



Consent to Participate in Career Exploration Program – Non-Employee

Some areas of the MUSC campus are potentially hazardous environments. Even under ideal conditions, including the proper use of materials and adherence to safety procedures, a risk of personal injury exists. Failure to adhere to established procedures may result in even greater risk. The participant will receive appropriate training from their supervisor on how to identify hazards and work with materials and equipment safely, and will be supervised in the handling of instrumentation and materials that may pose a risk. I understand that the participant may be removed from the program on a temporary or permanent basis, if he/she refuses or is unable to follow the safety rules, wear assigned personal protective equipment and perform the work as directed.

I agree to notify the Office of Human Resources of any allergies or other physical, mental or emotional condition that might limit the participant’s ability to safely participate in this program.

I give permission to the Medical University of South Carolina (“MUSC”), its physicians, faculty and staff members, agents and services to provide such emergency care and treatment to the minor, as in their judgment may be deemed necessary or advisable in the event that the minor should require emergency care while participating in the career exploration program at MUSC. I agree to assume the costs of such emergency care and treatment, if any such costs are incurred.

I, the undersigned, for and in consideration of the benefit to be derived by participation in the career exploration program, do hereby release and forever discharge the Medical University of South Carolina (MUSC), Medical University Hospital Authority (MUHA), their affiliates, agents, servants, representatives and staff from and against any and all liability and responsibility for any allergies, injury, illness or sickness which may result from participation in the career exploration program, and do hereby further agree to indemnify and hold harmless MUSC, MUHA, their affiliates, agents, servants, representatives and staff, from any and all liability in such regard.

Confidentiality Statement – Non-Employee

TEMPORARY STAFF, STUDENTS, CLINICAL INSTRUCTORS, AND ALL OTHERS REQUIRING ACCESS TO PATIENT/EMPLOYEE/BUSINESS INFORMATION

I understand that information concerning patients, their illness or their families is private. I preserve this right to privacy by not discussing their conditions, treatments, or any other private matters in public settings either in the Hospital or outside of the Hospital.

Any information obtained from the patient’s medical record will be used only for authorized purposes. I will preserve and protect contents of the records and any other confidential information obtained. Information concerning employees and employee records is private and confidential. I understand that this private information shall be distributed only to authorized personnel. Financial information of patients, employees, or the organization shall be distributed only to authorized personnel.

Computer access codes are recognized as electronic signatures to access automated patient and employee records. I understand that due to the confidential nature of the documentation in the medical record, my password should not be shared with another person. I hereby agree not to reveal my password, nor will I attempt unauthorized access to the system. If I suspect the security of my password has been compromised, I agree to report this to the Security Administrator immediately.

I understand that any violation of these rules of confidentiality may cause my association with MUSC/MUHA to be terminated. I understand that a breach in confidentiality may be in violation of federal HIPAA and/or state statutes and regulations, and subject to prosecution under the law.

Participant’s Signature

Date

Date of Visit

Unit / Department Visiting

Parent/Guardian Signature
(Required if participant is under the age of 18 years.)

Date