



## **Student Clinical Agreement**

As a student at The Laser and Medical Aesthetic Academy at ACWH, I understand that there are behavioral expectations that I must abide by. I will act in a professional manner and follow The Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law protects sensitive patient health information from being disclosed without the patient's consent or knowledge.

I agree to be respectful, follow instructions, and use my knowledge to safely perform procedures under the supervision of my instructors.

I understand that The Laser and Medical Aesthetic Academy at ACWH and The Louisiana Board of Regents for Proprietary Schools holds no liability to the misuse of equipment or unethical behavior towards other students or patients. The Laser and Medical Aesthetic Academy at ACWH holds the right to dismiss a student if any of these regulations are breached.

I have read the terms above and agree:

Printed Name: \_\_\_\_\_

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

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

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

Witness: \_\_\_\_\_

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