

# Audit Confidentiality Agreement

**Date:** [Insert Date]

**Provider Name:** [Insert Provider Name]

**Address:** [Insert Provider Address]

Dear [Provider Name],

This Audit Confidentiality Agreement ("Agreement") is made effective as of the date above by and between [Your Organization Name] ("Auditor") and [Provider Name] ("Provider").

## 1. Confidential Information:

For the purposes of this Agreement, "Confidential Information" refers to any data or information, oral or written, disclosed by the Provider during the audit process that is designated as confidential.

## 2. Obligations of the Auditor:

The Auditor agrees to keep all Confidential Information in strict confidence and will not disclose it to any third parties without prior written consent from the Provider.

## 3. Exceptions:

The obligations of confidentiality shall not apply to information that is publicly known or becomes publicly known through no fault of the Auditor.

## 4. Term:

This Agreement shall commence on the effective date and shall continue for a period of [Insert Duration] from the date of termination of the audit.

## 5. Entire Agreement:

This Agreement constitutes the entire understanding between the parties and supersedes all prior agreements regarding confidentiality.

Please sign and return a copy of this Agreement to indicate your acceptance of these terms.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

**Accepted and Agreed:**

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[Provider's Authorized Signature]

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[Provider's Name & Title]