

Cape Fear Valley Health System

CONFIDENTIALITY AGREEMENT

In consideration of my fiduciary duties as a member of the Board of Trustees of Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Health System ("Cape Fear Valley") and in light of the fact that as a Trustee I will be exposed on a routine basis to proprietary, competitive or confidential information of a business or clinical nature, I understand that potential conflicts of interest or the appearance thereof may arise by virtue of the fact that I am also a practicing attorney and member of the local Cumberland County bar. As a consequence and in consideration of the opportunity to serve on the Board of Trustees without objection by Cape Fear Valley or other Trustees, I agree as follows:

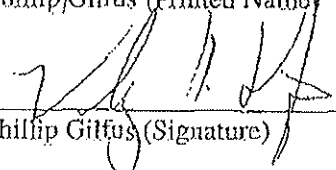
1. I agree that, pursuant to Rule 1.7(a) of the North Carolina State Bar's Rules of Professional Conduct, I will not represent any client in connection with any claim or cause of action that is adverse to Cape Fear Valley, as further defined below, during my term of service on the Board of Trustees. I understand that Cape Fear Valley does not intend to give its informed consent for me to represent any current, future, or prospective client whose claim or cause of action is adverse to Cape Fear Valley or any of its affiliates.
2. I agree to respect and maintain the confidentiality of all discussions, records and information received through my service on the Board, including but not limited to credentialing, peer review, medical staff performance improvement, quality assessment or patient medical record information, and matters discussed in closed session by the Board, regardless of whether expressly denominated as confidential, competitive or proprietary information (collectively, "Information"). I agree that under no circumstances will I use or disclose to any third party, including members of my law firm, Information in any manner that would be detrimental to the interests of Cape Fear Valley.
3. I agree to formally and physically recuse myself from any discussion or vote related to performance improvement, quality assessment, peer review, or liability claims (potential or existing) during my term as a Board of Trustee member while I remain affiliated, employed, or in any salaried relationship (to include "Of Counsel") with a law firm that engages in the field of medical malpractice suits (or if I ever choose to practice in this area of law personally).
4. My law firm agrees to keep confidential all Information it may receive directly or as imputed to it through my service as a Board member of Cape Fear Valley, whether such Information is transmitted orally, in writing, or by any other means. My firm agrees to take such action so as to prevent the use of this Information to the detriment of Cape Fear Valley and to prevent its disclosure to any third party. My firm and I acknowledge that Cape Fear Valley is subject to a variety of federal and state laws and regulations governing the confidentiality of patient information, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules and regulations promulgated thereunder.

5. Cumberland County Hospital System, Inc., d/b/a Cape Fear Valley Health System ("Cape Fear Valley") is further defined to include the organized medical staff of Cape Fear Valley Medical Center and Highsmith Rainey Memorial Hospital as well as its corporate affiliates, including Bladen Healthcare and its organized medical staff. Individual medical staff members who are covered by this Agreement and who are damaged by a breach are deemed third-party beneficiaries for purposes of direct enforcement.
6. I agree that this Confidentiality Agreement shall remain in full force and effect at all times during the term of my service as a member of the Board of Trustees of Cape Fear Valley and shall extend beyond such term with regard to information that is learned by me or that occurs during the term of my service and imputed to my firm.

3/30/10

 Date

Phillip Gilfus

 Phillip Gilfus (Printed Name)


 Phillip Gilfus (Signature)

The Mitchell Law Group agrees and acknowledges its obligations pursuant to this Agreement, particularly in regard to Paragraph 3, 4 and 5.

 Date

 Printed Name of Representative
 The Mitchell Law Group

 Signature of Representative
 The Mitchell Law Group

ON BEHALF OF CAPE FEAR VALLEY:

 Date

 Printed Name of Representative
 Board of Trustees

 Signature of Representative
 Board of Trustees

CUMBERLAND COUNTY HOSPITAL SYSTEM, INC.
d/b/a CAPE FEAR VALLEY HEALTH SYSTEM
BOARD OF TRUSTEES
CONFLICT OF INTEREST
ANNUAL STATEMENT

I, Phillip Giffus a member of the Board of Trustees of the Cape Fear Valley Health System or a committee with Board-delegated powers, affirm that:

- a) I have received a copy of the Conflicts of Interest Policy, and
- b) I have read and understand the policy, and
- c) I agree to comply with the policy, and
- d) I have disclosed any and all Financial Interests below, and
- e) I understand that the Cape Fear Valley Health System is a charitable organization and that in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

I hereby certify that the following completely describes, to the best of my knowledge and belief, all Financial Interests that are required to be reported under the conflicts of interest policy.

Nature of Financial Interest	Relationship to Corporation	Description and Comments

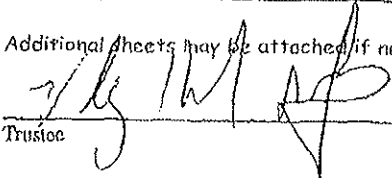
Additional Comments:

In order to promote openness of discussion and to avoid any appearance of impropriety, I agree to hold myself to the highest ethical standards, above those which are required by law or by my profession, while I remain affiliated, employed, or in any salaried relationship (to include "Of Counsel") with a law firm that engages in the field of medical malpractice suits (or if I ever choose to practice in this area of law personally), including but not limited to formally and physically recusing myself from all discussions of the Cumberland County Hospital System, Inc. d/b/a Cape Fear Valley Health System ("Health System") Board of Trustees in the following areas: performance improvement, quality assessment, peer review and liability claims (potential or existing). In the event I should inadvertently learn information in these specific areas, I agree to advise the Health System Board of Trustees of such knowledge, to hold such information strictly confidential, and to assure that I am screened from any professional matter which is potentially adverse to the Health System or any of its medical staff.

Additional sheets may be attached if necessary.

Trustee

Date



3/30/10