EXHIBIT A

STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in a clinical setting at Wesley Medical Center ("Participating Institution"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks and be solely responsible for any injury or loss sustained by the undersigned while participating in the learning experience operated by: The University of Kansas School of Medicine - Wichita ("Sponsoring Institution") at Participating Institution unless such injury or loss arises solely out of Participating Institution's gross negligence or willful misconduct.

_________________________________________  _______________________________________
Signature of Program Participant/Print Name  Date
EXHIBIT B

Confidentiality and Security Agreement

I understand that the Hospital or business entity (“Participating Institution”) for which I work, volunteer or provide services manages health information as part of its mission to treat patients. Further, I understand that Participating Institution has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information. Additionally, Participating Institution must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning information, or any information that contains Social Security numbers, health insurance claim numbers, passwords, PINs, encryption keys, credit card or other financial account numbers (collectively, with patient identifiable health information, “Confidential Information”).

In the course of my employment/assignment at Participating Institution, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with Participating Institution’s Privacy and Security Policies, which are available on the Participating Institution intranet (on the Security Page) and the Internet (under Ethics & Compliance). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information or Participating Institution systems.

General Rules:
1. I will act in the best interest of Participating Institution and in accordance with its Code of Conduct at all times during my relationship with Participating Institution.
2. I understand that I should have no expectation of privacy when using Participating Institution information systems. Participating Institution may log, access, review, and otherwise utilize information stored on or passing through its systems, including email, in order to manage systems and enforce security.
3. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, and loss of privileges, and/or termination of authorization to work within Participating Institution, in accordance with Participating Institution’s policies.

Protecting Confidential Information:
1. I understand that any Confidential Information, regardless of medium (paper, verbal, electronic, image or any other), is not to be disclosed or discussed with anyone outside those supervising, sponsoring or directly related to the learning activity.
2. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. I will not take media or documents containing Confidential Information home with me unless specifically authorized to do so as part of my job. Case presentation material will be used in accordance with Participating Institution policies.
3. I will not publish or disclose any Confidential Information to others using personal email, or to any Internet sites, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of Participating Institution business and within the permitted uses of Confidential Information as governed by regulations such as HIPAA.
4. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized. I will only reuse or destroy media in accordance
with Participating Institution Information Security Standards and Participating Institution
record retention policy.

5. In the course of treating patients, I may need to orally communicate health information to or
about patients. While I understand that my first priority is treating patients, I will take
reasonable safeguards to protect conversations from unauthorized listeners. Whether at the
Sponsoring Institution or at Participating Institution, such safeguards include, but are not
limited to: lowering my voice or using private rooms or areas (not hallways, cafeterias or
elevators) where available.

6. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of
Confidential Information. I will not access data on patients for whom I have no
responsibilities or a need-to-know the content of the PHI concerning those patients.

7. I will not transmit Confidential Information outside the Participating Institution network
unless I am specifically authorized to do so as part of my job responsibilities. If I do
transmit Confidential Information outside of the Participating Institution using email or other
electronic communication methods, I will ensure that the Information is encrypted according
to Participating Institution Information Security Standards.

Following Appropriate Access:
1. I will only access or use systems or devices I am officially authorized to access, and will not
demonstrate the operation or function of systems or devices to unauthorized individuals.

2. I will only access software systems to review patient records or Participating Institution
information when I have a business need to know, as well as any necessary consent. By
accessing a patient’s record or Participating Institution information, I am affirmatively
representing to Participating Institution at the time of each access that I have the requisite
business need to know and appropriate consent, and Participating Institution may rely on that
representation in granting such access to me.

Using Portable Devices and Removable Media:
1. I will not copy or store Confidential Information on removable media or portable devices
such as laptops, personal digital assistants (PDAs), cell phones, CDs, thumb drives, external
hard drives, etc., unless specifically required to do so by my job. If I do copy or store
Confidential Information on removable media, I will encrypt the information while it is on
the media according to Participating Institution Information Security Standards.

2. I understand that any mobile device (Smart phone, PDA, etc.) that synchronizes Participating
Institution data (e.g., Participating Institution email) may contain Confidential Information
and as a result, must be protected. Because of this, I understand and agree that Participating
Institution has the right to:
   a. Require the use of only encryption capable devices.
   b. Prohibit data synchronization to devices that are not encryption capable or do not
      support the required security controls.
   c. Implement encryption and apply other necessary security controls (such as an access
      PIN and automatic locking) on any mobile device that synchronizes Participating
      Institution data regardless of it being a Participating Institution or personally owned
device.
   d. Remotely "wipe" any synchronized device that has been lost, stolen or belongs to a
      terminated employee or affiliated partner.
   e. Restrict access to any mobile application that poses a security risk to the
      Participating Institution network.
**Doing My Part – Personal Security:**

1. I understand that I will be assigned a unique identifier (e.g., 3-4 User ID) to track my access and use of Confidential Information and that the identifier is associated with my personal data provided as part of the initial and/or periodic credentialing and/or employment verification processes.

2. I will:
   a. Use only my officially assigned User-ID and password (and/or token (e.g., SecurID card)).
   b. Use only approved licensed software.
   c. Use a device with virus protection software.

3. I will never:
   a. Disclose passwords, PINs, or access codes.
   b. Use tools or techniques to break/exploit security measures.
   c. Connect unauthorized systems or devices to the Participating Institution network.

4. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords, positioning screens away from public view.

5. I will immediately notify my manager, Participating Institution Information Security Official (FISO), Director of Information Security Operations (DISO), or Participating Institution or Corporate Client Support Services (CSS) help desk if:
   a. my password has been seen, disclosed, or otherwise compromised;
   b. media with Confidential Information stored on it has been lost or stolen;
   c. I suspect a virus infection on any system;
   d. I am aware of any activity that violates this agreement, privacy and security policies; or
   e. I am aware of any other incident that could possibly have any adverse impact on Confidential Information or Participating Institution systems.

**Upon Termination:**

1. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with Participating Institution.

2. Upon termination, I will immediately return any documents or media containing Confidential Information to Participating Institution.

3. I understand that I have no right to any ownership interest in any Confidential Information accessed or created by me during and in the scope of my relationship with Participating Institution.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

<table>
<thead>
<tr>
<th>Signature</th>
<th>xxxxxxxxxxxxxxxxxxxxxxx</th>
<th>xxxxxxxxxxxxxxxx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>