

Exhibit A
STATEMENT OF RESPONSIBILITY

For and in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of **RCHP Billings-Missoula, LLC d/b/a Community Medical Center** ("Hospital"), the undersigned and his or her heirs, successors and assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by _____(Facility)Hospital unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

Date: _____, 20_____

Program Participant Signature
Print Name: _____

Witness
Print Name: _____

Exhibit B
CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his or her responsibility under applicable Federal law and the Agreement between _____ (Facility) and **RCHP Billings-Missoula, LLC d/b/a Community Medical Center** to keep confidential any information regarding Hospital patients, as well as all confidential information of Hospital. 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 Hospital, except as required by law or as authorized by Hospital.

Date: _____, 20_____

Program Participant Signature

Program Participant Name (Please Print)