



**STUDENT OBSERVER CONFIDENTIALITY STATEMENT  
& ACKNOWLEDGEMENT OF RECEIPT OF HIPAA MANUAL**

I, the undersigned, understand that, as a student participating in the Summit Medical Group Foundation's Shadowing Program at the Summit Medical Group (SMG), I may be exposed to confidential information regarding patients (such as, but not limited to: medical information, medical history, lab or other reports, daily treatment information, verbal discussions about a patient, etc.) as well as financial information. With respect to financial information, I acknowledge and agree that I will maintain the confidentiality of such information and will not disclose this information outside of SMG. With regard to patient related information:

1. I understand that SMG has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information.
2. I acknowledge that I have received and reviewed the HIPAA manual provided to me by SMG.
3. I am aware that SMG maintains certain policies and procedures regarding the privacy and security of health information, and I agree to follow the applicable policies and procedures. I understand that, as a student observer, I will not have access to any electronic health records and I agree to adhere to such restrictions.
4. I further agree that I will report promptly any known or suspected violations of SMG's HIPAA policies and procedures to SMG's Privacy Officer.

I am aware that any breach of the confidentiality of patient or financial information by me may result in an immediate cancellation of my participation in the shadowing program and can further be grounds for any legal action taken by offended parties.

*By signing below, I acknowledge that I have read the above carefully, have received and reviewed the HIPAA manual, had the opportunity to ask any questions, and voluntarily agree to all of the foregoing terms.*

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*Observer Name*

*Observer Signature*

*Date*

***\*\*\*Completed forms must be submitted to the Legal Department.\*\*\****