

ANNEX B

NON-DISCLOSURE AGREEMENT

_____Health Care Provider Name_____ is given the facility to connect to the PhilHealth network and access applicable services offered by it, subject to the provisions of a digital certificate to be issued by PhilHealth. In addition to the duties and responsibilities provided under the digital certificate, <HCP Name>, acknowledges the importance of its legal obligation to protect the information that it receives from PhilHealth. In this regard, <HCP Name> hereby agrees to the following non-disclosure policies:

1. It shall not give or provide access to any information received or generated in the course of utilizing the PhilHealth Online Access System to any unauthorized individuals.
2. It shall store the digital certificate only in specific designated computers within its premises access to which shall be restricted to persons duly authorized by the hospital and PhilHealth. Any changes in the designated computers as well as the authorized persons shall take effect/be implemented only upon approval by PhilHealth.
3. It shall use the digital certificate only for business purposes and will utilize all resources and capabilities available to prevent any unauthorized access.
4. It shall keep in utmost confidentiality the digital certificate and any other form of security token/device issued or provided by PhilHealth
5. It shall similarly bind its employees under a binding formal contract wherein the latter shall undertake to observe the confidentiality and non-disclosure undertakings of the HCP.
6. It shall formulate/implement guidelines and systems to ensure confidentiality and non-disclosure.
7. It shall acknowledge liability of any breach of the non-disclosure agreement by any of its employees.

<HCP Name>, through the herein duly authorized representative, hereby enters into this agreement voluntarily and with full knowledge of its meaning and legal implications.

Health Care Provider Director or Administrator