EASTERN MAINE COMMUNITY COLLEGE MEDICAL RADIOGRAPHY PROGRAM Confidentiality Agreement Form

This document serves as an agreement betwee and	n(observer) _ (Medical Facility) for an observational
experience to assist in the decision-making regrogram.	
The observational experience will be held in the medical facility. The participant will function radiography program faculty member, or other facility not assist or interfere in the care of any patany medical records during the observational experience.	n under the guidance of a radiographer, facility designated preceptor. The observer ient. The observer will not have access to
The observer will not discuss any information a been observed to any persons outside the med	
Should injury occur to the observer at any time the observer will not hold the medical facility or E this injury.	
The medical facility reserves the right to terminate this Agreement without notice at any time when the best interests of the patient are not being served.	
Student Signature	Date
Representative Signature Medical Facility	Date

Send this completed form and the "Observation Form" to the EMCC Admissions Office to be included in your file. Maintain a copy for your records.

Eastern Maine Community College, Admissions Office, 354 Hogan Rd., Bangor, ME 04401 FAX: 207.974.4683 PHONE: 207.974.4680