

Appendix 1

Acceptance of Responsibility and Accountability

Student Name _____

Date _____ ID# _____

First Year Student _____ Second Year Student _____

1. Maintaining patient confidentiality is an ethical practice in nursing, is a fundamental right of every patient and is the law.
 - I understand that as a student nurse, I may be granted access to confidential health and other personal information reported by patients or maintained by the clinical facility. This may be verbal, written or electronic, which includes patient information, medical records, or information about the operation of the clinical facility.
 - I agree that any disclosure of, unauthorized use of, or unauthorized access to confidential information may cause harm to the patient or the clinical facility.
 - I agree to only use confidential information for the sole purpose of my clinical practice as a student nurse at Evergreen Valley College.
 - I agree to only disclose confidential information as is necessary in my role as a student nurse.
 - I agree not to use patient names or patient identifiers on clinical forms.
 - I agree not to photocopy, print, or reproduce any confidential patient information even if the name has been excluded.
 - I agree to comply with the clinical facility policies regarding security of confidential information.
 - I agree that I will not disclose any computer password / access code or utilize any unauthorized password / access code.
 - I agree to report immediately to my instructor any unauthorized use of confidential information.
 - I understand that any violation of these statements will be a breach of confidentiality and may result in disciplinary action, up to and including dismissal from the Nursing Program.
2. I give permission to the Nursing Program at Evergreen Valley College to give to the hospital or clinical agency, which I am assigned for clinical experience the following:
 - Name and cellular telephone number
 - Copy of pertinent health record and current CPR card
3. I have read and understand that I am fully accountable for following all policies listed in the nursing student handbook, course syllabus, EVC catalog and websites while enrolled in the Evergreen Valley College Nursing Program. I understand that this page will be placed in my student file as verification of being informed of all student policies.

Date _____ Signature _____