

## CONFIDENTIALITY PLEDGE

I understand that the names, and any other identifying facts or information, of individuals, businesses, organizations, and families participating in projects conducted by Montana Community Choice Parentership Money Follows the Person (MFP) or its subsidiaries are confidential information. I agree that I will not reveal such confidential information, regardless of how or where I acquired it, to any person unless such person has been authorized by the cognizant MFP Program Director to have access to the information.

I further understand that the unauthorized access to, use, or disclosure of any confidential information is a breach of the terms of my employment, or my consultant agreement, with MFP and may subject me to court action by any interested party or to other sanctions by MFP. I acknowledge that this agreement shall continue to bind me even after the project(s) is (are) completed and/or even though my employment or my consultant agreement with MFP has terminated.

Other than in the course of my authorized employment or my consultant agreement, I further agree that I will not use, nor facilitate the use by any third party, in any way any information deemed confidential by the terms of any contract or other written agreement between MFP and other organization(s), except by written authorization by both parties. It is my understanding that MFP and the contracting organization(s) have the elusive right to all information acquired or developed under such a contract or other written agreement. I acknowledge that I acquire no right, title, or interest in and to any data or information to which I have access by reason of my employment or my consultant agreement and that I may not remove such data from my assigned work location without prior authorization.

I agree to promptly notify the cognizant MFP Program Director of any authorized disclosure, use, or alteration of confidential information that I observe.

Nothing herein shall be construed to prevent divulgence of information to any court or governmental agency, provided such divulgence is required by law. However, if I am subpoenaed, or if I have reason to believe that I may be called upon to make divulgence, I agree to notify the MFP Project Director promptly in writing and, upon her request, to cooperate in all lawful efforts to resist such divulgence.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_ By checking the box, I certify that I have read and understand the Money Follows the Person Quality of Life State Representative Training Manual.