



10401 Kingston Pike  
Knoxville, TN 37922  
(800) 635-4040

**NON-DISCLOSURE OF CONFIDENTIAL INFORMATION**

Client recognizes that any confidential information provided him/her by DoctorsManagement or its representatives regarding professional practices could, if disclosed, cause damage to the individual(s) disclosing the information and to DoctorsManagement. Therefore, Client agrees that he/she will not divulge, communicate, or otherwise disclose any confidential material provided by DoctorsManagement, its representatives, or clients of DoctorsManagement to anyone, including employees, customers, clients or prospective clients, with the exception of his/her bona fide counsel. Client further agrees that his/her bona fide counsel will maintain the confidentiality of the material as well.

Confidential information shall include, but is not limited to, the following:

1. A professional's intent to buy, sell or associate.
2. Any financial data provided Client by DoctorsManagement, its representatives, or clients, which may include such items as value of practice under consideration, income statements or balance sheets, Internal Revenue Service returns, and any other personal financial data.
3. Any personal information provided Client by DoctorsManagement, its representatives, or clients, which may include such items as data regarding lawsuits, pending lawsuits, malpractice suits, or other items personally pertaining to the principals in these transactions.
4. Patient or client lists made known to Client during negotiations. All HIPAA information will remain confidential in compliance with applicable laws and regulations.

Additionally:

5. Client agrees to return all material, data, contracts, documents, or other materials entrusted to the undersigned immediately upon request by DoctorsManagement.
6. Client agrees not to contact current or past employees or representatives of prospective candidates without prior authorization from the candidate or DoctorsManagement.

IN WITNESS HEREOF, THE PARTY HERETO HAS HEREUNTO SET THEIR HAND AND SEAL THE DAY AND YEAR BELOW WRITTEN.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Client Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_