



Student/Resident/Observer Confidentiality Statement

Medical Associates Clinic business information, statistics, or plans are confidential. Release of any such information must be authorized by the Chief Executive Officer or his representative. Unauthorized release of this information while participating in a student/resident/observer relationship will result in termination of the educational experience and notification of the educational institution. It could also result in civil litigation and penalties.

Medical information may be released to the patient or other parties only with properly signed authorization by the patient or his or her legal representative. A few exceptions to this rule apply, including mandatory reporting. Whenever possible, requests for release of information should be routed to Information Release personnel of the Medical Records Department for action. A student/observer with questions regarding release of information should contact the Medical Information Release personnel.

As a student/resident/observer at Medical Associates Clinic, I understand that I am never to discuss or review, for personal purposes, any business information, information from a patient's medical record, or information relating to the care and treatment of any and all patients treated at the clinic.

I understand that violation of any portion of the policies and procedures of Medical Associates Clinic, or state and federal regulations governing a patient's right to privacy, may result in legal action.

Student/Resident/Observer Printed Name

Date

Student/Resident/Observer Signature

Date

Witness Signature

Date