

NON-DISCLOSURE AGREEMENT

On behalf of the Organization noted below, I certify as follows:

The Organization is a prospective proposer in response to RFP #HCPNTPA13366, entitled HEALTHCARE PROVIDER NETWORK AND THIRD PARTY ADMINISTRATOR SERVICES. All References to "Organization" in this Non-Disclosure Agreement shall include Organization's owners, shareholders, officers, partners, associates, employees, and others to whom access to information is provided. Each person within or outside of the Organization must sign a Non-Disclosure Agreement.

Organization shall be allowed access to certain information ("Confidential Information") contained in a Data Library. Access is for the limited purpose of developing Organization's proposal in response to this RFP.

As an express condition of access to Confidential Information being provided to Organization, at all times during and after the solicitation of the contract resulting from this RFP, Organization will keep confidential, will not use, and will not disclose Confidential Information to anyone who has not signed this Non-Disclosure Agreement. Organization will protect Confidential Information using the same degree of care, but no less than a reasonable degree of care, as Organization uses to protect its own confidential information. Disclosure of Confidential Information to any third party is prohibited and may, in CDCR's sole discretion, result in a finding of proposer non-responsibility and/or proposal non-responsiveness, or, if discovery of the disclosure of Confidential Information is not made until after contract award, termination of the contract resulting from this RFP.

I certify that I am authorized to enter into this Non-Disclosure Agreement on behalf of and to bind the Organization noted below.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Organization: _____ Telephone Number: _____

Fax Number: _____

Email Address: _____