

EXHIBIT A

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between _____ (“School”) and **Cleveland Clinic Florida Health System Non Profit Corporation** doing business as **Cleveland Clinic Florida and Cleveland Clinic FL (a non profit corporation)** (hereinafter collectively referred to as “CCFL”), to keep confidential any information regarding CCFL patients and proprietary information of CCFL. The undersigned agrees, 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 and further agrees not to reveal to any third party any confidential information of CCFL, except as required by law or as authorized by CCFL. The undersigned agrees to comply with any patient information privacy policies and procedures of the School and CCFL. The undersigned further acknowledges that he or she has viewed a videotape regarding CCFL’s patient information privacy practices in its entirety and has had an opportunity to ask questions regarding CCFL’s and School’s privacy policies and procedures and privacy practices.

Dated this ____ day of _____, 20__.

Program Participant

Witness