CROUSE HEALTH HOSPITAL, INC.

D/B/A

CROUSE HOSPITAL

HOLD HARMLESS AND RELEASE FORM

Indemnification. I agree to indemnify and hold harmless the Hospital from and against any and all losses, damages, costs, judgments and expenses resulting from any and all claims, proceedings or actions arising out of or in connection with my activities at Crouse Hospital.

Confidentiality. I agree to protect the confidentiality of hospital and patient information and shall not use for its own benefit or disclosure to any third party any confidential information of Hospital without written notice by the Hospital. I recognize and acknowledge that I will have access to, be informed of, or be provided with, certain confidential, proprietary and non-public information, which may include, but shall not be limited to, patient medical records, patient treatment information, and Hospital procedures and practices. I acknowledge that information disclosed by the Hospital, or learned of during the performance of my duties, shall at all times remain the property of the Hospital and/or patient.

Patient Rights. I enter into this Agreement with full knowledge that all persons affiliated with the Hospital are responsible for preserving and protecting the dignity and basic rights, included in the Patient's Bill of Rights, of patients and to ensure complete confidentiality of all patient information derived from the Hospital.

IN WITNESS WHEREOF, THE PARTIES HAVE CAUSED THIS Agreement to be duly executed effective as of this _____day of_____, 20_____.

Signature of Observer: _____

Print Name: _____

Signature of Witness (Does not need to be notarized.) _____

PLEASE SEND THIS COMPLETED FORM TO:

Crouse Hospital Educational Services
MEC 2nd Floor
736 Irving Ave
Syracuse, New York 13210
315-470-7801/ Fax 315-470-7792