olive-Ghorashi, VA State Director Printed Name & Title	Signature & Pate
300 Arboretum Place, Suite 410 Richmond, VA 23236 Address	Printed Name & Title
888-444-8182	Address
Phone Number	Phone Number National Provider Identifier (NPI)

Email