



**Practical Nursing Program – SUMMER INTAKE
Required Documentation For Placements And Course Participation Eligibility.**

**Electronic Student Permit Checking
ESPC**

IMPORTANT INFORMATION

- Read all placement requirements carefully. These are time sensitive items.
- **Always keep your original documents.**
- Make a copy of your approved permit after each update and store in a safe and secure place.
- This is your personal information and as such is considered confidential.
- There are costs associated with permit checking, immunizations, lab tests and certifications. Be sure to keep all of your receipts for income tax purposes.

PLACEMENT REQUIREMENTS

Placement requirements are specific health and non-health related documents necessary for placement(s) to ensure it is safe for students to work in their setting. Specific requirements are broken down by a student's school and program. Health record checks are also necessary and are often a requirement as per the Occupational Health and Safety Act of Ontario. Health record checks can include immunization history, vaccinations, and blood work. Ensuring you meet your placement requirements is mandatory for you to proceed in your chosen program.

SYNERGY GATEWAY

Is a leading provider of healthcare and compliance solutions for colleges across Canada. Durham College has partnered with Synergy Gateway to provide our students with services to assist them in the successful completion of their program's clinical placement requirements.

Synergy Gateway has a proprietary platform called "**Verified**" that is used by students across Ontario for the purpose of digitally collecting placement requirement documents for verification.

This process of digitally uploading your schools requirements and having them validated by Synergy is known as '**Electronic Student Permit Checking**' or '**ESPC**'. With the introduction of ESPC, Synergy Gateway has eliminated the need for you to attend an in person appointment and allows you to complete your school's placement requirements from the comfort of your home.



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Verified is available through secure username and password. Login instructions are emailed to your **school email account** (DC Mail) after you have completed your enrolment and paid required fees.

As students of Durham College, you are also able to take advantage of an exclusive service Synergy Gateway offers only to students – **My Virtual Doctor**. My virtual doctor can help you with completing your Entry Immunization Form, specialist referrals, prescriptions, consult on health matters and much more. The Doctors are all trained on your school's requirements, plus this is FREE with a valid Ontario Health Card and available at a very low cost for International Students. All of this from the comfort of your own home! To see how you can benefit from this service go to <http://govirtualdoctor.com>

[TO ACCESS VERIFIED CLICK HERE](#)



BEFORE YOU BOOK YOUR MANDATORY ESPC APPOINTMENT:

- Confirm that you have received login credentials for Verified. Please note – you will only receive log in information once you have registered for courses. This information will be mailed to your DC email address. If you cannot locate this information in your general inbox, then please check your junk/spam folder. If you still are unable to locate your login credentials, please open a Help Desk ticket by visiting: www.synergyhelps.com
- Review your program's specific placement requirements along with due dates, please go to your [Verified Account](#) and select **"Important Forms"** and then select your program's submission requirements chart. In this section, you will also find all the information you need to be successful for this process.
- You do NOT need to attend your ESPC appointment in person or online – Synergy will send you an email status 24 – 48 hours after your ESPC appointment date and time with a status update. Make sure you plan accordingly as it does take time to validate your documents.



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- Make sure you have reviewed what your clinical placement requirements are and have planned out when and how you will be completing them. It is important to remember that some requirements may take an extended time to complete.
- Know when your clinical start dates are so that you can book your ESPC appointment accordingly.
- Synergy is a paid service and any time students are updating documents there are fees associated.
- The goal is for you to book only one appointment per academic year. To avoid booking and paying for multiple appointments throughout the year we strongly suggest you gather all of your requirements at one time so that they are valid for the entire clinical year.
- You can update expiring Criminal Reference Check (CRC) with Vulnerable Sector Search (VSS) documents free of charge after your initial appointment throughout that academic year. The free update will be honored if you update these documents to Verified by the date they indicate at the time of your clearance.
- Once you have uploaded your new Criminal Reference Check with Vulnerable Sector Search you need to place a helpdesk ticket to have it processed you do not need to book an ESPC apt unless you are updating other documents as well.

PROGRAM SUBMISSION REQUIREMENTS:

- It is the responsibility of the student to ensure that their documents are valid through your clinical placements.
- Multiple appointments at full-service fees will be required to update any other expiring documentation such as CPR-C, Tetanus, and TB etc.
- We strongly suggest you complete your requirements during a time frame, so they are valid for your entire clinical year. If you have more than one document expiring, we suggest you update them together in one additional appointment to avoid further charges. Expired documents will negatively impact your clinical placement.
- Documents do not need to be current during Breaks – they only need to be current and updated when in placement.



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- For your program, Standard First Aid is NOT required. When uploading your documents, you can leave that section blank.
- If you are returning to school after a leave of absence, part-time studies, partial load etc. you will have to book an ESPC appointment to have any of your expired documents uploaded.
- Online and blended (online/in-class) First Aid and/or CPR Level C courses are NOT accepted. They DO NOT meet the requirements of Durham College. The following are approved CPR providers:
 - Durham College Continuing Education
 - Heart & Stroke Foundation
 - The Red Cross
 - The Life Saving Society
 - St. John Ambulance
 - Pulse CPR
 - Synergy Employment
 - Rescue Plus

ONLINE TRAINING MODULES:

The following Online Training Modules must be completed on DC Connect. Certificates of completion must be printed and uploaded to your profile on Verified as part of your clearance requirements.

- Workplace Hazardous Materials Information (WHIMS) Training
- Accessibility for Ontarians with Disabilities (AODA)
- Workplace Violence and Harassment Prevention and Training
- Worker Health and Safety Awareness in 4 Steps
- Infection Prevention and Control Certificates – 6 Modules (IPAC)



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PROGRAM SUBMISSION REQUIREMENTS CHART – MAY / SUMMER INTAKE – WEEKDAY PROGRAM (PNII)

			ONLINE MODULES:				CONSENT FORMS:
Document submission due date to Verified:	Vulnerable Sector Search (VSS) Valid for 6 months	CPR Level C Valid for one year only regardless of expiration date on the card	1. WHMIS 2. Accessibility for Ontarians with Disabilities 3. Workplace Violence and Harassment Prevention and Training 4. Worker Health and Safety Awareness in 4 steps 5. Infection Prevention and Control Certificates (IPAC)	Entry Immunization Form	Re Entry Immunization Form TB Test to be done yearly based on last injection date.	N95 Mask Fit	1. Informed Consent 2. Student Declaration of Understanding (WSIB) 3. Lakeridge Health Corporation – State of Confidentiality 4. HSP Net Consent
SEMESTER 2 Aug 15 ESPC Appt #1	SUBMIT Suggest search date after Jul 15	SUBMIT	SUBMIT	SUBMIT		SUBMIT	SUBMIT
BREAK: JANUARY TO APRIL							
SEMESTER 3 May 1 ESPC Appt #2	SUBMIT Suggest search date after Mar 15	SUBMIT Ensure CPR is valid until the end of Semester 5			SUBMIT		
SEMESTER 4 September 1	SUBMIT Suggest search date after Jul 15						
SEMESTER 5 January 2	SUBMIT Suggest search date after Nov 15						

Online and blended (online/in-class) First Aid and/or CPR Level C courses are NOT accepted.
They DO NOT meet the requirements of Durham College.

Entry Immunization Form

All information must be transcribed to this form. Supporting documents alone will not be accepted.

Part A: Personal Information (To be completed by student):

Personal Information:

Last Name: _____ First Name: _____

Date of Birth (YYYY-MM-DD): _____ Student ID# _____

Part B: Program Information (To be completed by student):

Program Information:

School Office (please check one):

- | | |
|---|---|
| <input type="checkbox"/> Centre for Food | <input type="checkbox"/> School of Business, IT & Management |
| <input type="checkbox"/> School of Continuing Education | <input type="checkbox"/> School of Health & Community Services |
| <input type="checkbox"/> School of Interdisciplinary Studies | <input type="checkbox"/> School of Justice & Emergency Services |
| <input type="checkbox"/> School of Media, Art & Design | <input type="checkbox"/> School of Science & Engineering Technology |
| School of Skilled Trades, Apprenticeship & Renewable Technology | |

Program Name: _____

Program Code: _____

Notice of Collection and Disclosure of Personal Information

In accordance with Chapter F.31, Part III of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, your personal information is collected and retained under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, S.O. 2002, Chapter 8, Schedule F, Section 6. Under this same authority, Durham College is required to report student-level enrolment-related data to the Ministry of Training, Colleges and Universities. The Ministry collects this data, which includes limited personal information such as Ontario Education Numbers, student characteristics and educational outcomes, in order to administer government postsecondary funding, policies and programs, including planning, evaluation and monitoring activities. Your personal information may also be used and/or disclosed for administrative, information technology, law enforcement, statistical and/or research purposes of the College and/or the ministries and agencies of the Government of Ontario and the Government of Canada. If you have any questions about the collection, use and disclosure of your personal information by the College please contact the Freedom of Information Coordinator, 2000 Simcoe Street North, Oshawa, ON L1H 7K4, 905.721.2000 ext. 3292. (July 2015) Entry Immunization Form – Document 1 – Created December, 2004, Revised March 2019

All Information below is to be completed by a physician/nurse.

Part C: Immunization Requirements (Please refer to attached instructions)

C.1 Tetanus, Diphtheria (Is valid for 10 years.)

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Tetanus, Diphtheria, Pertussis (TdaP)	
Tetanus, Diphtheria (Td)	

C.2 Polio (Must be after 4th birthday)

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Polio	

C.3 Varicella (2nd dose must be administered at least 4- 6 weeks after 1st dose, if inadequate immunity.)

	DATE (YYYY-MM-DD)	RESULTS (Please check one)		
Varicella Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune	<input type="checkbox"/> Indeterminate

OR

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Varicella Dose #1 Date	
Varicella Dose #2 Date	

C.4 Measles, Mumps, Rubella (Booster dose must be administered if inadequate immunity.)

IMMUNIZATION	DATE (YYYY-MM-DD)	RESULTS (Please check one)		
Measles Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune	<input type="checkbox"/> Indeterminate
Mumps Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune	<input type="checkbox"/> Indeterminate
Rubella Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune	<input type="checkbox"/> Indeterminate

OR

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
MMR Dose #1 Date	
MMR Dose #2 Date	
MMR Booster (if needed) Date	

Student Name: _____

Student ID#: _____

C.5 Hepatitis B (Hepatitis B Blood work must be completed, and results transcribed below) If the titre results show non-immune, the series must be given or repeated and additional blood work post second series is required.

Section A: Must complete ALL of Section A.

IMMUNIZATION	DATE (YYYY-MM-DD)	RESULTS (Please check one)	
Hepatitis B Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune

AND

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Hepatitis B Dose #1 Date	
Hepatitis B Dose #2 Date	
Hepatitis B Dose #3 Date	

If Non-Immune in Section A, please complete Section B.

Section B:

IMMUNIZATION	DATE (YYYY-MM-DD)	RESULTS (Please check one)	
Second Series Hepatitis B Titre		<input type="checkbox"/> Immune	<input type="checkbox"/> Non-Immune

AND

IMMUNIZATION	DATE GIVEN (YYYY-MM-DD)
Second Series Hepatitis B Dose #1 Date	
Second Series Hepatitis B Dose #2 Date	
Second Series Hepatitis B Dose #3 Date	

Student Name: _____

Student ID#: _____

Part D: Tuberculosis Surveillance Requirements**D.1 History**

Student's country of birth: _____

	VACCINE RECEIVED (Please check one)		DATE RECEIVED (YYYY-MM-DD)
BCG Vaccine (TB Testing is mandatory regardless of BCG history)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	History of TB Infection (Please check one)		DATE OF TREATMENT (YYYY-MM-DD)
TB Infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	History of positive TB Test (Please check one)		DATE OF TEST (YYYY-MM-DD)
TB Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

D.2 2-Step Tuberculosis Skin Test (Mantoux)

- 2-Step TB testing is mandatory.
- Each TB test is to be read 48-72 hours after planting.
- The 2nd step to be planted 7-21 days after the 1st step.
- The TB test is valid for 1 year
- **A Chest X-Ray report less than 1 year old must be attached for any positive TB test (previous or current) or a history of TB infection.**

STEP	DATE GIVEN (YYYY-MM-DD)	SITE	DATE READ (YYYY-MM-DD)	RESULTS IN MM	SIGNATURE
Step 1					
Step 2					

D.3 1-Step Tuberculosis Skin Test (Valid only with proof of previous negative 2-Step TB Test)

STEP	DATE GIVEN (YYYY-MM-DD)	SITE	DATE READ (YYYY-MM-DD)	RESULTS IN MM	SIGNATURE
Step 1					

D.4 Chest X-Ray Report (only if required)☐ Report attached Date (YYYY-MM-DD): _____

Results: _____

Durham College Entry Immunization Form
Student Name: _____

Student ID#: _____

Part E: Recommended Vaccinations

- **Influenza Vaccine** - This vaccine is available between October and May. It is not mandatory but highly recommended. If there is an outbreak at your placement facility and you have not been vaccinated, you may not be allowed to attend that placement.
- **Bacterial Meningococcal Vaccine** (Menactra or Menveo, and Bexsero). These vaccines are not mandatory but recommended.

VACCINATIONS	VACCINE RECEIVED (Please check one)		DATE RECEIVED (YYYY-MM-DD)
Influenza Vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bacterial Meningococcal Vaccine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PART F: Clinic Stamp and Signature of Physician or Nurse

Physician or Nurse Name (please print): _____

Clinic Address: _____

Clinic Telephone#: _____

Signature: _____ Date: _____

Please place clinic stamp in box below.

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Instructions for Completing the Entry Immunization Form

STUDENTS: Please take this form with you to your Health Care Provider

This is your Entry Immunization Form. This form is a prerequisite for students attending placements where communicable disease surveillance protocols and health legislation exist.

Please ensure the form is complete and legible. **You will need your immunization records to complete this form.** If you attended school in Ontario, your childhood immunization records may be obtained by calling Durham Health Connection Line at 905-666-6241 or 1-800-841-2729. For other provinces please contact your local Public Health Department.

This form follows the standards outlined in the Canadian Immunization Guide, the Ontario Hospital Association, the Ontario Medical Association, and the Durham Region Health Department.

An Informed Consent must be filled out at the Campus Health Centre for Immunization Exemption. Immune status is required via blood titre levels and a record of past vaccinations must be provided for the Informed Consent to be processed. TB testing is mandatory.

Entry Immunization Form requirements:

C.1 Tetanus,Diphtheria,Pertussis (TdaP) or Tetanus,Diphtheria (Td)

- TdaP or Td is due every ten years and must be valid throughout the program.

C.2 Polio

- Date of Polio vaccine given after the 4th birthday is required.

C.3 Varicella (Chicken Pox)

- Two (2) doses of the Varicella vaccine are required **OR**
- Serology results to indicate immunity to Varicella.
- Two (2) doses of Varicella vaccine must be given if there is inadequate immunity.
- Dose #2 must be administered at least 4 weeks after 1st dose.

C.4 Measles, Mumps, Rubella

- Two (2) doses of MMR are required. (Measles only is not sufficient) **OR**
- Serology results to indicate immunity to each of Measles, Mumps and Rubella.
- One (1) MMR booster must be given if there is inadequate immunity.
- If MMR was given in 1996, verify the vaccine was MMR and not Measles only.
- Dose #2 must be administered at least 4 weeks after 1st dose.

C.5 Hepatitis B

- Serology testing is required to determine evidence of immunity.
- If a series of two (2) Hepatitis B vaccinations were given in school and serology testing shows inadequate immunity, a booster dose is to be given followed by serology 1 month later. If the second serology testing still shows inadequate immunity the vaccination series must be repeated.
- If a series of three (3) Hepatitis B vaccinations were given and serology testing show inadequate immunity the series of 3 vaccinations must be repeated.
- If after the 2nd series there is still inadequate immunity the student is considered a non-responder.
- The series of 3 vaccinations must be started prior to admission if there is inadequate immunity.
- It is the student's responsibility to complete the series.
- The Hepatitis B series is not mandatory (but recommended) for Dental Reception and Administration.

D. Tuberculosis Skin Testing (Mantoux)

- A 2-step tuberculosis skin test is required for all students admitted to the program. The 2nd step is given 7-21 days after the 1st step. TB Tests are valid for 1 year.
- If the student has had a 2-step TB test, proof must be provided along with the current 1-step test.
- If the student has a positive TB test (>10mm) the test should never be repeated. A chest x-ray report less than one year old must be provided.
- If the student has a history of a positive TB test or TB infection, TB testing should not be done. Documentation of the positive test and a negative chest x-ray report less than 1 year old must be provided.
- A history of BCG vaccination must be documented. **TB testing is mandatory regardless of BCG history.**

Entry Immunization Form: APPENDIX A

Purpose of Appendix: To address the **worldwide** shortage of **Hepatitis B vaccine**, we recommend the following strategies moving forward. It is unknown how long this shortage will last.

Process:

- Serology may be drawn for Hepatitis A along with Hepatitis B.
- If a student is not immune to both Hepatitis A and B, Twinrix Vaccine (Hepatitis A and B) may be offered instead of Hepatitis B only vaccine.
- If the student has started a Hepatitis B series it can be completed as the vaccine becomes available (in collaboration with the pharmacist).
- Serology levels for Hepatitis B are to be checked to determine a) if a booster is required with bloodwork in 1 month, or b) a full series is required. In many cases only a booster dose will be needed.

Please see page 4 section C.5 of the Entry Immunization Form for further instructions in relation to Hepatitis B requirement.



Yearly One Step TB Test Requirement Form

In order to attend your clinical placement, you must provide proof of your tuberculosis (TB) status prior to placement.

- If your previous TB test was **NEGATIVE**: please complete Part B below with your current 1 step TB test. TB tests are valid for 1 year.
- If your previous TB test was **POSITIVE**: please complete Part C below with your physician. Attach your chest X-ray report. This may be a new chest x-ray or your original chest x-ray dependent on your physician's assessment. Repeat TB testing is not recommended.

TB testing can be completed by your family physician, at the Campus Health Centre or the Public Health Department. You may be required to pay a fee for the test.

All information must be transcribed to this form. Supporting documents alone will not be accepted.

Part A: Personal Information (to be completed by student):

Last Name: _____ First Name: _____

Student ID#: _____ Program: _____

Date of previous Tuberculin Test: _____ Result: _____ mm

Part B: Yearly 1 Step TB Test (to be completed by healthcare provider):

One-step TB test (read 48-72 hours after planting)

Date given: _____ Date read: _____

Site R/L forearm result _____ mm

Part C: Assessment for past or current positive TB test (to be completed by physician):

Students who test positive for TB must provide annual documentation from their Health Care Provider indicating there are no signs or symptoms of active Tuberculosis. The assessment may or may not include a new chest x-ray.

Date of Positive TB Test: _____ Treatment: _____ Yes _____ No

Does this student show signs of active TB: _____ Yes _____ No

Does this student require an updated chest x-ray: _____ Yes _____ No

Attach original or new chest x-ray report.

PART D: Clinic Stamp and Signature of Physician or Nurse

Physician or Nurse Name (please print): _____

Clinic Address: _____

Clinic Telephone #: _____

Signature: _____ Date: _____

Please place clinic stamp in box below.

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**INFORMED CONSENT FOR RELEASE OF PERSONAL INFORMATION
REGARDING CRIMINAL REFERENCE CHECKS**

Name: _____ **Date:** _____
(Please Print in Full: Last Name, First Name)

Durham College Program: _____

I understand that the information in a Criminal Reference Check is personal and will be handled with confidentiality.

I have provided my Criminal Reference Check to Durham College. I hereby give Durham College the authority to provide a copy of it to any agency if required, for the purpose of establishing a student work placement and to keep a copy on file.

I understand that Durham College has no authority or control on how the agency uses and protects the information. I will not hold Durham College responsible for any damages or loss which I may incur arising out of the use or further disclosure of the information by the agency.

I have read, understand and consent to the above.

Signature

Student ID#

****PLEASE NOTE:** THIS FORM IS NOT A CRIMINAL REFERENCE CHECK. IT IS TO BE COMPLETED AND SUBMITTED WITH A COPY OF YOUR ORIGINAL CRIMINAL REFERENCE CHECK WITH VULNERABLE SECTOR SCREENING THAT YOU OBTAINED FROM A POLICE STATION.**

Student Declaration of Understanding

**Workplace Safety and Insurance Board or Private Insurance Coverage
For Students on Unpaid Program Related Placements**

Student coverage while on unpaid placement:

The government of Ontario, through the Ministry of Training Colleges and Universities (MTCU), reimburses WSIB for the cost of benefits it pays to Student Trainees enrolled in an approved program at a Training Agency (college). Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on unpaid placements that are required by their program of study.

MTCU also provides private insurance through Chubb Insurance to students should the unpaid placement required by their program of study take place with an employer who is not covered under the *Workplace Safety and Insurance Act* and limited coverage where placements are arranged by their postsecondary institution to take place outside of Ontario (international and other Canadian jurisdictions). However, students are advised to maintain insurance for extended health care benefits through a Durham College student insurance plan or other insurance plan.

Please be advised that Durham College will be required to disclose personal information relating to the unpaid work placement and any WSIB claim or Chubb Insurance claim to MTCU.

This Agreement must be completed prior to the commencement of the work placement, signed to indicate the Student Trainee’s acceptance of the unpaid work placement conditions and a copy provided to the Durham College placement coordinator.

Declaration:

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Training Colleges and Universities (MTCU) while I am on unpaid placement as arranged by the college as a requirement of my program of study.

I agree that, over the course of my placement, I will participate in and implement all safety-related training and procedures obtained from the College and the Placement Employer. I will provide the College with written confirmation that I have received safety training.

I will promptly inform the College of any safety concerns.

I understand that all accidents sustained while participating in an unpaid work placement must be immediately reported to the Placement Employer and my Durham College placement officer. Within 24 hours of the accident, I will complete the College’s Accident/Injury report (on-line). The appropriate section of the MTCU Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form will be completed and signed in the event of injury and submitted to the College placement officer.

In the event of an injury, I also agree to maintain regular contact with the College and to provide the College with information relating to any restrictions and my ability to return to the placement.

I understand the implications and have had any questions answered to my satisfaction.

Student Name:	Student Signature:
Program:	Date:
Visa Student? <input type="checkbox"/> Y <input type="checkbox"/> N	

Parent/Legal Guardian’s Name (for student less than 18 years of age) <i>please print:</i>	
Signature:	Date

Contact Information:
Placement Officers
Durham College, School of Health & Community Services
905 721-3080

Consent Form – A For Use and Disclosure of Student Information

Student Name: _____

Student No: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program _____ to:

- Use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practica, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an up-to-date copy by contacting the BC Academic Health Council at (604) 739-3910 or by visiting the website at www.hspcanada.net.
- 3.3 Right to Request Restrictions on Use/Disclosure** - You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 3.4 Right to Revoke Consent** - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit www.hspcanada.net/privacy/index.asp.

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

Signature of Student

Date



**Lakeridge
Health**

Statement of Confidentiality

Name: _____ Date: _____
(Please Print in Full, Last Name, First Name)

Affiliation with Lakeridge Health: _____
(Staff, physician, volunteer, student, researcher, resident, consultant, etc.)

I agree that I will observe and comply with Lakeridge Health's confidentiality and privacy policies and procedures.

I understand that I will encounter confidential information in my work with Lakeridge Health. This information will not be accessed, used or disclosed for purposes other than for which the information is intended and for which I am authorized.

I understand that when I am accessing any information within or external to the organization in the course of my work, that I am a representative of Lakeridge Health and will at all times represent the organization in a manner consistent with the Mission, Philosophy and Values.

I agree to treat electronic information, hard copy patient records, financial records, personnel information and all other information in accordance with the organization's Privacy Policy.

I understand that my information system user ID is equivalent to my signature, and will take all reasonable steps necessary to safeguard my password from disclosure to others.

I understand that the use of my password will be strictly limited to accessing information on the basis of a need to know for direct patient care or performance of my duties. I will not attempt to access any unauthorized information including information about myself, my family, friends, colleagues or any other person whose information is not required to perform my work duties.

If I have reason to believe that the confidentiality of the password has been violated, I will contact the Information Technology Program immediately for reassignment of a new password.

I understand and agree that the password is and will remain the exclusive property of Lakeridge Health.

I understand and agree that as a safeguard to confidentiality, random audits will be conducted on the use of my computer access to confidential information. I understand and agree that I will be accountable for documented access to any records where I do not have a need to know as outlined in the Systems Audit Policy.

I understand that if I breach this Agreement it will cause deactivation of my system password and could lead to discipline up to and including termination of employment, privileges or affiliation with the hospital as applicable.

I understand and agree that the duty to maintain the confidentiality of the confidential information shall continue after my working relationship with Lakeridge Health is terminated.

Signature: _____ Witness: _____

Witness Name: _____