

EXHIBIT A
STUDENT/INSTRUCTOR CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement is effective the _____ day of _____, _____ between _____ ("Facility") and _____ ("Student/Instructor" or "Participant"). Participant agrees as follows:

Confidentiality: Participant acknowledges that as a result of the Clinical Rotations, he/she may have access to confidential information, including the identities of patients. To the extent allowed by law, Participant shall hold confidential all patient and Facility information obtained as Participant in these activities and not to disclose any personal, medical, or related information to third parties, family members, other students, or teachers. Participant is committed to protect and safeguard from any oral and written disclosure all confidential information with which he/she may come in contact. Participant shall not be permitted to copy and/or have access to patient medical records except as permitted by Facility. Except as permitted or required by this Agreement or by law, Participant will not use or disclose patient information in a manner that would violate the applicable requirements of the Privacy and Security Standards contained in the Health Insurance Portability and Accountability Act of 1996 and its regulations ("HIPAA"), which are incorporated herein by reference. Participant expressly agrees to comply with the applicable provisions of HIPAA in all respects, including the implementation of all necessary safeguards to prevent such disclosure. Participant acknowledges that any breach of confidentiality or misuse of information may result in termination of Participant's access to Facility, the potential termination of Facility's relationship with Participant's school and/or legal action. Unauthorized disclosure may give rise to legal liability for Participant.

Fitness: Participant shall provide documentary verification of the following immunizations and tests: (i) a complete Hepatitis B vaccination series (series of three or waiver); (ii) negative tuberculin skin test(s) (in conformity with the Oklahoma State Department of Health's guidelines, as expressed at Oklahoma Administrative Code 310:667-5-4) or negative chest x-ray; (iii) MMR vaccination(s) or positive titer(s), including two appropriately spaced doses of the measles and mumps vaccines or positive mumps and measles titers; (iv) a written verification of varicella history, varicella vaccination or a varicella titer by a physician or a physician's designee; (v) a criminal background check; and (vi) a negative drug screen. Participant shall immediately notify Facility should any health condition arise that may limit Participant's participation in the Clinical Rotations.

Compliance with Policies and Rules: Participant shall abide by all applicable rules, policies, and instructions provided by Facility, whether verbal or written, while participating in the Clinical Rotations. Participant shall review the INTEGRIS Health Emergency Preparedness Information Brochure, as provided by Facility, which includes information regarding bloodborne pathogens, hazardous chemicals, TB prevention, fire safety, electrical safety, and emergency preparedness. Participant agrees to wear appropriate attire, including an identification badge identifying him/her as a Participant, if requested by Facility.

Release: Participant shall, to the extent allowed by law, hold harmless Facility, its parent INTEGRIS Health, Inc., and any and all of their affiliates, subsidiaries, employees, agents, and insurers (collectively "INTEGRIS"), from any and all liability of whatsoever nature and from injuries, sickness, or other damages, physical as well as emotional, suffered by Participant during participation in the Clinical Rotations, unless caused by INTEGRIS' negligence.

Limitation: Participant understands that by signing this Agreement, Participant is not guaranteed participation in any clinical activities at Facility. Facility in its sole discretion shall determine eligibility to participate.

Withdrawal of Unsatisfactory Participant: Facility may require the Participant to withdraw immediately from Clinical Rotations if the Participant's conduct, demeanor or cooperation is unsatisfactory to Facility as determined by Facility in its sole discretion.

Declaration: Participant declares that s/he is not required to register pursuant to either the Oklahoma Sex Offenders Registration Act or the Mary Rippy Violent Crime Offenders Registration Act.

Date: _____ Participant: _____