**Fresenius Medical Care Non-Disclosure Agreement**

As an employee of Fresenius Medical Care North America (FMCNA), or any of its affiliates, I understand that FMCNA has a policy concerning the non-disclosure of its confidential information, and that this policy creates expectations of and obligations for me as an FMCNA employee. To evidence that understanding and in consideration of my employment and for compensation and benefits provided to me by FMCNA, I agree as follows:

1. “Confidential Information” means all information relating to the business of FMCNA that has not been released publicly by authorized representatives of FMCNA. Some examples of such information include: trade secrets and know-how, inventions, marketing and sales programs, personal employee information (e.g., health information, Social Security number, phone number), customer, patient and supplier information, patient medical records, financial data, pricing information, regulatory and reimbursement strategies, operations and clinical manuals. Confidential Information also includes all information received by FMCNA under an obligation to secrecy to another party.
2. I will handle any FMCNA Confidential Information in accordance with the current FMCNA Policy – “Confidential Company Information.” During and after my FMCNA employment, I will not use FMCNA Confidential Information without written authority from FMCNA (except as required by my employment with FMCNA). I will not remove any Confidential Information from FMCNA premises except, as my duties require. Upon leaving FMCNA, I will return all Confidential Information to my supervisor at FMCNA. I understand that my obligation ends only when (i) FMCNA has voluntarily disclosed the information to the public; (ii) the information has been developed indecently and made public by others; (iii) the information otherwise lawfully enters the public domain.
3. I will apply my best efforts to the performance of my duties, and I will be loyal to FMCNA during the term of my employment. While employed by FMCNA, I will not associate with or have significant interest in any other party whose interests might conflict with those of FMCNA. I may, however, be employed by such a party provided FMCNA has knowledge of said employment and has assented hereto.

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**Employee’s Signature**  **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print name**

FMC Champaign-Urbana (CU) Dialysis Center, Urbana, Illinois

**Print location/department**