

**EXHIBIT A**

**STATEMENT OF CONFIDENTIALITY**

The undersigned hereby acknowledges his/her responsibility under federal and other applicable law and the Agreement to keep confidential any information regarding Facility patients, as well as all confidential information of the Facility and of HEALTHSOUTH. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient, and further agrees not to reveal to any third party any confidential information of the Facility and of HEALTHSOUTH.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

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**Name of Student (Print)**

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**Signature of Student**