



CLINICAL PLACEMENT AGREEMENT

In consideration of the opportunity to obtain clinical or practical experience (hereafter referred to as the Placement) as required by the University of Alberta, Nursing Program, I understand and accept the following conditions:

a) Information regarding patients, clients, volunteers, staff, physicians or agency operations shall be respected and handled confidentially. All information concerning patients, clients, residents, volunteers, staff or physicians shall be confidential and shall not be disclosed to or discussed with anyone other than those authorized to receive such information, unless disclosure is authorized by law.

I understand that intentional or involuntary violation of this duty of confidentiality may lead to disciplinary action. Furthermore, I understand that such disclosure violates the Hospitals Act, the Freedom of Information and Protection of Privacy Act (FOIPP), and the Health Information Act (HIA) and I may be liable for a fine and any other penalty as outlined in these Acts. This obligation of confidentiality and non-disclosure as outlined shall survive the Placement term.

b) That it is my responsibility to become familiar with and abide by the regulations, rules, policies and health care administrative procedures established by the Agency.

c) That within the scope of this placement I have not entered into an employment relationship with the University of Alberta or the Agency and that I am not entitled to receive a salary or any employee benefits (excluding worker's compensation). I accept sole responsibility for obtaining and maintaining hospitalization insurance coverage (Alberta Health Care) and any other medical, disability or life insurance which I deem appropriate.

Signed at _____, Alberta, Canada, on the _____
day of _____, 20_____.

Student Signature

Print Student Name

Please submit this completed form to:
Faculty of Nursing, Student Services, 4-141 Edmonton Clinic Health Academy