



**BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD AND SURGERY CENTER  
STUDENT OBSERVER/VOLUNTEER AGREEMENT**

This agreement is between Beacon Orthopaedics & Sports Medicine/Beacon Orthopaedics Surgery Center and \_\_\_\_\_ (Observer/Volunteer) and establishes the terms of the relationship and governs the uses and disclosures of patient Protected Health Information by the OBSERVER/VOLUNTEER only for the purposes described in this Agreement consistent with the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, subparts A and E authorized by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Beacon Orthopaedics & Sports Medicine/Beacon Orthopaedics desires to engage the OBSERVER/VOLUNTEER to shadow a physician and/or to perform functions involving the disclosure of Protected Health Information. In consideration of the mutual promises and the exchange of information pursuant to this Agreement and in order to comply with all legal requirements for the protection of information exchanged, the parties therefore agree as follows.

The OBSERER/VOLUNTEERS use and/or disclosure of Protected Health Information is strictly limited to those uses and/or disclosures necessary to perform duties or obligations in effect between Beacon Orthopaedics & Sports Medicine/Beacon Orthopaedics Surgery Center and the OBSERVER/VOLUNTEER to provide patient services. The OBSERVER/VOLUNTEER will not remove from the property of Beacon Orthopaedics & Sports Medicine/Beacon Orthopaedics any Protected Health Information and will further agree to retain no copies of such information but will return or destroy the Protected Health Information whichever is feasible.

Beacon Orthopaedics & Sports Medicine/Beacon Orthopaedics will obtain individual patient's consent, authorizations or permission necessary and required by law to shadow a physician in performing patient treatment and consultation.

This agreement shall be effective as of the date this agreement is signed and will remain in effect for 60 days. Either party to this Agreement may terminate by providing a written notice to the other party. This agreement shall be governed by the laws of the State of Ohio.

OBSERVER/VOLUNTEER

BEACON ORTHOPAEDICS & SPORTS MEDICINE, LTD

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_