

**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.

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Date: \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Program Participant Signature

\_\_\_\_\_  
Program Participant Name (Please Print)