Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: _____

First Name: _____ Middle Initial: _____ 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 _____ 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.
- 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.

_____ _____

Signature of Student Date (MMM/DD/YYYY)

Seneca | NANJI FOUNDATION SCHOOL OF NURSING

Guidelines on Control of Patient Information

It is the philosophy of the Seneca Nanji Foundation School of Nursing Program that every patient has the legal and moral right to confidentiality of all information concerning his attendance, condition, and/or treatment as it relates to his personal and health matters.
It is the responsibility of each health professional to ensure that such confidentiality is maintained at all times.
The patient also has the right to expect that individuals who have access to their information will use it only in the context of their work and then under conditions that will guarantee its confidentiality. Patient-centred conversations should not be conducted in public where you could unknowingly be overheard.

Confidentiality Statement

I have read the above guidelines and acknowledge that any information that I may gain concerning patients and/or their families while enrolled in the Seneca Nanji Foundation School of Nursing will be held in strict confidence at all times.

Student First Name: Student Last Name:

Student ID Number:

Student Signature: Date:

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Consent to Release Personal Information

Effective January 1, 1989, the Ontario Colleges of Applied Arts and Technology are covered under the Freedom of Information and Protection of Privacy Act. This Act provides the right of access to Information under the control of governments and Its agencies and protects the privacy of individuals with respect to personal information about themselves. In accordance with the terms of the Act (specifically sections 21, 39, 49), please indicate your approval for the following by signing this consent form.

By signing this consent form, you authorize Seneca Polytechnic to disclose your personal information (name, address. gender, date of birth, contact information to authorized agencies, hospitals and long term care facilities for the purpose of your field placement.

Consent

I understand and agree that Seneca is not responsible for the misuse or alteration of any personal information by third-parties, and I hereby authorize Seneca to use and/or disclose my personal information for the purpose of my field placement as identified above.

Student First Name: Student Last Name:

Student ID Number:

Student Signature: Date:

Personal information on this form Is collected in accordance with sections 21, 39 and 49 of the Freedom of Information and Protection of Privacy Act and under the legal authority of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, and the Ontario Colleges of Applied Arts and Technology Act, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact The Seneca Privacy Office, 1750 Finch Ave. E., 416-.764-0400, privacyoffice@senecapolytechnic.ca

Last Updated: January 2024
Original: Student File

Seneca | NANJI FOUNDATION SCHOOL OF NURSING

Student Declaration of Understanding

Workplace Safety and Insurance Board or Private Insurance Coverage for Students on Unpaid Work Placements

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Student Coverage While on 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 Seneca College. Ontario students are eligible for Workplace Safety Insurance Board (WSIB) coverage while on unpaid work placements as required by their program of study. MTCU also provides private insurance to students should their unpaid placement required by their program of study take place with an employer who is not covered under the Workplace Safety and Insurance Act.
Furthermore, there is private insurance coverage for students at Seneca College whose unpaid work placements are arranged by their postsecondary institution to take place outside of Ontario.

Declaration

I have read and understand that WSIB or private insurance coverage will be provided through the Ministry of Training, Colleges and Universities while I am on unpaid work placements as arranged by Seneca Polytechnic as a requirement of my program of study. I understand the implications and have had any questions answered to my satisfaction.

Student First Name: Student Last Name:

Student ID Number:

Student Signature: Date:

Parent/Legal Guardian's Signature (for student less than 18 years of age):

Full Name (First and Last): Date:

Signature:

Last Updated: January 2024
Original: Student File