Appoquinimink School District

CONFIDENTIALITY/NON-DISCLOSURE/EXPERT SERVICES AGREEMENT

The undersigned desires to participate in educational opportunities at _____ ("Facility"). The undersigned recognizes that in doing such, it is possible that confidential information regarding patients as well as the operations of Facility will be disclosed or discovered by the undersigned. The undersigned recognizes the obligation and right of Facility to protect and keep confidential such information while at the same time assisting in the education of the health care community. The undersigned recognizes the right of Facility to require those who desire to participate in educational opportunities at Facility or its facilities to execute a Confidentiality/Non-disclosure Agreement as well as an agreement to refrain from providing expert witness services to others, contrary to the interest of Facility.

For these reasons, and in its consideration of the right to participate in educational opportunities at Facility or its facilities, the undersigned hereby agrees and covenants, to keep confidential and not disclose to others any knowledge and information obtained regarding Facility and any of its related facilities, including, but not limited to patient information, operational information, information regarding the business of Facility, its policies, procedures, guidelines or processes as well as information with regard to its agents, representatives, employees, contractors or credentialed or non-credentialed staff, whether such information is clinical or otherwise.

Further, as consideration for the right to participate in the educational opportunities at Facility, the undersigned hereby agrees to refrain from providing expert witness services to others, contrary to the interest of Facility or to any of its agents, representatives, employees, contractors, or staff both credentialed and non-credentialed, in any actual, threatened or potential claim or lawsuit against Facility or any of its related facilities, agents, representatives, employees, contractors or staff credentialed or non-credentialed for a period of ten (10) years after the last educational experience in which the undersigned participated at Facility.

Signed and executed this _____day of _____, _____.

_____(Volunteer Signature)