



## **BOONE COUNTY HEALTH CENTER Student Shadow Agreement**

The undersigned agrees that, as a condition to participating in the Student Shadowing Program at the Boone County Health Center and Clinics, he or she shall:

1. Participate in training covering Boone County Health Center's policies applicable to students and supervising staff;
2. Access, use and disclose protected health information of Boone County Health Center and Clinics only as permitted under Boone County Health Center's HIPAA Compliance Plan;
3. Be governed as a member of Boone County Health Center and Clinics workforce for HIPAA purposes; and
4. Be subject to sanction, including exclusion from Boone County Health Center and Clinics Student Shadowing Program.

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Student Shadow

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Date