

EXHIBIT B

CONFIDENTIALITY STATEMENT

The undersigned hereby acknowledges his/her responsibility under applicable federal and state law and the Agreement between Brigham Young University ("School") and Physician Group of Utah doing business as Physician Group of Utah ("Clinic"), to keep confidential any information regarding Clinic patients as well as all confidential information of Clinic. The undersigned agrees under penalty of law, not to reveal to any person or persons, except to authorized clinical staff and associated personnel for purposes of treatment, payment or health operations of Clinic, any identifying information regarding any patient and further agrees not to reveal to any third party any confidential information of Clinic, except as required by law or as authorized by Clinic.

Dated this ____ day of _____, _____.

PROGRAM PARTICIPANT:

Name: _____

WITNESS