

Exhibit A



AGREEMENT OF CONFIDENTIALITY  
(To be Signed by the School's FACULTY/STUDENT)

University Hospital ("UH") has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their personal health information. In the course of my participation in the Educational Program at UH, I may come into the possession of confidential patient and other information.

I understand that such information must be maintained in the strictest confidence in my capacity as a faculty member or Student, and even after my participation in the Program is terminated or concluded. As a condition of my participation in the Program and assignment to UH, I hereby acknowledge and agree that I will not at any time during or after such participation disclose any patient or other confidential information whatsoever and any breach or violation or failure of this legal duty, whether intentional, unintentional or negligent, may result in the termination of my participation in the Program, to fines, penalties, damages and to other legal actions.

When patient or other confidential information must be discussed with any health care practitioners in my capacity as a Student or the School's faculty in the course of my work, I will use all reasonable care and discretion to assure that such conversations are not overheard by others who are not involved in the patient's care.

I understand the user ID/password assigned for access to any UH computer system is unique to me and for my use only and in connection with authorized functions related to the Program. This code identifies me in the computer system. I acknowledge and agree that I will be held accountable for system access and entries performed with my personal security code. If issued a password, I agree not to release it to anyone else. I will not post, share or otherwise distribute my password. I will contact the University Hospital Department of Information Services and Technology hotline immediately if I have reason to believe the confidentiality of my password has been compromised. I will be required to create a new password.

By signing below, I acknowledge that I have read the above and accept the responsibility associated with these statements. I understand that any violation of this Agreement of Confidentiality may be cause for immediate termination of my participation in the Program at UH.

\_\_\_\_\_  
Faculty or Student Name

\_\_\_\_\_  
Faculty or Student Signature

\_\_\_\_\_  
Date