

## Applicant Agreement

1. **Waiver of Liability.** In consideration that I am being permitted to participate in Samaritan Health Services' workforce development programs (e.g., job shadowing, observations, activities, etc.), I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in this activity, agree to assume all risks and responsibilities surrounding my participation in this activity. Further, I do for myself, my child/children, my heirs, and personal representative(s) agree to defend, hold harmless, indemnify, release, and forever discharge Samaritan Health Services, and its officers, agents, and employees from and against any and all future claims, demands, or causes of action, on account of damage to personal property, personal injury or death which may result from my participation in any Samaritan Health Services career-related program.
2. **No Cell Phones.** I understand while job shadowing at Samaritan Health Services, any usage of cellular devices are prohibited. All patient information and results must be kept confidential and may be reported only to those professionals directly involved with the patient's treatment and care. Failure to comply may result in dismissal from the site.
3. **Confidentiality.** I agree that I shall not, at any time during the job shadow or after it has concluded, divulge or convey any confidential information, trade secrets, business plans, proprietary information, knowledge, data or property related to Samaritan Health Services or any of its affiliates or patients other than that which is in the public domain, unless authorized by Samaritan Health Services in writing. This specifically means that you may not share details about the program or any patients (or their families) that you may come into contact with in any social media forum, such as Facebook, Instagram, SnapChat, et cetera. In the event of any violation or threatened violation of this section, Samaritan Health Services shall be entitled to immediate injunctive or other equitable relief in addition to any other remedies to which Samaritan Health Services may be entitled under law.
4. **HIPAA.** The Health Insurance Portability and Accountability Act (HIPAA) was enacted by Congress in 1996. HIPAA specifically protects the confidentiality of each individual's health information, and provides criminal penalties and fines for persons that breach that confidentiality. The job shadow program will place you in a medical environment and you will be personally responsible for complying with HIPAA; failure to do so may result in criminal prosecution. You may find more information about HIPAA and your responsibilities at [www.hhs.gov/hipaa/](http://www.hhs.gov/hipaa/).
5. **No Entitlement to Benefits or Wages.** I understand that I am not an employee of Samaritan Health Services or any of its subsidiaries or affiliates, and am not entitled to any wages or benefits, including, but not limited to: social security benefits, workers' compensation benefits, and retirement benefits.
6. **Responsibility to Cover Costs.** I understand and agree that I am solely responsible for any costs that I may incur by participating in this job shadowing program. These costs may include, but are not limited to: health screening, transportation, meals, and parking.
7. **Compliance with Law / Policies.** I understand and agree to abide by any and all applicable laws, regulations, and policies adopted by Samaritan Health Services, including the Code of Ethics.
8. **Health Insurance / Exposure to Infectious Agents.** I understand that the job shadow program will take place in a medical facility and that I may be exposed to infectious agents including bloodborne pathogens. I hereby represent and warrant that I have health insurance and agree to be liable for any charges for services I may receive related to emergency care and/or testing to determine exposure to infectious agents.
9. **Indemnification.** I agree to indemnify and hold harmless Samaritan Health Services, its subsidiaries, affiliates, officers, directors, agents, employees, and representatives ("Indemnified Parties," jointly and severally) from and against any and all liabilities or related, arising out of or in connection with the job shadow program, incurred by my wrongful acts, omissions, or misconduct. This shall be specifically construed to include, but not be limited to, any violations of the Health Insurance and Portability Act (HIPAA).
10. **Acknowledgment.** I have read the job shadowing/ observation request form for Samaritan Health Services and hereby certify that all information provided in this request is accurate, and that submission of this request does not guarantee placement into an experience. I further understand that approval and placement of an experience is at the discretion of Samaritan Health Services and may require additional health screening. Samaritan Health Services may terminate a job shadow at any time and for any reason.