



MA SKILLS LAB CONSENT FORM

CONFIDENTIALITY OF INFORMATION

During your participation in the Medical Assisting Program at Modesto Junior College, you will likely be a participant and/or observer in managing medical events and scenarios in the MA Skills Lab. Due to the unique aspects of this form of training/learning, you are required to maintain and hold confidential all information regarding the performance of specific individuals and details of specific scenarios. By signing below, you acknowledge that you have read and understand this statement, and agree to maintain the strictest confidentiality about any observations you may make about the performance of individuals, and the simulation scenarios.

AUDIOVISUAL DIGITAL RECORDING

There may be continuous audiovisual digital recording in rooms in the Ma Skills Lab. I consent to continuous audiovisual digital recording while I am in the Ma Skills Lab. I understand that unless authorized by me, I will not be specifically identified and that the recordings will be shown only for educational, research, or administration purposes. No commercial use of the audiovisual recordings will be made without my written permission.

RELEASE FOR STILL PHOTOGRAPHS AND VIDEOTAPES

I authorize faculty and administrators of the Modesto Junior College Medical Assisting Program and MA Skills Lab to publicly show still photographs (slides or prints) and/or videotapes depicting me during the course of training in the MA Skills Lab. I understand that unless otherwise approved by me, I will not be specifically identified, and that the photographs will be shown only for educational, research or administration purposes. No commercial use of the photographs (slides or prints) and/or videotapes will be made without my written permission.

RELEASE FOR EVALUATIVE DATA USE

I authorize faculty and administrators of the Modesto Junior College Medical Assisting Program to use my evaluation survey of MA Skills Lab for data collection, program review, and research. By completing the evaluation survey, I understand that my answers and/or statements may be used for research regarding student perceptions of MA Skills Lab. I also acknowledge that no identifying data about me specifically will be included within said research.

I have read all of the above and agree to the terms under confidentiality of information, audiovisual digital recording, release for still photographs and videotapes, and evaluative data use.

Print Name

Signature

Date