

**PHYSICIANS CONTRACTING ORGANIZATION OF TEXAS
CONFIDENTIALITY AGREEMENT**

I, _____, have been advised by the Physicians Contracting Organization of Texas (PCOT) of the legal necessity of protecting the privacy and confidentiality of all PCOT business, strategies, plans, and initiatives.

I agree not to disclose any information to third parties or persons outside of the PCOT, including my family and friends, unless I am specifically authorized to do so by the Management Committee. I understand that this restriction extends to revealing any information over the phone.

Any significant or material breach of this confidentiality agreement shall constitute good cause for discharge from the PCOT. In addition, it may subject me to liability and responsibility for any legal damages resulting from my unauthorized disclosure.

Date

Signature

Practice Name