



Clinical Guidelines Acknowledgement and Confidentiality Agreement

Student Name: _____

Training Level: _____

Course Number: _____

Initial: ___ The student is not allowed to contact ANY clinical affiliate to schedule their own clinical shifts, regardless of employment or volunteer status.

Initial: ___ All Evaluation of Student forms must be completed by the clinical preceptors prior to the student leaving the rotation.

Initial: ___ Students are not allowed to return to ANY clinical affiliate to obtain signatures.

Initial: ___ If a student attempts to return to any clinical affiliate, it is ground for immediate dismissal for RCHS EMS Academy.

Initial: ___ If a student fails to obtain the correct documentation, they must repeat the clinical rotation and pay RCHS a \$50 rescheduling fee.

Initial: ___ I am required to schedule and attend _____ clinical hours, and complete _____ digital Patient Care Reports in Fisdap. (Per the Clinical Guidelines Manual)

Initial: ___ All Clinical documentation will be completed digitally in Fisdap. No third party forms or handwritten notes will be allowed in place of RC Health Services Clinical forms.

Initial: ___ I understand that the cancellation policy applies to clinical rotations. If I cancel a scheduled shift, I understand that I will be charged a \$50 rescheduling fee, and will not be able to schedule clinicals until it is paid. I further understand that canceling a second shift will result in my being dropped from the RC Health Services EMT program.

I acknowledge that a thorough understanding and use of the clinical guidelines is necessary for success during Clinical Rotations. I acknowledge having read and/or had presented to me the information contained in the RC Health Services EMS Academy Clinical Guidelines Manual and that I understand the contents of the document.

I hereby agree to adhere to and follow the RC Health Services EMS Academy Clinical Guidelines Manual as written and acknowledge that failure to do so may result in disciplinary action up to and including dismissal from the RCHS EMS Academy.

Initials: _____

In accordance with the policy, all students of the RC Health Services EMS Academy are required to read and indicate their acceptance of the confidentiality statement below:

It is the policy of RC Health Services to uphold the confidentiality and integrity of each and every patient's information received during the course of their Clinical Rotations. RC Health Services prohibits the release of any patient information to anyone outside the EMS Academy, and discussions of protected healthcare information within the EMS Academy should be limited.

Acceptable uses of PHI within the EMS Academy include but are not limited to PCR Forms for grading, counseling, Incident and Exposure reporting. I understand that the RC Health Services EMS Academy's Clinical Affiliates provides services to patients that are private and confidential and that I am a crucial part of protecting the privacy right of RC Health Services EMS Academy's Clinical Affiliate's patients. I understand that it is necessary, in rendering services, that patients provide personal information and that such information may exist in a variety of forms such as oral, written, electronic or photographic, and that all information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure for treatment, payment and healthcare operations.

I agree that as a student of RC Health Services EMS Academy I will comply with all confidentiality procedures set in place by RC Health Services EMS Academy Clinical Affiliate's during my entire field ride time and hospital rotations. If I at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Clinical Preceptor or appropriate authority at any RC Health Services EMS Academy Clinical Affiliate immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my rights to participate in RC Health Services EMS Academy Clinical Rotations. Upon termination of my Clinical Rotations for any reason or at any time upon request, I agree to return any and all patient confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by RC Health Services EMS Academy. I agree to all conditions of my Clinical Rotations participation set forth in this agreement.

If signing electronically: By typing your name below, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. By typing your name below using any device, means or action, you consent to the legally binding terms and conditions of this Agreement. You further agree that your signature on this document is as valid as if you signed the document in writing. You also agree that no certification authority or other third-party verification is necessary to validate your E-Signature, and that the lack of such certification or third-party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and RC Health Services. You are also confirming that you are the student authorized to enter into this Agreement.

Student Signature: _____ Date: _____