

## EXHIBIT "A"

### STUDENT CONFIDENTIALITY AGREEMENT

The student, signing this confidentiality form below, acknowledges and agrees to the following.

Student agrees to maintain confidentiality of all patient information and all confidential clinical site (e.g. hospital, clinic) information. The undersigned, agrees not to reveal to any person or persons, except authorized clinical staff and associated personnel, any specific patient information, and further agrees not to reveal to any third party any confidential information of the clinical site except as required by law or as authorized by Agency.

Student will adhere to all HIPAA guidelines and regulations. Student further agrees that if computer network account is made available for student purposes, that such information contained within the computer network is confidential information. The student agrees not to make the account available to any other person. The student agrees not to access any user account for which he/she does not have authorization to use.

Student acknowledges that any violation of this confidentiality agreement is cause for disciplinary action, which may include administrative removal from the College, and may also result in legal action by AGENCY, patients, government, or other individuals.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Program Participant Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_