



University
of Victoria

Bachelor of Science in Nursing Program

As a student in the Bachelor of Science in Nursing program offered through Camosun College and The University of Victoria, you will interact with a number of others, including faculty, staff, patients, administrators and your fellow students. Many of these interactions will involve consent on your part and/or agreement to adhere to a particular code of conduct that will facilitate the maintenance of a safe, healthy learning environment for all involved.

This form contains:

- | | |
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| <input type="checkbox"/> Confidentiality Agreement | <input type="checkbox"/> HSPnet Consent Form for Use and Disclosure of Student Information |
| <input type="checkbox"/> Permission to use Student Paper/Project | <input type="checkbox"/> Photo ID Consent Form |

IMPORTANT: Each part of this form must be completed before you can submit it.

Camosun Student ID:

Legal First Name:

Legal Last Name:

Preferred Name:

Program Name:

Section 1: CAMOSUN/UVIC CONFIDENTIALITY AGREEMENT

As a student in the Camosun College Nursing Program ("Program"), you will have access to personal information about clients, students, faculty members, staff and possibly research subjects.

This Confidentiality Agreement is a legally binding agreement which sets out your responsibilities and obligations as a participant in the Program regarding the access, use and disclosure, of Personal Information.

"Personal Information" is defined as all information that discloses the identity of clients, students, faculty members, and staff and/or research subjects. It includes medical, financial, student and research records, as well as documents, charts, data, interviews, reports, and other information in oral, written and/or electronic form. You may be exposed to Personal Information through class discussion, group work interaction in practice settings, praxis and in post-conference debriefing and through other Program activities.

By signing this Confidentiality Agreement you are agreeing to the following:

1. Personal Information is strictly confidential and shall not be accessed, used or disclosed in a manner inconsistent with the terms of this Confidentiality Agreement
2. Access, use of Personal Information is restricted to such Personal Information as you need to know in connection with my participation in the Program.
3. Personal Information must only be used for the purpose for which it is collected.
4. Personal Information must not be shared with any person not associated with the Program.
5. Personal Information must not be shared with any person associated with the Program who does not need to know the information in connection with their association with the Program.
6. When Personal Information is shared, only that amount of information necessary for the purpose for which it is shared shall be disclosed.
7. Discussing Personal Information with other students who have no need to know the information or with friends or family is prohibited.
8. Discussing Personal Information in public areas such as hallways, elevators, cafeterias, etc. is prohibited.
9. Placing Personal Information about clients, students, faculty members or staff on social networking or electronic media sites is prohibited
10. Breach of any term of this Confidentiality Agreement may lead to disciplinary action up to and including removal from the Program.
11. This Confidentiality Agreement covers the entire period of my participation in the Program and the obligations set out in this agreement shall continue indefinitely including after the termination of my participation in the Program

There are two major exceptions to the rule of strict confidentiality.

1. The law requires that you report suspected child abuse. If you suspect that abuse may/or has occurred you must report the suspected abuse your practice instructor.
2. If you believe that a client, student, faculty member or staff is in danger of harming themselves or others you must report the situation to your practice instructor.

Section 2: PERMISSION TO USE STUDENT PAPER/PROJECT

By signing this form, you will agree that a photo/electronic copy of your paper(s) or project(s) submitted during your program at Camosun College and/or UVic can be placed in the Nursing Department Curriculum files, and you understand that your name will be removed from the paper/project and that the paper/electronic project may be included in BCCNP, CASN approvals/accreditation documents or shown to site visitors or new faculty as an example of work done by students in this program.



University
of Victoria

Signature Page

- Confidentiality Agreement
- Permission to use Student Paper/Project

Camosun Student ID:

Legal First Name:

Legal Last Name:

Preferred Name:

Program Name:

As a student of the Bachelor of Science in Nursing Program at Camosun College, I have read and understand the Camosun/UVic Confidentiality Agreement (page 2), the Permission to Use Student Paper/Project (page 3) and the SIM agreement (page 3-4), and hereby consent and agree to the terms contained therein.

Signature:

Date:

Background

The Health Sciences Placement Network (HSPnet) is a secure web-based system used by provinces across Canada. The HSPnet system contains information about students in clinical placements within health agencies and other placement sites. Students authorize their educational program to use and disclose their Personal Information (name, Student Profile) and to use (but not disclose) their Personal Health Information via HSPnet for the purpose of locating and coordinating placements as required for their educational program. This document provides a summary of the National HSPnet Policies (www.hspcanada.net) relating to the protection of student information in HSPnet.

Collection, Use, and Disclosure of Personal Information and Personal Health Information in HSPnet

HSPnet policies ensure that Personal Information and Personal Health Information in HSPnet:

- Are collected, stored, used, and disclosed only for purposes consistent with identifying and coordinating a student's clinical placements;
- Cannot be used or disclosed without the consent of the student whose Personal Information or Personal Health Information is to be collected; and
- Are used by or disclosed on need-to-know basis only, and accessed by those involved in student placements from an educational program or placement site.
- Personal Health Information is not disclosed to users outside of the student's educational program except where there is a statutory obligation (required by law) to collect and disclose the information (e.g., disease notification requirements or a Public Health Order), or where the student accesses HSPnet to share their information with the placement site.

Personal Information Collected <i>May include any or all of:</i>	Uses of Personal Information <i>BY authorized users in the student's educational program</i>	Disclosure of Personal Information <i>TO authorized users at the placement site</i>
<ul style="list-style-type: none"> • Student name • Student home address, phone numbers, email addresses • Student number • Student photograph • Placement Preferences (1st, 2nd and 3rd choices if offered) • Student gender • Student certification ID with registering body for their discipline (e.g. RN Association, College of Physicians and Surgeons) • Date of Birth: DD/MM (excludes year) 	<ul style="list-style-type: none"> • To contact students regarding placement needs or status, or regarding urgent issues such as labour disruption at the placement destination • To generate class placement lists, confirmation notices and schedules • To maintain a student history of placements 	<p>Student name is disclosed after a placement is accepted by the site and confirmed by the educational program, to facilitate arrangements (such as orientation and preceptor assignment) and as a record of placements. Name may be disclosed prior to acceptance if the site has a reasonable justification (e.g. to arrange a student interview).</p> <p>Student email address (issued by the educational program) may be released to support administration of computer access at the site.</p> <p>Student certification ID may be released to sites if needed to coordinate placement arrangements such as computer access.</p> <p>Student gender may be disclosed in the following limited situations:</p> <ul style="list-style-type: none"> • For allocation of change rooms and lockers at the site • For matching the gender of the student and supervisor (e.g. for homecare visits where the client may specify a preference) <p>Date of Birth (DD/MM) may be released to sites if needed to coordinate placement arrangements such as computer access.</p>

Information on a student's prerequisite status as required by placement sites (e.g., criminal records check, CPR or other certifications).	To track student compliance with each site's published requirements for criminal records check, CPR certification, etc.	Details not disclosed except: 1. Where there is a statutory obligation. 2. Where the student accesses HSPnet and shares their information with the placement site. Access to the information is limited to a certain date chosen by the student or until consent expiry.
Student profile of educational or work history relevant to placement requests	To facilitate a good fit between the student and the placement Site, learning experiences offered, and supervisor/preceptor to be assigned.	
Personal Health Information Collected <i>May include any or all of:</i>	Uses of Personal Health Information <i>BY authorized users in the student's educational program</i>	Disclosure of Personal Health Information <i>TO authorized users at the placement site</i>
Status of compliance with site requirements for safety and/or infection control: <ul style="list-style-type: none"> Information on a student's immunity or immunization status for vaccine-preventable diseases such as Varicella, Diphtheria / Tetanus, Influenza, and Measles/Mumps or Rubella Information on Tuberculosis status including TB test and/or chest X-ray results 	To track status of a student's eligibility according to the requirements of placement sites.	Details not disclosed except: 1. Where there is a statutory obligation. 2. Where the student accesses HSPnet and shares their information with the placement site. Access to the information is limited to a certain date chosen by the student or until consent expiry.

Safeguards

- The accuracy and completeness of personal information within HSPnet is maintained through the use of system tools such as mandatory fields and formatting rules, and through periodic reviews of data quality to identify the need for interventions such as user training or system modifications.
- HSPnet data is physically and logically secured in accordance with industry standards and best practices, including enforcement of strict rules for physical security and backups, password protection at all points of access, and use of anti-virus software, firewall protection, and data encryption.
- Periodic audits of HSPnet transactions are carried out to ensure there are no problems and/or gaps in the user interface that might permit inappropriate access to or update of data.
- Personal information on each student, along with their placement history, is retained until the student's completion of or withdrawal from the educational program as recorded on their HSPnet profile, or after the consent expiry period of six years, whichever occurs first. A copy of their Personal Information is available to a student upon request to their jurisdiction's Privacy Officer or the national HSPnet Privacy Officer.

Openness, Access, and Challenging Compliance

- An individual can access their own information as well as a complete description of the type of Personal Information or Personal Health Information used/disclosed and the purposes for using or disclosing the information. Such requests can be made in writing by the student to the national HSPnet Privacy Officer and/or to the local Privacy Officer within the student's jurisdiction (contact information for each province or jurisdiction is available on the HSPnet website at <https://hspcanada.net/privacy-officers/>).
- An individual may request changes to their Personal Information or Personal Health Information contained in HSPnet, or may register a complaint or challenge regarding the handling of their information in HSPnet, by submitting a request in writing to the national HSPnet Privacy Officer or local Privacy Officer within their jurisdiction.

Consent Form for Use and Disclosure of Student Information

Student First Name: _____ Middle Initial: _____ Student No: _____

Student Last Name: _____

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

By signing this consent, you authorize your educational Program Bachelor of Science in Nursing (BSN) to:

- Collect, 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;
- Transfer your placement-related Personal Information and Personal Health Information (including contact information, placement history, and placement prerequisites information) between educational programs if the program in which you are registered is a Collaborative or Transfer program. In Collaborative or Transfer programs, the student transfers part way through their program from one educational institution to another.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

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 updated copy by contacting privacy@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 <https://hspcanada.net/privacy-and-security/>

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.

Name of Parent/Guardian

Signature of Parent/Guardian
(if student is under 18 years of age)

Date (MMM/DD/YYYY)

STUDENT PHOTO ID CONSENT FORM

Camosun Student ID:

Legal First Name:

Legal Middle Name or Initial (must include if applicable):

Legal Last Name:

Preferred Name:

Program Name:

***Note:** The Preferred First Name is only used when the student is not known by their legal one as per VIHA's guideline. This is the name that will be printed on your VIHA Photo ID*

IMPORTANT!

After signing this release: If you do not have a photo or a current photo within 6 months from the start of your program that meets the parameters below, please go to <http://camosun.ca/services/library/id-cards.html> and have one taken as soon as possible.

Your photo must meet the following parameters:

- ensure the chin to the crown of the head (natural top of head) is in the photograph
- both eyes are visible
- photo is taken with uniform lighting (no shadows or glares)
- is straight-on and centered
- background to the photo is plain and light in colour
- no sunglasses
- nothing covering the hair, exceptions may apply to those students with religious head-wear
- reflects your current appearance

By completing this document, the above named person hereby authorizes their educational program at Camosun College to use their Camosun Student ID photo, to produce the identification needed to participate in any student placement or for instructor-supported placements while at Camosun College, or if transferred to UVic.

Name of Parent/Guardian:

Date:

Signature Parent/Guardian: