



Proprietary Information Agreement

The party listed below agrees that any information concerning Employers Coalition For Healthcare Options (ECHO) or information concerning its member organizations, its contracts, or any other aspect of its business, (which is not public knowledge), shall be held in strict confidence and not used by the party, or disclosed by the party to any person or organization, without the prior written consent of ECHO's Chairperson.

Name of Company/Organization _____

By: _____
Signature Date