Short Term Student Training Acknowledgement

With my signature I acknowledge that I have received and read on the date indicated, information concerning the following:

- Ethics
- Staff-Client Interactions
- Human Rights
- HPAA
- Abuse, Neglect, Exploitation and Reporting
- Consumer Confidentiality Statement (below)

I understand that some of the individuals I encounter at this facility may receive services provided by the StarCare Specialty Health System. As consumers of StarCare services, individuals and their families have a right to receive services in a private, confidential manner. I am aware that unauthorized disclosure of confidential information, which includes disclosure that a person had received or currently is receiving services from the Center, could result in civil or criminal liability. Unauthorized disclosure of confidential information will also be reported to licensure entities and may impact the status of a professional license or certification. Through my signature I declare my intention to maintain confidentiality and to disclose protected health information only if I have received a written release, signed by the person we support or their legally authorized representative.

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Printed Name of Volunteer/Student

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Signature of Volunteer/Student Date