

# Kadlec Regional Medical Center

## Confidentiality & Conduct Agreement

Kadlec Regional Medical Center has made a provision for opportunities in our facility to provide an outstanding experience in the area of healthcare. Such activities at KRMC are a benefit provided in part to explore occupations in the area of healthcare without the consideration of compensation or future employment. Whether a student, professional healthcare provider, current employee or observer at Kadlec Regional Medical Center you are expected to act professionally at all times.

### CONFIDENTIALITY STATEMENT

During the course of your experience at Kadlec Regional 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.
- KRMC 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 Regional Medical Center.

If you have any questions concerning the confidentiality or disclosure of information, you should contact your supervisor or the KRMC 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 KRMC.
4. Adhere to all instructions given to me by my KRMC supervisor designee or KRMC authorized supervisor.
5. Attempt to resolve any problems related to my experience with my KRMC supervisor, and if unsuccessful, contact the KRMC Education Department for assistance 942-2600.
6. Make my best effort to fulfill my commitments to KRMC by completing all assignments that I accept.
7. Not attempt to remove any items from KRMC other than personal possessions brought in with me.
8. I understand that KRMC reserves the right to terminate my experience as a result of:
  - (a) Failure to comply with KRMC 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 Regional 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 at Kadlec Regional Medical Center. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Date

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### **MINOR AUTHORIZATION**

*(For students 18 years of age or younger)*

By my signature I certify that I am the parent/legal guardian of the student identified above and am providing my consent for he/she to participate in a student experience at Kadlec Regional Medical Center. In the event of injury or accident while at the learning site, I understand that the student will be taken to the Emergency Department for assessment, evaluation and treatment as needed and the parent/legal guardian will be notified. Appropriate school staff will be notified no later than the next workday. I understand that the parent/legal guardian and/or student are responsible for any expenses incurred as a result of the Emergency Department visit.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Date