EXHIBIT H

NIGHTHAWK RADIOLOGY, LLC
EMPLOYEE ACKNOWLEDGMENT
OF
CONFIDENTIALITY POLICY

I, Chris Huber (Print Name), understand that by signing below, I am acknowledging and agreeing that, as a condition of my employment at will with Nighthawk Radiology, LLC ("Nighthawk"), I must abide by Nighthawk's Confidentiality Policy as described in greater detail below.

I. Business Information

I understand that during the course of performing my job duties, I may be brought into contact with Confidential Information which is information created, received and/or maintained by Nighthawk, including, but not limited to, business plans, methods of operations, compensation methods and formulas, performance standards, pricing policies, marketing strategies, records, trade secrets and other information about Nighthawk's operations and business of a confidential nature (excluding patient records which are separately addressed below). By signing below I agree that, during the duration of my employment at will, I will not, in any manner, directly or indirectly, disclose or divulge to any person or other entity whatsoever, whether directly or indirectly in competition with Nighthawk, or use for any purpose any of such Confidential Information, except as required by law or expressly authorized in writing by Nighthawk. Upon termination of my employment at will for any reason, I will immediately return to Nighthawk any and all Confidential Information in my possession or control, including, but not limited to, any originals or copies of, or computer discs containing policies, procedures, operation materials, billings or billing information. I will not retain any Confidential Information in any form (e.g., computer hard drive, microfilm) upon the termination of my employment at will.

II. Patient Records

I understand that in the course of performing my job duties, I may have access to patient information, including health information, medical images, radiology reports, financial information and such other information which is protected under federal and state privacy laws, including the HIPAA Privacy Rule ("Confidential Information"). I understand and agree that, as a condition of my employment at will, I must:

1. Only use Confidential Information as needed to perform my legitimate job duties and for no other purposes. This means, among other things, that:

   A. I will only access Confidential Information if I have a need to know in order to perform my job duties.

   B. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any Confidential Information except as properly authorized by Nighthawk.

   C. I will not misuse Confidential Information or act in a careless fashion such that Confidential Information may be inadvertently disclosed.

2. Safeguard and will not disclose my log-in id's and/or passwords or any other authorization I have that allows me to access Confidential Information. I will be responsible for my misuse or wrongful disclosure of Confidential Information, including my failure to safeguard my access code or other authorization access to Confidential Information.

3. Report activities by any individual or entity that I suspect may be inappropriately disclosing or otherwise jeopardizing the confidentiality of Confidential Information.

Signature

2/10/04
Date

NIGHTHAWK RADIOLOGY, LLC
EMPLOYEE ACKNOWLEDGMENT
OF
CONFIDENTIALITY POLICY

I, Paul E. Cartee (Print Name), understand that by signing below, I am acknowledging and agreeing that, as a condition of my employment at will with Nighthawk Radiology, LLC ("Nighthawk"), I must abide by Nighthawk's Confidentiality Policy as described in greater detail below.

I. Business Information

I understand that during the course of performing my job duties, I may be brought into contact with Confidential Information which is information created, received and/or maintained by Nighthawk, including, but not limited to, business plans, methods of operations, compensation methods and formulas, performance standards, pricing policies, marketing strategies, records, trade secrets and other information about Nighthawk's operations and business of a confidential nature (excluding patient records which are separately addressed below). By signing below I agree that, during the duration of my employment at will, I will not, in any manner, directly or indirectly, disclose or divulge to any person or other entity whatsoever, whether directly or indirectly in competition with Nighthawk, or use for any purpose any of such Confidential Information, except as required by law or expressly authorized in writing by Nighthawk. Upon termination of my employment at will for any reason, I will immediately return to Nighthawk any and all Confidential Information in my possession or control, including, but not limited to, any originals or copies of, or computer discs containing policies, procedures, operation materials, billings or billing information. I will not retain any Confidential Information in any form (e.g., computer hard drive, microfilm) upon the termination of my employment at will.

II. Patient Records

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   B. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any Confidential Information except as properly authorized by Nighthawk.

   C. I will not misuse Confidential Information or act in a careless fashion such that Confidential Information may be inadvertently disclosed.

2. Safeguard and will not disclose my log-in id's and/or passwords or any other authorization I have that allows me to access Confidential Information. I will be responsible for my misuse or wrongful disclosure of Confidential Information, including my failure to safeguard my access code or other authorization access to Confidential Information.

3. Report activities by any individual or entity that I suspect may be inappropriately disclosing or otherwise jeopardizing the confidentiality of Confidential Information.

Signature

3/14/2005
Date

NIGHTHAWK RADIOLOGY, LLC
EMPLOYEE ACKNOWLEDGEMENT
OF
CONFIDENTIALITY POLICY

I, John Carlos (Print Name), understand that by signing below, I am acknowledging and agreeing that, as a condition of my employment at will with Nighthawk Radiology, LLC ("Nighthawk"), I must abide by Nighthawk's Confidentiality Policy as described in greater detail below.

I. Business Information

I understand that during the course of performing my job duties, I may be brought into contact with Confidential Information which is information created, received and/or maintained by Nighthawk, including, but not limited to, business plans, methods of operations, compensation methods and formulas, performance standards, pricing policies, marketing strategies, records, trade secrets, and other information about Nighthawk's operations and business of a confidential nature (excluding patient records which are separately addressed below). By signing below I agree that, during the duration of my employment at will, I will not, in any manner, directly or indirectly, disclose or divulge to any person or other entity whatsoever, whether directly or indirectly in competition with Nighthawk, or use for any purpose any of such Confidential Information, except as required by law or expressly authorized in writing by Nighthawk. Upon termination of my employment at will for any reason, I will immediately return to Nighthawk any and all Confidential Information in my possession or control, including, but not limited to, any originals or copies of, or computer discs containing policies, procedures, operation materials, billings or billing information. I will not retain any Confidential Information in any form (e.g., computer hard drive, microfilm) upon termination of my employment at will.

II. Patient Records

I understand that in the course of performing my job duties, I may have access to patient information, including health information, medical images, radiology reports, financial information and such other information which is protected under federal and state privacy laws, including the HIPAA Privacy Rule ("Confidential Information"). I understand and agree that, as a condition of my employment at will, I must:

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    A. I will only access Confidential Information if I have a need to know in order to perform my job duties.

    B. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any Confidential Information except as properly authorized by Nighthawk.

    C. I will not misuse Confidential Information or act in a careless fashion such that Confidential Information may be inadvertently disclosed.

2. Safeguard and will not disclose my log-in id's and/or passwords or any other authorization I have that allows me to access Confidential Information. I will be responsible for my misuse or wrongful disclosure of Confidential Information, including my failure to safeguard my access code or other authorization access to Confidential Information.

3. Report activities by any individual or entity that I suspect may be inappropriately disclosing or otherwise jeopardizing the confidentiality of Confidential Information.

4. Review and complete the HIPPAA Compliance Self-Study Packet

John Carlos
Signature

16 January 2006
Date

NightHawk
Radiology Services

NIGHTHAWK RADIOLOGY, LLC

EMPLOYEE ACKNOWLEDGMENT OF CONFIDENTIALITY POLICY

I, Kamil Rahme (Print Name), understand that by signing below, I am acknowledging and agreeing that, as a condition of my employment at will with Nighthawk Radiology, LLC ("Nighthawk"), I must abide by Nighthawk's Confidentiality Policy as described in greater detail below.

I. Business Information

I understand that during the course of performing my job duties, I may be brought into contact with Confidential Information which is information created, received and/or maintained by Nighthawk, including, but not limited to, business plans, methods of operations, compensation methods and formulas, performance standards, pricing policies, marketing strategies, records, trade secrets and other information about Nighthawk's operations and business of a confidential nature (excluding patient records which are separately addressed below). By signing below I agree that, during the duration of my employment at will, I will not, in any manner, directly or indirectly, disclose or divulge to any person or other entity whatsoever, whether directly or indirectly in competition with Nighthawk, or use for any purpose any of such Confidential Information, except as required by law or expressly authorized in writing by Nighthawk. Upon termination of my employment at will for any reason, I will immediately return to Nighthawk any and all Confidential Information in my possession or control, including, but not limited to, any originals or copies of, or computer discs containing policies, procedures, operation materials, billings or billing information. I will not retain any Confidential Information in any form (e.g., computer hard drive, microfilm) upon the termination of my employment at will.

II. Patient Records

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1. *Only use Confidential Information as needed to perform my legitimate job duties and for no other purposes. This means, among other things, that:*

   A. *I will only access Confidential Information if I have a need to know in order to perform my job duties.*

   B. *I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any Confidential Information except as properly authorized by Nighthawk.*

   C. *I will not misuse Confidential Information or act in a careless fashion such that Confidential Information may be inadvertently disclosed.*

2. *Safeguard and will not disclose my log-in id's and/or passwords or any other authorization I have that allows me to access Confidential Information. I will be responsible for my misuse or wrongful disclosure of Confidential Information, including my failure to safeguard my access code or other authorization access to Confidential Information.*

3. *Report activities by any individual or entity that I suspect may be inappropriately disclosing or otherwise jeopardizing the confidentiality of Confidential Information.*

Signature _____ Date 16/9/05

NIGHTHAWK RADIOLOGY, LLC
EMPLOYEE ACKNOWLEDGEMENT
OF
CONFIDENTIALITY POLICY

I, JORDAN KOJOUHAROV (Print Name), understand that by signing below, I am acknowledging and agreeing that, as a condition of my employment at will with Nighthawk Radiology, LLC ("Nighthawk"), I must abide by Nighthawk's Confidentiality Policy as described in greater detail below.

I. Business Information

I understand that during the course of performing my job duties, I may be brought into contact with Confidential Information which is information created, received and/or maintained by Nighthawk, including, but not limited to, business plans, methods of operations, compensation methods and formulas, performance standards, pricing policies, marketing strategies, records, trade secrets, and other information about Nighthawk's operations and business of a confidential nature (excluding patient records which are separately addressed below). By signing below I agree that, during the duration of my employment at will, I will not, in any manner, directly or indirectly, disclose or divulge to any person or other entity whatsoever, whether directly or indirectly in competition with Nighthawk, or use for any purpose any of such Confidential Information, except as required by law or expressly authorized in writing by Nighthawk. Upon termination of my employment at will for any reason, I will immediately return to Nighthawk any and all Confidential Information in my possession or control, including, but not limited to, any originals or copies of, or computer discs containing policies, procedures, operation materials, billings or billing information. I will not retain any Confidential Information in any form (e.g., computer hard drive, microfilm) upon termination of my employment at will.

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3. Report activities by any individual or entity that I suspect may be inappropriately disclosing or otherwise jeopardizing the confidentiality of Confidential Information.

4. Review and complete the HIPPAA Compliance Self-Study Packet

Signature _____ Date 10/31/2006