CONFIDENTIALITY STATEMENT
The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between Georgia Perimeter College (“School”) and Student Health Center (“Clinic”), to keep confidential any information regarding Clinic patients and proprietary information of Clinic. 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 Clinic, except as required by law or as authorized by Clinic. The undersigned agrees to comply with any patient information privacy policies and procedures of the School and Clinic. The undersigned further acknowledges that he or she has read materials regarding Clinic’s patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Clinic’s and School’s privacy policies and procedures and privacy practices.

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 Student Health Center (“Clinic”), the undersigned and his/her heirs, successors and/or 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 Georgia Perimeter College (“School”) at Clinic unless such injury or loss arises solely out of Clinic’s gross negligence or willful misconduct.

RECORD OF REQUIRED ORIENTATION
By signing this form, you attest to having received an orientation performed by clinic designee. You had an opportunity to ask questions regarding required training topics to assure a clear understanding of your role and expectations to uphold the policies and practices at Student Health Center during your practicum clinical rotation.

Dated this day of , 20
(Student) Print Name:

(Student) Signature: