

SERVICE PROVIDER CONFIDENTIALITY POLICY

It is the policy and practice of _____ (hereinafter “**the firm**”) that the confidentiality of all client, law office business and related matters is carefully guarded and protected in every possible and reasonable manner at all times. For that reason, you are being asked in your capacity as an employee or representative of “X “, a service provider to “**the firm**” (hereinafter “X”) to review and sign this confidentiality form. Your signature below represents and documents your acknowledgement and agreement to maintain complete and strict confidentiality regarding any client information and any and all other office matters that you may be told or inadvertently or otherwise learn in the course of your work with “Law Firm.”

Any breach of this confidentiality policy to third parties will result in the immediate termination of our business relationship. Further, should you breach this confidentiality policy in any way, you and your company will be jointly and severally liable for any and all damages and expenses including lawyer fees cause to “**the firm,**” its clients or employees

I am an employee and authorized representative for “X” and have read, understand and agree to abide by the provisions of the foregoing stated policy.

Signed this _____ day of _____, 20__.
