Fox Valley Healthcare Alliance (FVHCA) Career Experience Information/Release Form

To ensure that you get maximum benefit from your FVHCA Career Experience, there are several topics we think you should know about. ***Please note:*** *Failure to sign (by student and parent if under age 18) and return to facility contact person prior to the event date will result in student not being allowed to participate.*

CONFIDENTIALITY: The nature of the health care industry and the state and federal privacy laws require all employees, volunteers, and students to maintain a high level of confidentiality with respect to all information of medical or business nature concerning patients, residents, doctors or employees. **Under no circumstances will such information be discussed with any unauthorized person(s) either outside or inside of the health care facility.** To engage in discussions of confidential information is not only a breach of confidence and a lack of concern for others, but may also involve you in legal proceedings .

INFECTION CONTROL: Proper hand washing helps to prevent the spread of infections from one person to another. Hand washing products, which contain a special antibacterial agent, are available in the rest rooms and work areas. Hands should be rinsed well using friction to remove residual soap. You may not to enter any room designated "Isolation". If there is a potential that you will have direct contact with a patient's blood or other body fluids, you **must** wear protective apparel. Please consult with an on-site staff member for further instructions.

GENERAL SAFETY:

1. Please report any unsafe conditions or injuries to the mentor of your session.
2. The overhead paging system will announce "Code Red" if a fire is detected. If you detect a fire, activate the nearest fire alarm. Ask your mentor to provide the number to call when reporting a fire.
3. The overhead paging system will announce severe weather /tornado warnings. Other codes are announced to alert the staff to other emergencies. Please follow the direction of your onsite supervisor if you are unsure what to do.

SMOKING: You will be required to follow the smoking policy at the health facility in which your career experience will be held.

PHONE USE: Cell phone usage/texting is not appropriate during your career experience session.

DRESS CODE: Appropriate professional business attire is expected. Jeans and T-shirts are considered inappropriate. Be sure that your attire is modest. A general rule is to keep shoulders to knees covered. Aside from earrings, visible body piercing may not be worn. Shoes should have closed toes and all athletic shoes must be of a solid color. Any visible tattoo must be covered at all times.

I have read and understand the information on the Career Experience Information/Release Form. Should I need medical attention during or as a result of this event, I assume full responsibility for any treatments deemed necessary. I assume responsibility of all medical costs which result and release FVHCA and its members of all liability. Patient/resident permission is required for all Career Experience interactions. I understand that this permission may be withdrawn by the patient/resident at any time. I give the facility at which my session is being conducted permission to release my telephone number or contact directions, to the requested department. I also give permission to FVHCA/partner staff to use any photographs/videos which may include me for future health related promotions/media coverage. While I am participating in the career experience at any site under the FVHCA, I realize that all healthcare information, patient/resident care and records are a confidential matter. All information exchanged while I am observing must be held in strictest confidence. Additionally, if I sign up and am then unable to attend, I will do my best to cancel ahead of time in order to provide an opportunity for another student to attend.

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Student Name (Please print) **Student Signature** **Date**

If student is under age 18, parent(s) please read and sign:

I have read and understand the information on the Information/Release Form and authorize my son/daughter to participate in this Career Experience. Neither the Fox Valley Health Care Alliance nor its members shall be held responsible for any adverse occurrences and/or outcomes. Should my child need medical attention during or as a result of this event, I authorize such medical care and assume full responsibility for any treatments deemed necessary. I assume responsibility for all medical costs which result and release FVHCA and its members of all liability. I give FVHCA and its member's permission to release my son/daughter's telephone number or contact directions, to the requested department. I also give permission to FVHCA/partner staff to use any photographs/videos which may include my son/daughter for use in future health related promotions/media coverage.

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Parent Name (Please print) **Parent Signature** **Date**