

1050 Division Street | Mauston, Wisconsin 53948 608-847-6161 | milebluff.com

Healthcare evolving for life

## HIPAA Privacy and Security

I understand that in participating in Mile Bluff Medical Center's job shadow process, I must hold patient and employee information from any source and in any form (such as paper, talking, computers, and pictures) in confidence. I shall protect the privacy and confidentiality of any and all patient and employee information.

## **Release and Waiver of Liability**

In consideration of an educational experience at Mile Bluff Medical Center, the undersigned individual:

Hereby acknowledges that Mile Bluff Medical Center is not responsible for any personal injury, illness, or other damages of any kind relating to my experience or exposure to patients, bodily fluids or other specimens.

Hereby assumes full responsibility for any risk of bodily or personal injury, illness, or other damages of any kind arising out of or related in any way to the educational experience in Mile Bluff Medical Center, including any risks caused by the negligence of Mile Bluff Medical Center.

Hereby releases, waives, forever discharges and covenants to hold harmless Mile Bluff Medical Center, its officers, directors, employees, insurers, and agents of and from all liability for any and all loss or damage, in any claim or demand on account of personal or bodily injury arising out of or related in any way related to the educational experience in Mile Bluff Medical Center, including any/all loss or damage, claim or demand arising out of the negligence of Mile Bluff Medical Center.

The undersigned has read and understands this release and waiver of liability and HIPAA Privacy and Security Statement. By signing this, I agree that I have read, understand and will comply with this agreement.

I have reviewed the "Student" information regarding HIPAA Privacy and Security statement as listed above and will abide by all stated guidelines to the best of my ability.

Signature:	Date:	
Print Full Name:		
Signature of Parent if student is under 18 years of age:		