

# DOCS MED NOTES

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## Non-Disclosure Agreement

This Agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by and between Docs Med Notes (DMN) and \_\_\_\_\_ (Representative).

This statement acknowledges my understanding that any concepts, reports, practices, or information that I am exposed to during my interactions with DMN are property of that company and cannot be reproduced or otherwise utilized without the written consent of DMN. I agree to uphold this standard of integrity and will refrain from disclosing that protected information to parties not affiliated with DMN.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_