

## EXHIBIT A

### CONNECTICUT CHILDREN'S CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, understand that in the course of my work and/or visit as a student at Connecticut Children's Medical Center, including all affiliates and subsidiaries of CCMC Corporation, hereinafter referred to as "Connecticut Children's," I may have access to Confidential Information, including patient health information, sensitive personal information, or other sensitive business information.

Confidential Information means any information obtained as a result of my affiliation with Connecticut Children's that is not generally known or accessible to the public, whether or not expressly identified to me as confidential, including but not limited to information that falls into one or more of the following categories:

1. Any records or information, whether financial, medical or personal, regarding the identity, history, condition, care, treatment or billing of a Connecticut Children's patient (also known as Protected Health Information or PHI).
2. Any records or information relating to Connecticut Children's medical staff credentialing, discipline or other peer review activities.
3. Any records or information pertaining to Connecticut Children's or its business partners' operations; strategic, marketing or business plans; acquisitions, costs, financials, or contracts; or other business information that is not generally known to the public.
4. Any records or information related to a pending, threatened or potential lawsuit or administrative, civil, criminal or other legal claim by or against Connecticut Children's.
5. Any records or information concerning Connecticut Children's employees, including but not limited to health records and personnel records.

**By signing this document, I agree:**

1. To abide by all of Connecticut Children's policies, procedures, and guidelines relating to the use, access, and protection of Confidential Information.
2. To hold in strictest confidence and maintain the privacy of all Confidential Information and not to disclose Confidential Information except as permitted by Connecticut Children's policies, procedures and guidelines. I must protect the privacy of all Confidential Information at all times, including discussions with family or friends when I am off duty or am no longer associated with Connecticut Children's.
3. That I have no right or ownership interest in Confidential Information.
4. To immediately report to Connecticut Children's any use or disclosure of Confidential Information that is not permitted by this agreement and to take any action necessary or requested by Connecticut Children's to mitigate, to the extent practicable, any harmful effect that is known to me of a use or disclosure of Confidential Information in violation of applicable law or Connecticut Children's policies, procedures or guidelines.
5. That I will access Confidential Information for the sole purpose of performing my approved position responsibilities and will not access Confidential Information at the request of others who do not have a need or right to access to such Confidential Information.
6. To appropriately use Confidential Information only in connection with the performance of my approved position responsibilities; to use only the minimum necessary patient health information required to perform my assigned function or job; and not remove Confidential Information from Connecticut

Children's premises, except as required by my position and in accordance with Connecticut Children's policies, procedures and guidelines.

7. That I will not discuss Confidential Information where unauthorized persons can overhear the conversation; and will not leave Confidential Information where it can be seen by unauthorized persons.
8. That I will not leave my computer terminal unattended or unsecured while on-line or share or lend my user password or authentication code with any other person.
9. To ensure that all Confidential Information is retained and destroyed in accordance with Connecticut Children's policy, procedures and guidelines.

**By signing this document, I understand that:**

1. The access to and use of Confidential Information is subject to regular audit and monitoring.
2. The restrictions described in this agreement are in force at all times and in all locations of the organization.
3. If I fail to comply with the terms of this agreement or Connecticut Children's confidentiality policies, I may be subject to disciplinary action, up to and including termination from my position (or, in the case of a vendor, becoming banned from Connecticut Children's premises).
4. A patient's right to the confidentiality of Protected Health Information is protected by state statutes and federal laws, and by Connecticut Children's policies, procedures and guidelines.
5. If I violate this agreement, I may, as an individual, be subject to civil or criminal legal action for which I will not be provided defense counsel or insurance coverage by Connecticut Children's.

My obligations under this agreement shall survive termination of my affiliation with Connecticut Children's and termination of this agreement.

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Signature

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Department

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Printed Name

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Date

**EXHIBIT B**

**CONNECTICUT CHILDREN’S BACKGROUND CHECK ATTESTATION**

Institution:	
Placement Coordinator:	
Student:	
Department Assignment:	
Start Date of Placement:	
End Date of Placement:	
Date Background Check Completed:	
Organization(s) Performing Background Check:	

*\*Please note that the background check must be completed **no more than 45 days** prior to the start date of the academic year in which Student will complete his/her placement at Connecticut Children’s Medical Center or Connecticut Children’s Specialty Group, Inc. (collectively, Connecticut Children’s.)*

Institution attests that a background check including (i) criminal history including felonies and misdemeanors in all states in which the student has lived, worked, or attended school, (ii) national sexual offender registry check, and (iii) FACIS Level III sanction check, was performed on Student on the date listed above, with the following results:

- No violations identified
- Violations were identified by the following check(s) and a true and complete copy of the report(s) is attached to this Attestation:
  - Criminal History
  - Sexual Offender Registry
  - Sanction Check

Institution further attests that the results indicated above are a true and complete representation of the results of Student’s background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date