



HIGH POINT UNIVERSITY

Rx Fred Wilson School of Pharmacy

Standardized Client Consent and Non-Disclosure Agreement

I, _____, a standardized/simulated client for the High Point University School of Pharmacy, hereby voluntarily and knowingly agree to give my express consent to:

1. Authorize the professional staff and/or their designees to produce video, audio, photographic, digital and/or other recordings of me.
2. Permit such video, audio, photographic, digital or other recordings of me to be published and republished in, but not limited to, professional journals, books, brochures, etc.; to be used for any other purpose which the staff member may deem fit in the interest of medical education or research; and to be used at professional meetings of any kind.
3. I understand that all rights of every kind and nature (including copyrights) in and to all video, audio, photographic, digital and other recordings of me made in connection with this standardized client case by the High Point University School of Pharmacy, shall be and remain vested on the High Point University School of Pharmacy, for all purposes in perpetuity.

In addition to the above, I also agree to the following:

4. Although I have given permission for the publication of all details and video, audio, photographic, digital and other recordings of me concerning my case, it is understood that I will not be identified by name.
5. I understand that all information regarding the standardized client case for which I have been trained is the confidential property of the High Point University School of Pharmacy or its designee(s) and/or client(s), and I agree that I will not disclose to any third party any information about the standardized client case or information about the students who I have seen during the examination.
6. I agree to have my name, address and application information (excluding medical history) in a database available to the High Point University School of Pharmacy.
7. I do not hold liable High Point University, the School of Pharmacy, or any designee of High Point University, in the event I should become injured while portraying a standardized client.
8. The Parties acknowledge and agree that the relationship between the Parties shall be that of independent contractors, and nothing contained herein shall be construed as creating, nor shall it create, any other relationship between the Parties, including a joint venture, partnership or agency. Neither Party shall have the right, or be permitted to represent itself as having the right, to bind or obligate the other Party in any manner whatsoever.

Signature of Standardized Client, Parent or Guardian

Date

Witness

Date