

# Autopsy Approval Form

Student Name:	PSU ID:

I (Faculty Member) \_\_\_\_\_ have discussed with the above student The Pennsylvania State University's expectations and requirements, see citation below in connection with attending an autopsy at Mount Nittany Medical Center during the 2010/11 school year. I give my permission for them to be added to the list to participate.

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(Faculty Member signature)

(Date)

I, (student name) \_\_\_\_\_, understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, history, patient care records and any other information made available, generated, or of which I become aware in connection with individual patient/subject care, risk management and/or peer review activities.
2. I agree to discuss confidential information only in class and only for class related.
3. I shall continue to safeguard patient/subject confidentiality after I graduate from the University.
4. I understand the requirements and expectations of the program, as cited with respect to attending an autopsy.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the University may, as applicable and as it deems appropriate, pursue disciplinary or legal action in Centre County, Pennsylvania and I submit to personal jurisdiction in that County.

Dated: \_\_\_\_\_

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

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