

**OPTION 1 STAFFING SERVICES**  
**PROPRIETARY AND HIPPA INFORMATION**  
**NON-DISCLOSURE AGREEMENT**

I agree that I will not, without express written consent of OPTION 1 Staffing Services or its client, remove any document, equipment, information or other material from my place of work.

I also agree that I will not photograph, video tape or otherwise record or reproduce any information to which I may have access during my employment.

I further agree to hold in strictest confidence any proprietary information, which is disclosed to me, and to refrain from discussing such proprietary information or protected health information, as defined by the HIPPA Act of 1996 with anyone without expressed approval in writing from the management of OPTION 1 Staffing Services or its client.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_