



**Department of Veterans Affairs
Education Division
Without Compensation & Instructor/Student Registration**

Welcome to the Portland Veterans Affairs Medical Center!

You will be assigned to our facility as a student trainee or observer and will be supervised by _____

This document is valid for the following dates: _____ through _____ under authority of 38 USC, 4114(a)(1)(A). During your period of affiliation with our facility, you are authorized to perform services as directed by the Associate Director for Patient/Nursing Services.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Department of Veterans Affairs, such as leave, retirement, etcetera. You are also held to the requirement of ensuring patient information confidentiality and must ensure that no information is shared outside of this facility and only on a "need to know" basis within the facility. If you agree to these conditions please sign the statements below and return this document to the Chief of Education, Room 101-215.

I hereby waive all claims to monetary benefits for services rendered as a student and/or student observer on a "without-compensation basis." I understand that this waiver applies only to compensation for specific services rendered as a student/student observer in a training program and has no relation to any compensation for other services or benefits to which I may be entitled.

Signature

Date

Confidentiality Statement

Privacy Act Information: The concerns of the Privacy Act, Public Law 93-579 of 1974 have been explained to me. I understand all officially sanctioned students and student observers are covered under this act; that unlawful disclosure of patient related information to unauthorized individuals is against the law and the individual(s) is(are) subject to a \$5,000 fine.

Signature

Date