Event: Observe and engage in therapy sessions

I hereby waive Southland Therapy Services, Inc. its officers and employees from any liability of injury, loss of damage, personal property associated with activities participated in this event.

I acknowledge that I understand the waiver described in this document. Waiver is made to the maximum extent permissible under applicable law. I acknowledge that I have signed this document under my own free will.

Southland Therapy Services, Inc.
CONFIDENTIALITY AGREEMENT
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As a student observer, student clinician, or observing therapist:

- Understand that it is my legal and ethical responsibility to maintain the confidentiality of all clinical records, employee information, financial information, proprietary information, confidential information encountered while observing, diagnosing/treating, filing records, making appointments, and/ or supervising.
- Agree not to disclose any such information or records to any person without proper authorization.
- Agree to discuss confidential information only in the appropriate clinical facilities and to refrain from discussing this information outside of facility or within the hearing of other people.
- Understand that violation of any portion of the policies and procedures related to confidentiality of patient records or any violation of federal regulations governing the patients right to privacy may result in immediate dismissal of event. Understand that my obligations under this agreement will continue after termination of event.
- Recognize that unauthorized release of confidential information may make me subject to legal action and/or disciplinary action.

I acknowledge that I have read and understand the above statements and agree to abide by this confidentiality agreement in its entirety.

By checking the "I agree to Southland Therapy Services terms & conditions" on the student observation request form you agree to the statements made in this document.