

Interpreters Associates Inc.

...Division of Intérpretes Brasil

INDEPENDENT CONTRACTOR AGREEMENT Confidentiality Agreement

Exhibit "C"

I, _____, as an Interpreter for Interpreters Associates Inc./Interpretes Brasil, will be permitted to have access to client information in order to perform interpretation and translation services for the clients of Interpreters Associates Inc./Interpretes Brasil. I agree to keep all information that I learn about any clients confidential. I understand that I may not discuss or disclose any information related to any client. I further understand that I may learn personal information about a client and or his or her family that is private. I understand that it is my duty and responsibility to preserve and protect this privacy and confidentiality. I understand that this duty will extend after I am no longer working with the client. I also understand that working with Interpreters Associates Inc./Interpretes Brasil I will come in contact with many of the day to day operations of the company, I hereby agree to never divulge any information to any other person that could be detrimental to Interpreters Associates/Interpretes Brasil. I agree not to sell company information or in any way be financially compensated by the selling of company information. I agree not to take with me, when leaving the company, any information for the use of another similar agency that will be used for the benefit of another.

I understand that information related to persons who consult with clients of Interpreters Associates Inc./Interpretes Brasil but do not retain services is also privileged and must be kept confidential, including the fact that the client or person consulted.

Both State and Federal laws protect the confidentiality of clients. By placing my signature below, I hereby indicate that I understand and agree to maintain the privacy of client(s)' Interpreters Associates Inc./Interpretes Brasil related and personal information contained in his/her file or that has been discussed verbally. I will uphold the Privacy Standards for Individually Identifiable Health information, 45 C.F.R. Parts 160 and 164. I will protect the clients right to privacy as required by law. U.S.C. 1232g and U.S.C. 1232g(a)(4)(B)(IV)

Witness:

Interpreter:

By: _____

By: _____

Date: _____

Date: _____

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