

Student/ Instructor Registration & Confidentiality Agreement

Student Instructor

Name (Please Print): _____

Email: _____ Home/Cell Number: _____

Current Address: _____

Educational Institution: _____ Program Name: _____

Faculty Advisor/ Clinical Instructor Name: _____ Phone Number: _____

North York General Hospital (NYGH) Placement - Program/Department: _____

Placement Start Date: _____ Placement End Date: _____

I declare the following records are current, up-to-date and cover the period of my placement at NYGH:

Criminal Reference Check: Yes No CPR: Yes No

Immunization: Yes No Mask Fit: Yes No

Student/ Instructor Acknowledgement and Agreement

NYGH and your Educational Institution have signed an agreement that governs your placement experience. In addition, you must agree to comply with the following terms and conditions before you begin your placement:

1. All information I have provided in this document is accurate.
2. I agree to abide by all regulations, policies and procedures that govern NYGH.
3. I agree that hospital staff are the final authority for all aspects of patient care and for the integration of the educational program into the hospital.
4. I acknowledge that any patient may decline to have me participate in their care.
5. I understand that NYGH will not accept any responsibility for loss or damage to the hospital facility or its equipment or for personal harm or property loss/damage including to vehicles parked at the hospital.
6. I understand that NYGH will not be responsible for any expenses incurred by students including but not limited to, meals, uniforms laundering, accommodation, transportation, parking and emergency medical care.
7. I agree that NYGH may terminate my placement at any time should the hospital deem my conduct or performance unacceptable. I understand that my placement will not be terminated except in extraordinary circumstances without prior consultation with me and my educational institution.

8. I agree to, at all times, practice within the scope of my knowledge and skill and to request and accept appropriate supervision in my provision of patient care.
9. I understand that North York General Hospital (NYGH) is subject to the privacy, confidentiality and security requirements of the Personal Health Information Protection Act, 2004.
10. I agree to comply with the following privacy, confidentiality and security policies as amended from time to time:
 - a) Privacy & Data Protection
 - b) Disclosure of Personal Health Information
 - c) Mobile Devices, Removable Storage Media & Personal Health Information Security
11. I agree to protect the privacy, confidentiality and security of personal health information in oral, written or electronic form that I may have access to or become aware of during the course of placement with NYGH.
12. I agree not to access, use, disclose, modify, copy or dispose of any personal health information except in accordance with corporate policies and my work duties.
13. I agree to immediately notify the Chief Privacy Officer (416-756-6448) in the event of any unauthorized access, use, disclosure, modification, copying or disposal of personal health information.
14. I agree to immediately notify the Chief Privacy Officer (416-756-6448) and the Manager, Communications & Protection (416-756-6408) in the event of the theft or loss of paper or electronic records, laptops, mobile devices or removable storage media such as USB keys.
15. I acknowledge and agree that the obligation to protect the confidentiality of personal health information, that I have access to or become aware of during the course of placement, will not end at the conclusion of my placement with NYGH and shall continue indefinitely.
16. I understand that if I violate this agreement, I will be subject to sanctions up to and including termination of my placement.

I have read and understood this Student/ Instructor Registration and Confidentiality Agreement. I have had the opportunity to ask questions and any questions have been answered to my satisfaction.

Student/ Instructor Signature: _____ Date: _____