## **CONFIDENTIALITY STATEMENT**

For Board Member, Committee Members, Staff Members and Volunteers

The representation set forth below is to be signed <u>annually</u> by each Officer, Director, Committee Member, Staff Member or Volunteer of Angelman Syndrome Foundation.

## Confidential Information

For a period of three (3) years following the execution of this Agreement, the Angelman Syndrome Foundation Board Member, Committee Member, Staff Member or Volunteer signing this Agreement shall exercise reasonable care to prevent the unauthorized disclosure or use of Confidential Information. "Confidential Information" means all information disclosed by Angelman Syndrome Foundation, as well as information materially developed as a result of Angelman Syndrome Foundation's disclosure, except any portion of such information that:

- a) is known to the recipient before receipt of such information under this Agreement, or is independently generated by or for the recipient, as evidenced by recipient's written records;
- b) is disclosed to the recipient, without restriction, after acceptance of this Agreement by an independent third party having a legal right to make such disclosure; or
- c) is or becomes part of the public domain through no breach of this Agreement.

Members of Angelman Syndrome Foundation's Board(s), Committees, Staff, and Volunteers shall refrain from obtaining any list of Angelman Syndrome Foundation for personal or private solicitation purposes at any time during the term of their affiliation with Angelman Syndrome Foundation, including, but not limited to, names of donors, resources, recipients, board members, officers, staff, or volunteers.

I, (name - please print) understand the concepts of the confidentiality of Angelman Syndrome Foundation's Confidential Information. I agree to report to the Board of Directors any breach of which I become aware of the duty not to disclose or use Angelman Syndrome Foundation's Confidential Information.			
At this time, I am a Board Me	ember, Employee or volunteer of the	e following organizations:	
Type/print name	Signature	 Date	