

EXHIBIT A
CONFIDENTIALITY STATEMENT AND STATEMENT OF RESPONSIBILITY

CONFIDENTIALITY STATEMENT

I acknowledge my responsibility and agree to keep confidential any and all information regarding Ochsner Health System (“Ochsner”) patients and proprietary information of Ochsner. The **HIPAA Privacy Rule** prohibits Ochsner from using or disclosing protected health information (PHI) unless authorized by the patient except in certain circumstances and the **HIPAA Security Rule** and the **HITECH Regulations** require Ochsner to safeguard the Confidentiality, Integrity and Availability of electronic protected health information (ePHI) against unauthorized use or disclosure. I have read the material on both HIPAA Privacy and Security and HITECH and agree to comply with these policies and this confidentiality statement and statement of responsibility. Patient, employee and business information is privileged and confidential and any unauthorized or inappropriate release, use and/or discussion is a serious matter which may result in dismissal from the clinical educational program.

My user ID, and the “Password” I choose are my own individual, personal codes for gaining access to electronically stored information. I will not disclose or share them with any other person. My user ID and Password are the equivalent of my personal signature when performing all computer activities and as such, are legally binding. If I share my User ID and Password, use someone else’s user ID &/or Password, access my own medical records or otherwise fail to comply with above mentioned Ochsner’s Security Policies, I may be subject to dismissal.

I may not use an Ochsner computer to access my own medical records or the records of my family, friends or co-workers even if ordered to do so by the physician. I will access only the information required in the performance of my clinical education and all information is confidential and to be used only in the performance of my clinical education.

I acknowledge that I have had an opportunity to ask questions regarding all Ochsner privacy and security policies and procedures.

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided in the form of experience in evaluation and treatment of patients at Ochsner, I, on behalf of myself and my heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the program at Ochsner unless such injury or loss arises solely out of Ochsner’s gross negligence or willful misconduct.

NAME (PLEASE PRINT)

SIGNATURE

DATE

PROGRAM