

**McLaren Ambulatory Care Center
Student Presence**

You have come to this office of McLaren Medical Group (“MMG”) for medical diagnosis and treatment of you or your child. MMG will provide diagnosis and treatment of you or your child with licensed professional staff.

As part of its community activities and in addition to providing health care for patients, MMG provides opportunities for students in various medical educational programs to have actual experience in dealing with patients. MMG provides such opportunities for students, by having the students be present in the examination rooms and watching the physicians and other health care professionals while the physicians and health care professionals provide care to patients.

We would like a student from _____ to be present while the MMG physician and medical staff provide care to you. However, the student will not be present in the room, if you do not consent.

The student has been trained to guard the confidentiality of any information about you that may be disclosed during the examination and treatment of you.

If you agree to have the student in the examination room while the physician or other medical staff is providing care to you, please mark the box below, saying you agree.

If you decide that you do not want the student to be present in the room, then mark the box below, to say that you do not want the student to be present.

Thank you for your assistance in this matter. Please mark one of the lines below:

I agree that the student may be present when I am being treated at the MMG office.

I do not want the student to be present when I am being treated at the MMG office.

Signature: _____
(Patient/Patient Representative)

Date _____

Patient Name:

Date of Birth: