Insurance Confidentiality Agreement

Date: [Insert Date]

Parties: [Insurance Company Name], hereinafter referred to as "Insurer" and [Recipient Name], hereinafter referred to as "Recipient".

1. Purpose

The purpose of this agreement is to ensure the confidentiality of medical data shared between the Insurer and the Recipient.

2. Definition of Confidential Information

For the purposes of this agreement, "Confidential Information" refers to any medical data, records, or personal information disclosed by either party.

3. Obligations of the Recipient

1. The Recipient agrees to maintain the confidentiality of all Confidential Information.
2. The Recipient shall not disclose any Confidential Information to third parties without prior written consent from the Insurer.
3. The Recipient shall use the Confidential Information solely for the purpose of [insert purpose].

4. Exceptions

This Agreement does not apply to Confidential Information that:

1. Is publicly available without breach of this Agreement.
2. Is received from a third party without confidentiality obligations.
3. Is independently developed by the Recipient.

5. Term

This Agreement shall remain in effect until the Confidential Information ceases to be confidential.

6. Governing Law

This Agreement shall be governed by the laws of [insert jurisdiction].

Signatures

By signing below, the parties agree to the terms of this Confidentiality Agreement.

Insurance Company:

[Signature] _____

Name: [Insert Name]

Title: [Insert Title]

Recipient:

[Signature] _____

Name: [Insert Name]

Title: [Insert Title]