PrimaryPlus
www.primaryplus.net

Student Observation Consent and Release Form

Form 5121-F3

In consideration of the opportunity to observe the performance of medical personnel at Lewis County Primary Care Center, Inc. dba PrimaryPlus (PrimaryPlus) as part of an observation program, I agree to the following:

1. I understand that I may be required to provide photo identification prior to gaining physical access to PrimaryPlus designated clinical service areas.
2. I understand that I am obligated to abide by all applicable state and federal privacy laws and HIPAA regulations and can be held accountable for any breach of protected health information.
3. I understand that I will be required to wear personal protective equipment (i.e, masks, gloves, isolation gowns, etc.) while present in the clinic area.
4. I understand that the patient load of PrimaryPlus is limited and that I may not be able to observe the scope of patient care that is provided in "normal" clinic operations.
5. I understand that there may be some patient resistance to having a non-employee in the exam room and that I may be asked to leave the room by the patient or provider.
6. I acknowledge that no assurance or representation concerning my health or safety during the period of my observation have been made to me. I understand that numerous risks to health and safety may be present in a clinic, including but not limited to exposure to infectious agents, including COVID-19, and I voluntarily assume all risks associated with my presence in the clinic as an observer.
7. I understand that PrimaryPlus reserves the right to terminate the observation experience at any time.

I hereby release PrimaryPlus, its medical staff, physicians, directors, officers, employees, agents, and representatives from any liability, injury or damages caused by or arising from or in connection with my presence as an observer in the clinic.

_____	_____
Student's Name (Please Print)	Preceptor's Name (Please Print)
_____	_____
Signature of Student	Signature of Preceptor
_____	_____
Date of Signature	Date of Signature