

Acknowledgment of Confidentiality and Non-Disclosure Obligations

The undersigned, a member ("Member") of Children's Community Physicians Association ("CCPA"), participates in third party payment arrangements with health plans ("Plans") through CCPA and accordingly has or may have access to fee schedules and other proprietary information of those Plans. CCPA has contractually agreed that Members will maintain the confidentiality of that proprietary information.

For the benefit of CCPA in the administration of the above-referenced arrangements, the undersigned Member hereby affirms that, subject to the exceptions stated below, Member will not disclose to any third party, including other health care providers, any of the following information:

- (i) Proprietary business information, not available to the general public, which is obtained by the Member from the Plan; or
- (ii) The specific reimbursement amounts provided for under the agreement between CCPA and a Plan

The foregoing shall not be understood to prohibit Member from making disclosures of such information (a) that are required by law or (b) to Member's agents and/or attorneys as required for his/her/its proper management and operations, provided that each such agent or attorney is obligated to keep all such disclosed information confidential and not disclose it to, or use it for the benefit of, any other individual or entity:

Date: _____

Practice Name

Practitioner Signature

Title