EXHIBIT A

HARRISON MEDICAL CENTER
EDUCATIONAL PROGRAM
STUDENT ACKNOWLEDGEMENT

The undersigned student ("Student") hereby acknowledges that he or she is a student enrolled at the University of Washington School of Nursing ("UW"). As a condition of Student's participation in the educational program at Harrison Medical Center ("Harrison"), Student agrees to the following:

1. Student shall adhere to the internal policies of Harrison including but not limited to those related to work place safety, dress, and compliance issues. Without limiting the generality of the foregoing, Student agrees to protect and maintain the confidentiality of any and all patient information that Student may come into contact with while participating in the program. Student shall comply with all state and federal laws regarding patient information, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and any Harrison policies and procedures related to such laws. Student understands that he or she may be removed from the program immediately for failure to follow Harrison policies.

2. Student understands and agrees that any and all injuries sustained while functioning in the formal role of Student may be treated by Harrison in accordance with Harrison policy. However, it is further understood that any and all charges resulting from this treatment shall be the sole responsibility of the Student.

3. Student understands and agrees that Student is not an employee or agent of Harrison and is not entitled to wages for activities which are related to the education and training received at Harrison. Further, Student understands and agrees that Student is not entitled to workers' compensation benefits for any injury sustained during an education placement.

4. Student assumes responsibility for the cost of equipment and supplies of Harrison that are broken or damaged by Student.

5. Student represents and warrants that he/she has never been sanctioned, excluded or proposed for exclusion from participation in any federal or state funded health care program, including but not limited to the Medicare and Medicaid programs. Further, Student represents and warrants that he/she has not otherwise been excluded from doing business with the federal government as provided in the list maintained by the United States General Services Administration (GSA) or the Department of Health and Human Services Office of the Inspector General (OIG), nor has Student been convicted of a crime against children or vulnerable adults as set forth in RCW 43.43.

Signature of Student	School and Program Description
Date	Dates of Affiliation