



Omni Practice Group  
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## STATEMENT OF CONFIDENTIALITY AND NON-DISCLOSURE

I, the undersigned acknowledge that I shall be furnished with confidential information relating to the business affairs and operations of Omni Group International, LLC (Omni).

I agree that the information and documents disclosed to me are private in nature and shall remain confidential. I further agree that the disclosure of any information or documentation with respect to Omni would cause irreparable harm and damage and agree that I will not disclose to any person, firm or corporation any information or documents, which I shall acquire without the express written consent of Omni Practice Group.

Facsimile transmissions: Both parties agree that facsimile transmitted documents and the signatures thereon shall be considered as binding.

\_\_\_\_\_  
Name of Undersigned *(Please Print)*

\_\_\_\_\_  
e-mail address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number to contact you

\_\_\_\_\_  
Date