



## Workforce Confidentiality Agreement

I understand that Myriad Genetic Laboratories, Inc. (“Myriad”) has a legal and ethical responsibility to protect patient privacy and safeguard the patient information it receives and maintains. I acknowledge that during the course of performing my assigned duties at Myriad I may have access to, use, or disclose patient information. I hereby agree to handle such information in a confidential manner at all times during and after my employment, work, or affiliation with Myriad and commit to the following obligations:

1. I will use and disclose patient information only in connection with and for the purpose of performing my assigned duties in accordance with Myriad policies.
2. I will not access or view any patient information other than what is required to perform my assigned duties. If I have any questions about whether access to certain information is required to perform my duties I will ask my supervisor for clarification.
3. I will take reasonable care to properly safeguard patient information in all forms (oral, paper, electronic, etc.).
4. I will promptly report any suspected or known inappropriate uses and disclosures of patient information to the Privacy Officer, including the loss or theft of documents and electronic devices which contain or can be used to access patient information.
5. I will not make any unauthorized copies of or modifications to patient information, or conduct any unauthorized purging or removal of paper and electronic patient information from Myriad buildings and computer systems.
6. When no longer needed I will dispose of documents, devices and electronic files containing patient information in a manner which renders the information unreadable, unusable, or undecipherable (shredding, degaussing, destruction, etc.).
7. I will not disclose, share, or place in an accessible location my passwords, badge, keys, or other access codes and devices, and will refrain from using the access codes and devices of others. Upon termination of my employment, work, or affiliation I will return all access and electronic devices to Myriad.

I also understand that failure to follow Myriad polices or to protect patient information may lead to disciplinary action, up to and including termination of employment, work, or affiliation with Myriad, as well as potential personal civil and criminal legal penalties.

I have received training on Myriad’s privacy policies and have read and understand the terms above and agree to be bound by them. I understand that signing this agreement and complying with its terms is a condition of my employment, work, or affiliation with Myriad.

Workforce Member Signature	Printed Name	Date
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