Saint Joseph’s/Candler Health System (Savannah, GA)

- MCG Medical Student Agreement
- Medical Student Record Release
- READ Medical Student Orientation
In consideration for my participation in a clinical education/applied learning experience program at a facility of St. Joseph’s/Candler Health System, Inc. ("SJ/C"), I hereby agree to the following: (please initial on lines as indicated and sign on last page.)

(a) To follow the administrative policies, specifically including but not limited to the SJ/C Code of Conduct, and any other standards and practices of SJ/C, including drug testing for cause, when I am in a SJ/C facility;

(b) To review the Student Orientation Self-Study Guide or any other orientation provided to me and be responsible for the content therein;

(c) To provide the necessary and appropriate uniforms and supplies required where not provided by SJ/C;

(d) To report to the appropriate SJ/C facility on time and to follow all established regulations of SJ/C when I am in a SJ/C facility;

(e) To conform to the standards and practices established by the Institution while training at SJ/C;

(f) To maintain the confidentiality and not disclose through any method including any form of social media, any medical, health, financial, social (including mental health), risk management and/or peer review information pertaining to SJ/C and/or SJ/C patients, specifically including all regulations promulgated under the Health Insurance Portability and Accountability Act ("HIPAA") and Title XIII of the American Recovery and Reinvestment Act of 2009 ("HITECH"), and codified at 45 CFR parts 160, 162, and 164 ("HIPAA Regulations") regarding use and disclosure of protected health information ("PHI") of which I become aware through my participation as a student at SJ/C. I understand that any violation of this provision will result in the termination of my learning experience and SJ/C will the right to exercise any and all remedies available with respect to the release of any information;

(g) To keep confidential and not reveal, disclose in any manner or permit anyone else to utilize any computer access code or password assigned to or selected by me for use through my participation as a student at St. Joseph’s/Candler. I understand that I shall use my code only to the extent needed to perform the duties while at St. Joseph’s/Candler and that it is my responsibility to log off all systems I have accessed before leaving any terminal. I will be liable for unauthorized access due to my failure to log off the terminal.

(h) To protect the privacy, confidentiality and security of medical records, PHI, business information, employment and medical information, risk management and peer review activities and any other confidential information related to employees and health care providers at SJ/C and to only discuss such information in the work place for job related purposes and not discuss outside of the work place or within hearing of other people who do not need to know the information. This obligation continues after complete my clinical education/applied learning experience at SJ/C;

(i) To refrain from publishing any material related to the clinical education/applied learning experience program that identifies or uses the name of The Board of Regents of the University System of Georgia, Institution, SJ/C or any of its affiliates, patients, members, faculty or staff, directly or indirectly, unless prior written permission is received from the appropriate party;

(j) To comply with all federal, state and local laws regarding the use, possession, manufacture or distribution of alcohol and controlled substances;
(k) To follow Centers for Disease Control and Prevention (C.D.C.) Universal Precautions for Bloodborne Pathogens, C.D.C. Guidelines for Tuberculosis Infection Control, and Occupational Safety and Health Administration (O.S.H.A.) Respiratory Protection Standard;

(l) To arrange for and be solely responsible for living accommodations while at SJ/C; and

(m) To wear a name tag that clearly identifies me as a student.

(n) This Agreement will be construed, governed and enforced according to the laws of the State of Georgia and will be treated as a State of Georgia contract without regard to laws related to choice or conflict of laws.

Further, I understand and agree, unless otherwise agreed to in writing, that I will not receive any monetary compensation from The Board of Regents of the University System of Georgia, Institution or SJ/C for any services I provide to SJ/C or its patients as part of my clinical education/applied learning experience program.

I understand and acknowledge that participation in activities taking place in a health care environment involves inherent risks and hazards, including the risk of exposure to disease and blood/body fluids, and other potential risks. Although I understand that these risks may have serious consequences, I hereby expressly assume all of these risks, known or unknown, which could occur through my participation in the Program, and, I assume personal responsibility for my health and safety while I participate in the Program.

Unless otherwise agreed upon in writing, I also understand and agree that I shall not be deemed to be employed by or an agent or a servant of the Board of Regents of the University System of Georgia, Institution or SJ/C; that the Institution and SJ/C assume no responsibilities as to me as may be imposed upon an employer under any law, regulation or ordinance; that I am not entitled to any benefits available to employees; and, therefore, I agree not to in any way hold myself out as an employee of the Board of Regents of the University System of Georgia, Institution or SJ/C.

I understand and agree that I may be immediately withdrawn from the clinical education/applied learning experience program based upon my lack of competency, my failure to comply with the rules and policies of the Board of Regents of the University System of Georgia, Institution or SJ/C, if I pose a direct threat to the health or safety of others or, for any other reason the Board of Regents of the University System of Georgia, Institution or SJ/C reasonably believes that it is not in the best interest of the Board of Regents of the University System of Georgia, Institution, SJ/C or SJ/C patients for me to continue. Such party shall provide the other party and me with immediate notice of the withdrawal.

I understand and agree to show proof of professional liability insurance in amounts satisfactory to the Board of Regents of the University System of Georgia, Institution and SJ/C, and covering my activities at SJ/C, and to provide evidence of such insurance to SJ/C upon request. (Insurance provision does not apply to “Observation Only” students.)

I further understand that I must maintain health insurance coverage while at SJ/C, providing evidence of coverage upon request, and that all medical or health care services (emergency or otherwise) that I receive at St. Joseph’s/Candler will be my sole responsibility and expense.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older; that I am legally competent; and that I have freely and voluntarily signed this document.

Signature: ____________________________________________     Date: _________________________
[ ] By checking this box, I am providing my electronic signature agreeing to all the information entered above. (Please enter name and date on signature and date lines above).
AUTHORIZATION FOR RELEASE OF RECORDS AND INFORMATION

TO: Institution and St. Joseph’s/Candler Health System, Inc. (“St. Joseph’s/Candler”) where I have requested to participate in a clinical education/applied learning experience program

RE: _____________________________________
(Print name of student)

As a condition of my participation in a clinical education/applied learning experience program and with respect thereto, I grant my permission and authorize the Institution to release my educational records and information in its possession, as deemed appropriate and necessary by the Institution, including but not limited to academic record and health information to St. Joseph’s/Candler. I further authorize the release of any information relative to my health to St. Joseph’s/Candler for purposes of verifying the information provided by me and determining my ability to perform my assignments in the clinical education/applied learning experience program. I also grant my permission to and authorize St. Joseph’s/Candler to release the above information to the Institution. The purpose of this release and disclosure is to allow St. Joseph’s/Candler and the Institution to exchange information about my medical history and about my performance in a clinical education/applied learning experience program.

I further understand that I may revoke this authorization at any time by providing written notice to the above-stated person(s)/entities, except to the extent of any action(s) that has already been taken in accordance with this “Authorization for Release of Records and Information”.

I further agree that this authorization will be valid throughout my participation in the clinical education/applied learning experience. I further request that you do not disclose any information to any other person or entity without prior written authority from me to do so, unless disclosure is authorized or required by law. I understand that this authorization shall continue in force until revoked by me by providing written notice to the Institution and St. Joseph’s/Candler, except to the extent of any action(s) that has already been taken in accordance with this “Authorization for Release of Records and Information”.

In order to protect my privacy rights and interests, other than those specifically released above, I may elect to not have a witness to my signature below. However, if there is no witness to my signature below, I hereby waive and forfeit any right I might have to contest this release on the basis that there is no witness to my signature below. Further, a copy or facsimile of this “Authorization for Release of Records and Information” may be accepted in lieu of the original.

I have read, or have had read to me, the above statements, and understand them as they apply to me. I hereby certify that I am eighteen (18) years of age or older, or my parent or guardian has signed below; that I am legally competent to execute this “Authorization for Release of Records and Information”; and that I, or my parent and/or guardian, have read carefully and understand the above “Authorization for Release of Records and Information”; and that I have freely and voluntarily signed this “Authorization for Release of Records and Information”.

Signature: ________________________________ Date: __________________________

[  ] By checking this box, I am providing my electronic signature agreeing to all the information entered above. (Please enter name and date on signature and date lines above).