

January 27, 2014

Dr. Mari K Hopper
Biology Department
8600 University Blvd.
University of Southern Indiana
Evansville, IN 47712

Dear Dr. Hopper:

It is that time again to review our affiliation agreement for the Medical Technology Program. I have enclosed copies of the agreement and signature form for the appropriate signature. Please return one signed copy to me for my records, as usual. There have been small changes made to the agreement mostly regarding safety and

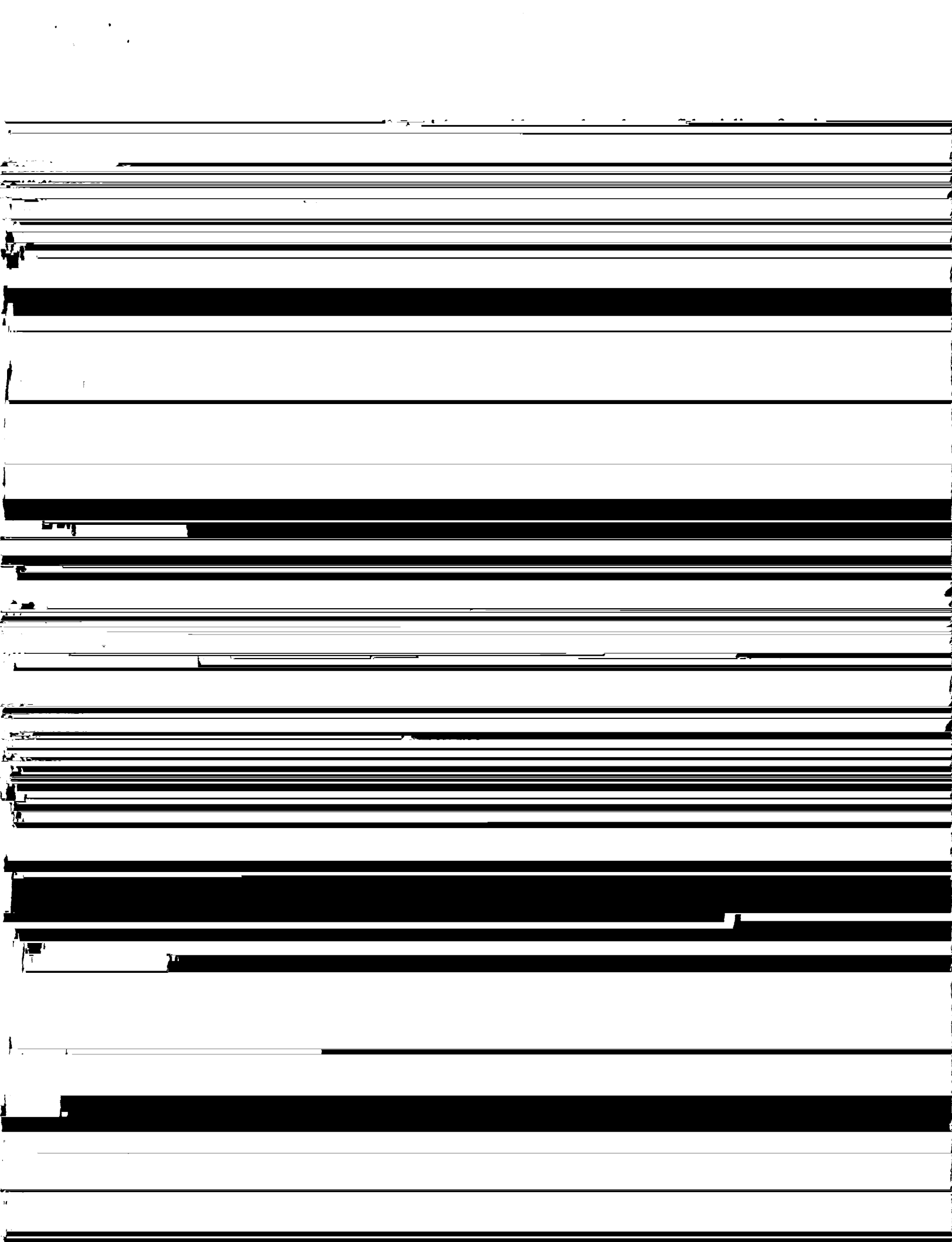
AFFILIATION AGREEMENT

THIS AFFILIATION AGREEMENT (the "**Agreement**") is made and entered into on January 1, 2014 (the "**Effective Date**"), by and between **OWENSBORO**

[REDACTED]

C. A general liaison shall be appointed by each of the parties to

C. What communication between the School and University



[4] Polio series;

[5] Hepatitis B (proof of vaccination or its refusal must be on file

uncooperative with clinical instructors, Affiliating Agency or School staff or employees, or

in violation of the policies of the Affiliating Agency or School or Affiliating Agency's operations.

Agency's operations.

D. Provide the Medical Technology Advisor at University a student progress report at the end of the fall and spring semesters. In addition, Affiliating Agency shall provide the University Registrar an official transcript at the completion of a Student's

clinical training. Such transcript shall list the semester hours credit (32) and grade for each course.

6. **Duration and Review.**

electronic means), each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

[END OF TEXT; SIGNATURE PAGE FOLLOWS]

Exhibit A



PATIENT CONFIDENTIALITY STATEMENT

Federal and state laws and regulations require Owensboro Health, Inc. ("OHI") to protect patient information, to train its workforce (including students and volunteers) about patient

confidentiality, and to require its workers and contracted laborers to agree to certain

restrictions on the use and disclosure of patient information. While these laws and regulations cover all patients (even those who have died), there are specific restrictions on information related to AIDS/HIV status, mental health, chemical dependency, and alcoholism.

Breach of confidentiality is defined as unauthorized use, discussion or release of confidential information regarding patients, their identity, and/or their medical or financial records (hard copy and computer). This includes unauthorized retrieval of records on the computer.

checking labs or other data without a need to do so, and conversations or discussions that may be overheard by unauthorized persons. Such improper use and/or disclosure may also take any other communicative or transmissive form, including but not limited to oral/verbal/spoken, written, signaled, photographic, or electronic communication/ transmission of any kind, including but not limited to e-mail, text messaging, paging, social networking sites, blogs and any other internet posting and/or electronic storage media.

Breach of confidentiality is considered a major offense at OUI. A breach of confidentiality

Exhibit B

STATEMENT OF UNDERSTANDING

Student Name:	
University:	University of Southern Indiana
Program:	Medical Technology Program

I, _____, do hereby certify that the following

9. I will use and enjoy Affiliating Agency's property and premises in an efficient, non-wasteful and professional manner.

10. I will ensure that University has on file my personal medical history, proof of current immunity to measles/rubella and a tuberculin skin test performed within the fourteen

(14) days immediately preceding the commencement of my clinical experience at

termination of this Agreement, I shall not use any information gained as a result of