



Bentley Historical Library - University of Michigan

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PATIENT CLIENT RECORD ACCESS AGREEMENT

I agree to preserve the confidentiality of these records, created as part of a doctor-patient, counselor-client relationship. I will refrain from making any public disclosure which would identify any person as the subject of these records. No names or other information making possible the specific identification of a patient/client will be used in any oral presentation, formal or informal, nor in any teaching exercise, nor in any publicly disseminated product, such as a publication, that results from my research.

I understand that failure to comply with this agreement may result in legal proceedings being initiated against me. In such a case, I agree to hold harmless and to indemnify the Regents of the University of Michigan, its officers, agents or employees, for any loss or damage to them, including attorney's fees.

signature

date

The Bentley Library does not allow the photoreproduction of medical records that include patient/client names or other information making the record's subject personally identifiable.

For staff use only

Restricted Collections used by researcher: _____

This form prepared in consultation with the Medical Center Attorney's Office,
February, 1993