

# Health Science Technology Education Unpaid Work-Based Learning

## Confidentiality Statement

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between \_\_\_\_\_ School District and \_\_\_\_\_ facility to keep confidential any information regarding patients, as well as all confidential information of the \_\_\_\_\_ facility. 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 part any confidential information of the \_\_\_\_\_ facility..

## 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 the \_\_\_\_\_ facility, the undersigned, and his/her heirs, successors and/or assigns does hereby covenant and agree to be solely responsible for any injury or loss sustained by the undersigned while participating in the Unpaid Work-Based Learning Program operated by the \_\_\_\_\_ School District and the \_\_\_\_\_ facility unless such injury or loss arises solely out of the \_\_\_\_\_ facility's gross negligence or willful misconduct.

\_\_\_\_\_  
Student Participant (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Science Technology Instructor/Coordinator

\_\_\_\_\_  
Date