**Confidentiality Agreement**

I acknowledge that I will have access to and use Baylor Scott & White Health (BSWH), or an affiliated

entity thereof, confidential and sensitive medical, business, financial, technical, and

proprietary information, documents, methods, practices, and procedures, as well as private

information about patients, employees, vendors, independent contractors, and third parties, in

whatever medium in which it may exist, including oral, written, and electronic communications

(collectively referred to as "Confidential Information"). "Confidential Information" also includes

all documents, data, and work product, in whatever medium, created by me or any other person

in connection with or relating to my assigned duties at or for BSWH.

I will not at any time use for my own benefit or divulge, furnish, or otherwise make available,

either directly or indirectly, to any person, firm, corporation, or other entity, any Confidential

Information. I will keep all Confidential Information strictly and absolutely confidential, and I

will access, use, and disclose it only as required for the performance of my assigned duties at or

for BSWH.

If I am granted specific computer system(s) access based on the nature and scope of my assigned

duties at or for BSWH, I am prohibited from accessing or attempting to access any of the

computer system(s) in a manner that violates this Agreement or the Confidentiality Policies, or is

not consistent with my specifically assigned user rights.

I acknowledge that a breach of any provisions of this Agreement or a violation of the

Confidentiality Policies may result in disciplinary or legal action, as appropriate, including

termination of my relationship with BSWH. In addition, I acknowledge that any breach of this

Agreement or violation of the Confidentiality Policies may result in continuing and irreparable

damage to BSWH for which there may be no adequate remedy at law. BSWH, in addition to all

other relief available, shall be entitled to an injunction restraining me from committing or

continuing any breach of this Agreement or violation of the Confidentiality Policies. I further

understand that the unauthorized disclosure of certain Confidential Information, including patient

information, is punishable by fines and penalties under Federal and State law(s), including but

not limited to, the Health Insurance Portability and Accountability Act of 1996 and its

implementing regulations("HIPAA") and Texas Health & Safety Code, Chapter 181, as amended

from time to time.

I will immediately notify BSWH of any breach of this Agreement or violation of the

Confidentiality Policies, or any use of or disclosure of Confidential Information not authorized

by this Agreement or the Confidentiality Policies.

I understand that BSWH may terminate my relationship with BSWH at any time, with or without

cause, and that nothing herein is intended or does create an employment, partnership, or joint

venturer relationship. Upon the termination of my relationship with Baylor, I will immediately

surrender and deliver to BSWH all Confidential Information (and all copies or excerpts thereof)

in whatever medium in which it may exist, and all other property belonging to BSWH.

If any provision of this Agreement shall be determined by a court having jurisdiction to be

invalid, illegal or unenforceable, the remainder of this Agreement shall not be affected but shall

continue in full force and effect as though such invalid, illegal, or unenforceable provision were

not originally a part of this Agreement.

This Agreement shall be construed in accordance with and governed by the laws of Texas,

irrespective of the fact that a party hereto may not be a resident of that State. Venue for any legal

action arising out of this Agreement shall be exclusively in Dallas County, Texas.

I have read, fully understand, and agree to all the terms of this Agreement and BSWH’s

Confidentiality Policies.

Student Signature:

**(Close this document and place a check in the box certifying this document has been read. The time stamp will be your electronic signature)**