

CONFIDENTIALITY AGREEMENT

I **SHOBANA A/P ULAGANATHAN** agree with the following statements;

I have read and understood **MIRACLE S2 PHYSIOTHERAPY** Policies.

I understand that I may come in contact with confidential information during my time at
MIRACLE S2 PHYSIOTHERAPY

As part of the condition of my work, I hereby undertake to keep in strict confidence any information regarding any **PATIENT, CLIENT, EMPLOYEE or BUSINESS/ACCOUNTS** or any other organization that comes to my attention while working with the company. I will do this in accordance with the company policies and applicable.

I also agree to never remove any confidential material of any kind from the premises, unless authorized as part of my duties or obligation to the company, or with the express permission or direction to do so from **MIRACLE S2 PHYSIOTHERAPY**



SHOBANA A/P ULAGANATHAN
JUNIOR PHYSIOTHERAPIST