

ATTACHMENT 1

CONFIDENTIALITY STATEMENT

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CALIFORNIA HEALTH BENEFIT EXCHANGE

I certify that, except for purposes directly connected with the administration of the procurement process referenced below, I will keep confidential and secure and will not copy, give, or otherwise disclose to any person the subject matter or substance of any information or data, proposals, bids, e-mails, correspondence, memoranda, working papers, meeting results or notes, phone or conference call notes, or records, in any form, that contain any documentation related to this procurement. I understand that information to be kept confidential includes, but is not limited to, specifications, administrative requirements, and terms and conditions, and includes concepts and discussions as well as written or electronic materials.

I understand that when my service with the California Health Benefit Exchange ends, I must continue to keep confidential all information that was made available to me as part of my duties and participation with this procurement. I agree to follow any instruction provided by the California Health Benefit Exchange respecting the confidentiality of procurement information.

I fully understand that any unauthorized disclosure I make may be a basis for civil or criminal penalties and/or disciplinary action (including dismissal for State employees). I agree to advise the buyer immediately in the event that I either learn or have reason to believe that any person who has access to confidential information related to this procurement has disclosed or intends to disclose that information in violation of this agreement.

Organization	Title	
Name	Signature	Date
Project Name CalHEERS	Procurement Title and # CalHEERS Development and Operations Services Solicitation# HBEX4	