

**COMMUNITY HOSPITAL ANDERSON  
CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT  
Student**

This Confidentiality and Non-Disclosure Agreement is entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between Community Hospitals Anderson (“CHA”) and \_\_\_\_\_ (“Student”).

WHEREAS, Student is participating in a program whereby CHA will provide educational experiences to student (the “Program”); and

WHEREAS, in the course of participating in the Program, Student may have access to confidential and proprietary information of CHA and its patients including but not limited to medical records, financial records, policies, procedures, and strategic plans (the “Confidential Information”); and

WHEREAS, CHA requires assurances that the Confidential Information will not be used or disclosed by Student as a condition of Student’s participation in the Program.

NOW, THEREFORE, in consideration of the foregoing and Student’s participation in the Program, Student hereby acknowledges the value and importance of protecting the confidentiality of the Confidential Information and agrees to use his/her best efforts to protect such confidentiality. Student agrees that he/she will hold the Confidential Information in the strictest confidence and will exercise at least the same care with respect thereto as he/she exercises with respect to his/her own most confidential or proprietary information, and will not without prior, written consent of CHA, copy the Confidential Information other than as directly necessary for the achievement of the purposes of the Program, or disclose any portion of the Confidential Information or any information derived from the Confidential Information to any other party. Student further agrees that he/she will not make any use of any portion of the Confidential Information or any information derived from the Confidential Information except for participation in the Program. The Student’s efforts shall include but not be limited to taking reasonable steps to prevent other people from reading, copying, or otherwise obtaining access to Confidential Information.

IN WITNESS WHEREOF, Student has executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

School: \_\_\_\_\_

We hope your Health Career Observation is an educational and enjoyable experience.