



FERPA AGREEMENT

I permit AMCoFH at PIHMA CPED to obtain reference information about my scholastic (academic & personal) performance for the purpose (s) of admission to AMCoFH at PIHMA CPED (American Medical College of Homeopathy at the Phoenix Institute of Herbal Medicine & Acupuncture Center for Education & Professional Development). The references(s) may be given orally and/or in writing. I, hereby, authorize the release of information and an evaluation about any and all information from my education records at

(name of accredited school(s)), including information pertaining to my education at other institutions I have previously attended that is part of my education record at college, deemed necessary by AMCoFH at PIHMA CPED to provide the reference.

I understand further that: (1) I have the right to not consent to the release of my education records; (2) I have a right to receive a copy of any written reference upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Admission Representative from AMCoFH at PIHMA CPED but that any such revocation shall not affect disclosures previously made by AMCoFH at PIHMA CPED prior to the receipt of any such written revocation.

Printed Name

Signature

Date



STUDENT & OBSERVER AGREEMENT FORM

The Phoenix Institute of Herbal Medicine & Acupuncture (PIHMA), College & Clinic, and its affiliate AMCoFH @ PIHMA Center for Professional Education & Development (CPED) welcomes observers in its programs and clinic. Your presence is a vital part of our inter-professional and community relationships. We welcome your presence and your feedback about what we are doing to support and improve healthcare.

Prior To Submission

All required information must be submitted to AMCoFH @ PIHMA CPED prior to participating in any observation activity. Fulfillment of this request is contingent upon approval from the department manager or director. AMCoFH @ PIHMA CPED reserves the right to deny any request.

Please review all sections and ensure all signatures have been obtained. Incomplete submissions will not be considered.

Observer Name: _____

Observer Address: _____

Observer Phone: _____ Email: _____

Requested Department: AMCoFH @ PIHMA CPED Homeopathy Clinic

Role of Observer

The role of observer is simply to observe. Observers do not participate in the questioning, discussion or treatment. If you have any questions or feedback, you must refrain from asking until the end of the observation period, and those questions can only be directed to the supervisor or faculty member when the observation period ends. You are welcome to take notes, but you must refrain from noting protected health information as described below. If you wish to document the number of hours you observe, please take account of your time and compare to the tracking of hours maintained by the supervisor and our Records department. Thank you for being a community member participating as observer in our

programs.

When Physically Present in Clinic

Observers should review the relevant clinic manual to understand how our clinics operate. Observer agrees to refrain from all use of personal communication devices (cellular phone, tablet, iPod, etc.) while in any patient care area during the duration of the observation event. Phone calls or text conversations may take place in common lobby areas, away from any patient care or observation activities. Professional dress and appearance is required at all times when physically present in clinic. Communicate with your sponsor to determine appropriate attire for your observation activities.

Responsibility/Release/Indemnification - The observer agrees: I will use the utmost care with respect to myself and my belongings and I will report any violation of this Agreement known by me and make good any damage from participation or actions in connection with participation as an observer.

Illness - The undersigned hereby forever releases and shall discharge all claims and causes of action whatsoever, present and future, against PIHMA or CPED, its directors, officers, employees and agents, related to or arising out of any illness, disease or health condition the individual may contract, develop or come into contact with while on the premises of PIHMA/CPED.

Medical Treatment - PIHMA or CPED shall provide or refer for outpatient treatment to observers while in the facility for the Observer Program in the case of an accident or illness. However, in no circumstances shall PIHMA or CPED bear the cost of the emergency, outpatient or other treatment.

Clinic Policy - Observer agrees to conform to all policies and procedures including those relating to safety, patient care and non-discrimination. These policies and procedures include all standards covered by PIHMA/CPED Code of Conduct, and Occupational Safety and Health Administration (OSHA) requirements.

Communicable Disease - The individual on the PIHMA or CPED premises agrees to disclose if he/she has or recently had contact with others who have Varicella, Severe Acute Respiratory Syndrome, Flu or other communicable diseases that would threaten the safety of patients or staff.

HIPAA Policy

PIHMA is committed to conducting business in compliance with all applicable laws, regulations and policies. PIHMA has adopted the **Uses and Disclosures of Protected Health Information Policy** to set forth its compliance with those standards established by the Department of Health and Human Services under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 regarding the

privacy of individually identifiable health information.

The observer may come in contact with a great deal of confidential information including Protected Health Information (PHI). It is the observer's responsibility to see that such matters pertaining to PHI are treated in the strictest confidence. PHI must not be disclosed to or used by non-authorized individuals for purposes other than Treatment, Payment or Healthcare Operations (TPO).

I Understand and Agree That:

It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to PIHMA/CPED and its affiliates, including business, employment and medical information relating to patients, staff, employees and health care providers.

If I am away from my workstation, I must log off my computer system so that PHI cannot be accessed by unauthorized individuals. If provided, I will not disclose my password(s) to anyone or allow any other person to use my access/ID badge or user ID. I further understand that I must protect confidential information, patient information or any document that may contain PHI by securing it in a locked cabinet or office. I agree to discuss confidential information only in the classroom and only for study-related purposes and to not discuss such information outside of the classroom or within hearing of other people who do not have a need to know about the information.

As a student or observer in Clinic, I hereby undertake to strictly comply with the following conditions concerning the following materials that may be provided:

- All DVDs, CDs, Videotapes, or Video Files via Dropbox, Vimeo, YouTube, or any other hosting provider.
 - All Audiotapes or Audio Files via Dropbox or any other hosting provider.
 - All photographs or Image Files on any storage device, CD, or any online hosting provider.
1. Student must retain in his/her possession and control all copies provided and not release them to anyone else.
 2. No one is permitted to view such materials except the student/observer and persons acting as supervisors of the student(s) who are subject to the same trust.
 3. These materials are not to be copied or downloaded by anyone for any purpose.
 4. These materials are to be used for the purpose of furthering the student's course of study.

5. No handouts or copies of discussions or discussion topics shall be shared or posted on any social media sites.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach of threatened breach of the Confidentiality Agreement, I acknowledge that AMCoFH @ PIHMA CPED may, as applicable and as it deems appropriate, pursue disciplinary action up to and including termination from participation at AMCoFH @ PIHMA CPED, and reporting of the incident to the appropriate legal and educational authorities.

Observer Name: _____

Observer Signature: _____

Date: _____

Actual signature is required; electronic signature not accepted.

Sponsor Name: _____

Sponsor Signature: _____

Date: _____

Signed by AMCoFH Program Director