

**UPMC Western Maryland**  
Statement of Confidentiality/Release of Liability  
**Student Intern/Job Shadowing/Observer**

I \_\_\_\_\_ understand and agree that I will be participating in a student internship/job shadowing/observer experience at UPMC Western Maryland, and that this is an educational opportunity that is for my direct benefit, and that nothing about this arrangement is considered to be an employer/employment relationship.

I also understand and agree that, as a direct result of this student internship/job shadowing/observer experience, I may come in to contact with confidential patient, employee, or business information. I understand that I am to consider all information with which I come in to contact during this student internship/job shadowing/observer experience, including but not limited to knowledge about patients, as privileged and confidential. I commit to protect the confidentiality of all UPMC Western Maryland's patient, employee, and business information, and further commit that I will not divulge any confidential information to other individuals.

I agree and acknowledge that I will be under the supervision and direction of a UPMC Western Maryland employee at all times, and agree to abide by and comply with all directives given me by the UPMC Western Maryland representative.

I agree and acknowledge that I am in this facility at my own risk, and release UPMC Western Maryland from any liability or claims related to my student internship/job shadowing/observer experience at UPMC Western Maryland.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
UPMC Western Maryland Representative

\_\_\_\_\_  
Date

**\*NOTE:**

**After completion, email to:**

**Clinicals with Providers: Medical Staff Services**  
**Tiffany Detrick - detricktn@upmc.edu**

**Job Shadowing: Volunteer Services**  
**Patty Wright – wrightpm@upmc.edu**

**\*All other clinical applications, submit to department representative.**