

Kadlec Medical Center Student Agreement

Kadlec Medical Center has made a provision for student experiences in our facility to provide an outstanding experience in the area of health education. Student activities at KMC are a benefit provided in part to explore occupations in the area of healthcare without the consideration of compensation or future employment. Students at KMC are expected to act professionally at all times.

CONFIDENTIALITY STATEMENT

During the course of your activities at Kadlec Medical Center you may have access to information which is confidential. Law does not permit disclosure of confidential information.

Confidential Information includes, but is not limited to:

- Medical and certain other personal information about patients.
- Medical personnel and certain other information about employees.
- Medical Staff records and committee proceedings.
- Medical Center financial and operating data.
- Reports, policies and procedures, marketing or financial information, business & strategic plans, corporate minutes, electronic mail and other private or sensitive information related to the business or services of Kadlec Medical Center.

If you have any questions concerning the confidentiality or disclosure of information, you should contact your supervisor or the KMC Education Department, at 942-2600.

CONDUCT GUIDELINES

I agree that I will:

1. Be punctual and conscientious, conducting myself with dignity.
2. Behave in a courteous and respectful manner towards all those with whom I come in contact.
3. Abide by all Health & Safety Instructions provided prior to or during the course of my activities at KMC.
4. Adhere to all instructions given to me by my KMC supervisor designee or KMC authorized supervisor.
5. Attempt to resolve any problems related to my Student experience with my KMC supervisor, and if unsuccessful, contact the KMC Education Department for assistance. 942-2600.
6. Make my best effort to fulfill my commitments to KMC by completing all assignments that I accept.
7. Not attempt to remove any items from KMC other than personal possessions brought in with me.
8. I understand that KMC reserves the right to terminate my Student activities as a result of:
 - (a) Failure to comply with KMC policies and procedures.
 - (b) Unsatisfactory attitude, behavior, or appearance.
 - (c) Any other circumstances that, in the judgment of the Department Director or Supervisor designee, would make my Student experience contrary to the best interests of Kadlec Medical Center.

By my signature, I _____ (Print Name) certify that I have been informed of and understand my responsibility in maintaining the confidentiality of all patients, personnel, and hospital information. I further certify that I have been informed of, understand and agree that it is my responsibility to adhere to the above mentioned guidelines of acceptable conduct while here as a student. I have read and agree to be bound by the conditions contained in this agreement. I understand that failure to comply may subject me to disciplinary action including legal action.

Student Signature

Date

Date of Birth

SS #

MINOR AUTHORIZATION

(For students 18 years of age or younger)

By my signature I certify that I am the parent or legal guardian of the Student identified above and am providing my consent for he/she to participate in a Student Experience at Kadlec Medical Center.

Parent/Guardian Signature

Date