

**EXHIBIT A**

**STATEMENT OF RESPONSIBILITY AND CONFIDENTIALITY**

A. For and in consideration of the benefit provided to me in the form of experience to be gained in the evaluation and treatment of patients of HCA-HealthONE LLC (“HealthONE”), I agree to assume the risks and to be solely responsible for any injury or loss I sustain while participating in the Program operated by \_\_\_\_\_ (“Agency”) at HealthONE except to the extent such injury or loss is due to the negligence or willful misconduct of HealthONE.

B. I hereby acknowledge my responsibility under the Federal Health Information Technology for Economic and Clinical Health Act of 2009 (the "HITECH Act"), and the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320d through d-8 ("HIPAA") and any current and future regulations promulgated under either the HITECH Act or HIPAA, and the Agreement between Agency and HealthONE, to keep confidential any information regarding HealthONE patients. I agree, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient except as required by law or as authorized by HealthONE.

I also acknowledge that during my participation in the Program, I will have access to and become acquainted with the confidential information and trade secrets of HealthONE, including but not limited to information about: HealthONE (including its affiliates), its trade secrets, proprietary information, arrangements with suppliers or payors, its patients, patient groups, patient lists, and their personal, medical or financial information, billing practices and procedures, business techniques and methods, strategic plans, operations and related data, technical data, records, compilations of information, processes and specifications or any other information or material which derives economic value, actual or potential, from not being generally known to other persons or is the subject of efforts that are reasonable under the circumstances to maintain its secrecy or confidentiality (collectively, the “Confidential Information”). I acknowledge and agree that all Confidential Information is the property of HealthONE and used in the course of HealthONE’s business, and shall be proprietary information protected under the Uniform Trade Secrets Act.

I agree to keep strictly confidential and hold in trust all Confidential Information of HealthONE, and shall not disclose to any third party, directly or indirectly, either during my participation in the Program at HealthONE or at any time thereafter, any Confidential Information, or use any Confidential Information other than in the course of participating in the clinical learning experience at HealthONE and fulfilling the educational requirements of the Program, without the express prior written consent of HealthONE.

I agree that all files, records, documents, drawings, specifications, computer software, memoranda, notes, or other documents relating to the business of HealthONE or its Confidential Information, whether prepared by me or otherwise coming into my possession, shall be the exclusive property of the HealthONE and without the prior written consent of HealthONE, shall not be removed from HealthONE’s premises or retained by me after conclusion of my participation in the Program at HealthONE.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Program Participant

\_\_\_\_\_  
Program Participant – print name