

CMC-NORTHEAST, INC.
Concord, North Carolina 28025

Release From Responsibility

I, _____, do hereby release CMC-NORTHEAST, INC. from
(Print Name)
responsibility for any ill effect (including accident or illness) which _____
(Student's Name)
may incur while he/she is participating in the _____ program for
(Program Name)

(School Name)

Date Student

Date Parent or Guardian (if student is a minor)

NOTE: Parent or Guardians of Minors
NC Law recognizes one's adulthood and age of responsibility as 18 years of age.

Assurance of Confidentiality

I, _____, understand CMC-NORTHEAST, INC. policy on confidentiality
(Student's Name)
of patient/client/business information. In connection with my activities as a student in the _____
_____ program; I agree to hold all information I may have access to
(Department/Program Name)
about patients, clients, or business issues confidential. I agree to protect the confidentiality of patient
records and staff records. I agree to keep access codes and passwords confidential. I will not divulge any
information to unauthorized persons as this will make me subject to either civil action for the collection
of monetary damages and/or suspension or dismissal.

Student Date Instructor/Preceptor Date