



Consent to Participate

This form is required only if the participant is under 18 years of age.

I hereby grant permission for my child to participate in the Penn State Health Milton S. Hershey Medical Center Inspired Nursing Program. I certify that my child is at least 16 years of age.

Participant's Printed Name

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date



Code of Conduct

Dress and appearance

Students participating in the Inspired Nursing Program should wear business casual attire. This includes clothing and accessories that are crisp, neat and classic, such as:

- Khaki or dark pants
- Pressed, long-sleeved, buttoned solid-color shirt
- Polo or golf shirts
- Skirts and dresses no shorter than above the knee
- Jacket or cardigan over sundresses
- Closed-toe shoes or sneakers
- Simple, professional jewelry and accessories

Examples of **clothing that is not permitted** include:

- Athletic fleece sweatshirts or sweatpants
- Denim of any color, including pants, skirts, shirts and jackets
- Hooded shirts and jackets
- Tank tops, tube tops, shorts, short dresses/skirts and/or other revealing clothing
- No graphic T-shirts or clothing with written messages or graphics that are not representative of the Milton S. Hershey Medical Center
- Open-toed shoes

Additional appearance guidelines:

- Long hair must be tied back.
- Fingernails should be clean and neatly trimmed, with limited adornment.
- Patients can be very sensitive to smells when they are ill. For this reason, it is important that you do not smell of tobacco products, perfumes or other strong odors when you are near patients.
- Wear your nametag at all times.
- Gum chewing is not permitted.

Prohibited items and actions

The following are prohibited:

- Possession or use of alcohol and other drugs, fireworks, guns and other weapons
- Violence, including sexual abuse or harassment
- Hazing of any kind
- Bullying, including verbal, physical and cyberbullying
- Theft and use of tobacco products
- Smoking in any Hershey Medical Center buildings
- Inappropriate use of cameras, imaging and digital devices, including use of such devices in patient care areas, restrooms or other areas where privacy is expected by staff, minors and patients



Language

- Use proper titles with all staff.
- Please speak quietly, especially when visiting clinical areas, to show respect for patients.

Electronic devices

Electronic devices, such as cell phones, iPads, etc., **should be silenced or turned off** and not used during the program out of respect for participants and presenters.

Positive enthusiasm

In order to make this an effective learning experience, we encourage you to show interest and enthusiasm for all activities while visiting the campus and associated clinics. Your positive attitude and willingness to learn will make this a great experience for all.

I have read and agree that I will follow this Code of Conduct:

Participant's Printed Name

Participant's Signature

Date

Parent/Guardian's Printed Name (if participant is under 18 years of age)

Parent/Guardian's Signature (if participant is under 18 years of age)

Date

Participant/Visitor Waiver Form

Workers' compensation

Participants and their parent(s)/guardian(s), if applicable, understand and agree that the participant is not an employee of The Pennsylvania State University and/or Penn State Health Milton S. Hershey Medical Center under the terms of this agreement and further understand that the participant/visitor is not entitled to workers' compensation benefits. The participants or their parent(s)/guardian(s) are responsible for the cost of any medical care or other services that may be required as a result of any injury or illness that may incur while participating in any program in conjunction with this agreement.

Liability

Participants and their parent(s)/guardian(s), if applicable, agree at all times to be responsible for their actions in conjunction with this agreement and understand that Penn State Health Milton S. Hershey Medical Center and its employees and agents shall have no liability for the actions of the participants and their parent(s)/guardian(s).

I acknowledge that I have read and understand all of the above information and agree that during my Inspired Nursing experience at Penn State Health Milton S. Hershey Medical Center, I will comply with the above requirements.

Participant's Printed Name

Phone

Email

Participant's Signature

Date

If the participant is under the age of 18, a parent or guardian must sign the following:

I acknowledge that I have read and understand all of the above information and agree that during my child's student experience at Penn State Health Milton S. Hershey Medical Center, we will comply with the above requirements.

Parent/Guardian's Signature

Date



PennState Health

**Penn State Health and
Penn State College of Medicine
Confidentiality Agreement**



PennState
College of Medicine

Penn State Health (PSH) and Penn State College of Medicine (COM) are critically dependent upon information and information systems to fulfill organizational missions. In particular, PSH and COM create, collect, store and use the following broad classifications of "Protected Information":

- **Protected Health Information, or PHI,** is defined by the United States Department of Health and Human Services under the Health Insurance Portability and Accountability Act (HIPAA) and is information that concerns an individual's past, present or future medical condition. Examples include billing information, medical records, correspondence about a medication, appointment scheduling notes, voicemails about health care appointments, any record containing both a person's name and medical provider, and any document that includes a Medicaid or Medicare number.
- **Personally Identifiable Information, or PII,** is any information that could potentially be used to identify a particular person. Examples include a full name, Social Security number, driver's license number, bank account number, passport number, and email address.
- **Confidential Business Information** is certain internal information that is intended for use and distribution only within PSH and COM, and, in some cases, organizations that do business with PSH or COM (e.g., legal advisors, consultants, vendors, etc.). Examples of this type of information include policies, incident response plans, contracts, employee information, financial information, passwords, security information, information about information technology, business plans, and information that is available through Infonet.

Protected Information includes information that is in physical or electronic format regardless of media, and may include information communicated orally. The protection, access, use, disclosure, storage and disposal of Protected Information is governed by federal and state laws, industry standards, and PSH and COM policies and procedures specific to the category of Protected Information.

I understand and acknowledge that:

- (1) I have completed one of the following:
 - (a) The Cybersecurity and Privacy Awareness Training; or
 - (b) An equivalent training approved by the Office of Cybersecurity and Privacy;
- (2) I may access, use and disclose Protected Information only to the extent minimally necessary to perform my specific duties, responsibilities and authorized activities;
- (3) I am expected to take reasonable and prudent measures to safeguard Protected Information entrusted to me by PSH and COM, in accordance with relevant laws, standards and policies; and
- (4) My failure to comply with this Agreement; all applicable laws, including HIPAA, and all PSH and COM policies governing the protection of Protected Information, including the Notice of Privacy Practices, may result in disciplinary and/or legal action.

Name (print): _____ Phone: _____ Email: _____

Signature: _____ Date: _____

Parent/Guardian co-signature (required for individuals under the age of 18): _____

Affiliation (please check one box):

- PSH Employee/Resident COM Employee/Student PSU Employee/Student Volunteer Other

If "Other," please complete the following section:

Name of Sponsor: _____ Dept. _____ Phone: _____ Email: _____

Non-Affiliated Student Affiliated Student Name of Affiliated School: _____

School Contact (e.g., Faculty, Program Coordinator, Advisor, etc): _____

Authorized Observer (e.g., visitor): Affiliated Organization (name of Covered Entity, vendor, etc): _____