# Confidentiality pledge for employees of XYZ Animal Hospital*

I understand that I require information to perform my duties at XYZ Animal Hospital. This information may include, but is not limited to, information on clients, employees, and other workforce members and financial and business operations. Some of this information is made confidential by law or by XYZ Animal Hospital policies. Confidential information may be in any form, *e.g.* written, electronic, oral, overheard, or observed. Access to all confidential information is granted on a need-to-know basis. A need-to-know is defined as information that is required to perform my work.

I will not disclose confidential information to clients, friends, relatives, co-workers, or anyone else except as permitted by XYZ Animal Hospital policies and applicable law and as required to perform my work at XYZ Animal Hospital.

I will protect all confidential information while at XYZ Animal Hospital and after I leave XYZ Animal Hospital. All confidential information remains the property of XYZ Animal Hospital and may not be removed or kept by me when I leave except as permitted by XYZ Animal Hospital policies.

I understand that I may direct to the owner of XYZ Animal Hospital any questions I have about my obligations under this Confidentiality Pledge or under any of the other XYZ Animal Hospital policies and procedures related to confidentiality.

If I violate this pledge, I may be subject to adverse action up to and including termination of my position.

I have read the above pledge and agree to be bound by it.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

* Note: The confidentiality pledge may not prevent or restrict employees or employers from compliance with local, state, or federal laws that protect whistleblowers. Legal counsel should review your confidentiality pledge to ensure it complies with local, state, and federal law.