

Job Shadowing Confidentiality Statement

Great Falls Public Schools welcomes you to the job shadowing experience and wants you to find it beneficial to your future work endeavors. During your time in your respective job shadow, you will be observing patients and have limited access to various patient information. It is very important that all patients are viewed in a confidential manner therefore, all patient information must be held in the strictest confidence. By state statute, Montana protects this information, making it a criminal offense and/or subjecting anyone improperly releasing patient information subject to civil penalties.

All members of the Job Shadow program must agree to the confidentiality statement below.

Date _____

I _____ will abide by the laws of the state of Montana and will keep all patient information confidential while participating in the Job Shadow experience.

Student signature

School Witness Signature

Job Shadow Location

SKYLINE VETERINARY CLINIC

POST OFFICE BOX 2905
GREAT FALLS, MT 59403
406-761-8282
FAX: 406-761-6900

Date: _____

Name _____

Address _____

Phone _____

In the event of an accident, illness, or any problems relating to veterinary business, I will not hold Skyline Veterinary Clinic, staff, or anyone associated with the clinic responsible.

Student Signature: _____

Student Print Name _____

Parent Signature if student is under 18 years of age:

Parent Print Name:

_____ Date: _____