

EXHIBIT B

APPROPRIATE USAGE AND CONFIDENTIALITY AGREEMENT

Please Print:

_____ agree and acknowledge that during the course of my activities at I may have access to information through Apollo computer system which is confidential and may not be disclosed, except as permitted or required by law and in accord with Hendrick Medical Center's ("HMC") policies and procedures. In order for HMC to properly care for patients and engage in successful business planning, certain information must remain confidential, including, but not limited, to protected health information of patients. Improper disclosure of such confidential information can cause irreparable damage to HMC.

By initialing each section and signing this Agreement, I agree and acknowledge that:

 I have received education from HMC on HIPAA Privacy and Security Standards and HMC's policies and procedures related to the same, and agree to comply with HMC's HIPAA policies and procedures and all of the requirements of HIPAA regarding protected health information.

 I will only access information through Apollo for which I have a legitimate, authorized purpose, and if such material is printed, I understand that I am accountable for its security until it is properly destroyed.

 I will hold as confidential all information related to Apollo and will not disclose such information to any person in a manner that is inconsistent with applicable policies and procedures of HMC or HIPAA.

 I understand that my access and use of Apollo is subject to routine, random, and undisclosed audits by Hendrick Medical Center.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, HAVE HAD MY QUESTIONS FULLY ADDRESSED,
AND HAVE RECEIVED A COPY FOR MY RECORDS.

Signature: _____ **Date:** _____