

Academic Student



Name _____

Address _____

City _____ St _____ Zip _____

STATEMENT OF CONFIDENTIALITY

I acknowledge, understand, and agree that in the performance of my duties as an employee, observer, or clinical student of Good Shepherd Medical Center, I must hold both medical and non-medical patient specific information in strict confidence. In addition, I will also hold any information pertinent to the business practices of Good Shepherd Medical Center in strict confidence.

I understand that a violation of this confidentiality statement may result in disciplinary action or immediate termination of my employment or assignment, if found to be valid through investigation.

Signature

Date

LIABILITY RELEASE STATEMENT

I understand that I will rotate through Good Shepherd Medical Center as an unpaid observer or clinical student. I understand that Good Shepherd Medical Center, its agents, assignees, employees, and associates cannot be held liable for accidents that occur while I am observing at Good Shepherd Medical Center. I must provide for any unexpected medical expenses if injured while participating in this observation or clinical rotation.

Signature

Date