The New York State Council of Health-system Pharmacists

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NEW YORK STATE COUNCIL OF HEALTH-SYSTEM PHARMACISTS CONFIDENTIALITY AND NONDISCLOSURE STATEMENT

This Confidentiality and Nondisclosure Statement is made as of the _____ day of_____ 2008 by (name and title) (Board of Directors NYSCHP). The undersigned agrees as follows with respect to disclosures made by the New York State Council of Health-system Pharmacists (NYSCHP) to me of certain information:

1. As an Officer, Director of the NYSCHP Board, and/or other Volunteer Representative of NYSCHP, I understand that I must comply with certain professional and legal standards in order to act in the best interests of NYSCHP and its membership. And that in the course of carrying out my respective NYSCHP duties and responsibilities, I have access to confidential and/or proprietary information (Confidential Information) concerning NYSCHP. I have an obligation to avoid disclosure of this Confidential Information to third parties.

2. I agree that Confidential Information shall include all information that has, or could potentially have, value in the activities, programs, business or prospective businesses or activities of NYSCHP, and that if disclosed to third parties, could prejudice the ability of NYSCHP to conduct its business and membership activities successfully.

3. I agree to keep all of the Information in strictest confidence, and not to disclose any of this Confidential Information to any third parties, nor to use any of the Confidential Information for any purpose other than NYSCHP business and membership activities.

4. I understand that I may disclose Confidential Information to other NYSCHP Directors, Officers, employees, agents, financial, legal consultants and other advisors who have a need to know the Confidential Information, but only to the extent which is permitted by law, NYSCHP, or is necessary to carry out NYSCHP business, programs or activities.

5. At such time when I am no longer a Representative of NYSCHP, regardless of the reason, I understand that I shall not be relieved of the obligations with respect to the confidentiality or nondisclosure of the Confidential Information, and such obligation shall expressly survive the termination of my responsibilities with NYSCHP.

I have read and understand the above conditions regarding NYSCHP Confidential Information, and agree that my signing of this statement indicates that I will abide by these terms.

Name: _____

Signature: _____

Date: _____

NYSCHP Board Position: _____