



**2743 Bob Wallace Ave.  
Huntsville, AL 35805  
Phone: 256-534-8672 Fax: 256-539-9755**

### **Internship Training Acknowledgment Form**

**A copy of the following documents were provided to me during my internship at Fourroux Prosthetics:**

- 1.) OSHA, Keeping your WorkPlace Safe**
- 2.) Fourroux's Mission Statement and Practices**
- 3.) Fourroux's Inventory Control Policy**
- 4.) Notice of Privacy Practices**

**I have read and fully understand the information provided to me, and I understand that any questions pertaining to the information can be answered by the Prosthetist that I am working with.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

CONFIDENTIALTY AGREEMENT  
FOR  
STUDENT SHADOWING PROGRAM  
FOURROUX PROSTHETICS

I, \_\_\_\_\_, understand that as a condition of my participation in the student shadowing program at Fourroux Prosthetics (the “Company” in which I will be considered to be a part of the temporary workforce of the Company), I agree, both during my experience at the Company and at all times thereafter, to maintain the absolute confidentiality of all patient information. I acknowledge and understand that any violation of this agreement of confidentiality could result in legal actions, including criminal actions, being taken against me.

I also understand and acknowledge that as a result of my activities at the Company I may experience an injury or illness. In such an event, I will not hold the Company financially or medically responsible for such injury or illness.

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

Student signature: \_\_\_\_\_

Acknowledged and agreed to by student’s parent or guardian.

Parent’s or guardian’s signature: \_\_\_\_\_