

## Confidentiality Agreement

Please print & submit this agreement by Fax: 949-248-9339 or Email to [Atoussa@kleinmd.com](mailto:Atoussa@kleinmd.com)

As a condition of attending the Liposuction 101 course, physicians, nurses, and medical assistants must agree to respect the confidentiality of the following items:

- Patient identity or information
- Clinical protocols
- Financial information
- Employee data including benefits and compensations data
- Policies and procedures
- Forms
- Internal business processes and procedures
- Research and drug formulations

Under no circumstances shall an attendee disclose information received, including specific patient information, business practices, marketing strategies, patient list, clinical protocols (except to describe procedures for patient education purposes), information systems, or policies and procedures. Under no circumstances shall an attendee use patient photographs or use the name of Jeffrey Klein in advertising or use audio or video devices to record clinical procedures or discussions in association with the course. I will regard any and all discussions concerning research, drug formulations, and patent eligible information as completely confidential and not to be disclosed.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed name of applicant \_\_\_\_\_