EXHIBIT 1 - NON-DISCLOSURE AGREEMENT

**Statement of Confidentiality**

Between

**WASHINGTON STATE HEALTH CARE AUTHORITY (HCA)**

And

**[Insert Vendor’s Legal Name and remove brackets: EXAMPLE: ABC COMPANY]**

Vendor’s Employee Name and/or Subcontractor or Subcontractor’s Employee Name:

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(Please Print)

[Insert Company Legal Name AND remove brackets] will have access to a subset of the SEBB Program eligible employee demographics from the Washington State Health Care Authority (HCA), strictly for the purposes of submitting a response to Request for Information (RFI) 2641, Group Vision Insurance. This information is confidential and private and Vendor is responsible for maintaining this confidentiality and privacy. Before Vendor is allowed access to this information, Vendor is required to sign this statement.

**Confidentiality/Safeguarding Of Information** -- The Vendor shall not use or disclose this information for any purpose not directly connected with the response to RFI 2641, except with prior written consent of HCA, or as may be required by law.

**Privacy** -- This information shall be used solely for the purposes of this RFI. Vendor agrees not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons this information without the express written consent of the HCA or as provided by law. Vendor agrees to implement physical, electronic and managerial safeguards to prevent unauthorized access to this information.

The HCA reserves the right to monitor, to audit, or investigate the use of this information. The monitoring, auditing or investigating may include but is not limited to “salting” by the HCA. Salting is the act of placing a record containing unique but false information in a database that can be used later to identify inappropriate disclosure of data contained in the database.

Any breach of this provision may result in actions to be determined by the HCA, and the demand for return of all information. The Vendor agrees to indemnify and hold harmless the HCA for any damages related to the Vendor’s unauthorized use of this information.

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Signature of Employee/Subcontractor Date

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**[Insert Legal Name of Company and remove brackets]**

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