

STUDENT INTERNSHIP AGREEMENT AND WAIVER

I, _____, a student at _____ desires to voluntarily participate in an internship program sponsored by the Warren County _____ Department. If admitted to the program, I understand and agree to the following:

1. That as a student intern, I am not considered as being in the employment of Warren County and I am not considered an employee of the County. In consideration of the foregoing, I understand I will not receive any benefits normally received by employees including, but not limited to, wages, taxes or social security withholding, unemployment insurance, or disability insurance (or protection), health insurance benefits, retirements benefits or any other benefits of any kind and nature that an employee of the County may normally receive. I agree to indemnify and hold the County, its officers and employees harmless with respect to any claims made by the IRS, State of New York or other authorities who might claim my internship is subject to withholding.
2. That I will be considered as a volunteer for any work or benefits that the County may receive as a result of my internship.
3. That the County has provided the internship program through an agreement with _____ and I agree to be bound by the terms of that agreement. I further understand that the County is not in the business of providing education services and that _____ is responsible to evaluate the internship program to determine whether it meets the school's course requirements. Education or the failure to be educated, is the responsibility of myself or _____.
4. In the event the Student Intern should have any access to confidential health information, the Student Intern and County shall follow Standards for Privacy of Individually Identifiable Health Information as follows:
 - A. The County and Student Intern shall comply with 45 C.F.R. Parts 160 and 164 (hereinafter referred to as "HIPAA").
 - B. The intern agreement may result in the exchange of information considered protected health information ("PHI") under HIPAA.
 - C. Should such PHI be either intentionally or inadvertently provided by the County to the Student Intern, the Student Intern shall be considered a "business associate" for purposes of this agreement and HIPAA.
 - D. The Student Intern shall not release such PHI obtained from the County unless such release complies with HIPAA requirements.
 - E. The Student Intern must advise the County when violations of HIPAA have occurred.

5. I hereby knowingly, freely and voluntarily waive my right or cause of action, of any kind whatsoever, arising as a result of my internship with Warren County from which any liability may or could accrue to Warren County or its officers or employees, unless such action is a direct result of negligence by Warren County or its officers and employees.

STUDENT INTERN

By: _____

Print Name

Date : _____, 202

If participant is a minor, signature of a parent or responsible adult is required below:

In consideration of the minor child being permitted to participate as a student intern with Warren County, I accept and agree to the full contents of this Student Internship Agreement and Waiver. I certify that I have the Authority to sign on behalf of the minor child and to make decisions for the minor child. I also agree to release, hold harmless, indemnify and defend the County from all liabilities and claims that arise in any way from any injury, illness, death, loss or harm that occurs to the minor child, directly or indirectly, from the services provided as an Intern. This includes any claims of the minor child.

Parent/Responsible Adult: _____

Relationship to the minor: _____

Date: _____