Consent to Participate

I hereby grant permission to allow my child to participate in the Penn State Health HMC Inspired Nursing Program. I certify that I/my child is at least 16 years of age.

Observer’s Name (please print)

Parent/Guardian’s Name of Observer (please print)

Parent/Guardian of Observer (please sign) Date

(This form is required only if the observer is under 18 years of age)
Code of Conduct and Dress

Dress and Appearance
The reputation of Penn State Hershey Medical Center Department of Nursing is influenced by the appearance of its staff and students. Neat, well-attired and clean appearance creates an atmosphere of confidence, respect, and professionalism, which is expected by our patients, families, and colleagues.

Conduct:
The possession or use of alcohol and other drugs, fireworks, guns, and other weapons is prohibited.

No violence, including sexual abuse or harassment, will be tolerated.

Hazing of any kind is prohibited. Bullying including verbal, physical, and cyber bullying are prohibited. Theft and use of tobacco products is prohibited.

Smoking is not permitted in any buildings of the Penn State Hershey Medical Center.

The inappropriate use of cameras, imaging, and digital devices is prohibited including use of such devices in patient care areas, restrooms, or other areas where privacy is expected by the minors and by patients.

Dress:
Dress should be business casual, specifically business casual. Business casual is crisp, neat, classic rather than trendy. Khaki or dark pants, neatly pressed, and a pressed long-sleeved, buttoned solid shirt are appropriate. Polo/golf shirts, unwrinkled, are appropriate.

Clothing must be clean and of proper fit. Proper fit is defined as clothing that is sized properly (i.e., non-clinging, not tight or baggy, pants must not drag on floor). Clothing must be non-revealing, wrinkle-free and in good repair. Appropriate undergarments must be worn and not visible. Skirts, dresses, etc. should not be shorter than above the knee. Backless, spaghetti straps, and sundresses should be covered.

Examples of items that are not permitted include:
- Athletic fleece sweatshirts or sweatpants
- Jeans or denim pants or skirts of any color
- Hooded shirts and jackets (i.e. “hoodies”), t-shirts, and fleece
- Tank tops, tube tops, shorts, short dresses/skirts and/or other revealing clothing
- Clothing items with written messages or graphics that are not representative of Penn State Health Milton S. Hershey Medical Center
- Open-toed shoes

Hair must be neat, clean, dry, and well groomed. Long hair must be secured. Hair color must be a natural tone; and makeup subdued. Beards or mustaches must be neatly trimmed.

Jewelry must be professional and kept to a minimum. No pierced jewelry, except earrings, is to be visible. Fingernails should be clean and neatly trimmed, with limited adornment. Cover, if possible, all tattoos.

Patients can be very sensitive about smells when they are ill. Therefore, it is important that when you are near patients, you do not smell of tobacco products, strong perfumes, or body odor.

Wear your nametag at all times.

Language
Words such as “excuse me,” “sir,” “ma’am,” “please,” and “thank you” are polite ways to address professionals. Try to use proper titles with all of the staff. Eye contact plays a vital role in effective communication. It allows the person with whom you are speaking to know that they have your full attention.
Please also try and keep your voice volume at a minimum, especially when visiting clinical areas to show respect for patients.

**Manners**
Cell phones, i-Pads, pagers, etc. should be silenced or turned off during the program. Out of respect for the other program participants and presenters these devices are not to be used during the program.

Gum chewing is not permitted; however, an occasional breath mint is acceptable.

**Positive Enthusiasm**
In order to make this an effective learning experience, you will want to show visible interest and excitement in whatever you are asked to do while visiting the campus and associated clinics. It is advised that you demonstrate enthusiasm and a willingness to learn at all times.

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

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Observer’s Printed Name

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Parent/Guardian Printed Name (if participant is less than 18 years of age)  Date

Observer’s or Parent/Guardian Signature (if participant is less than 18 years of age)  Date

(Parent/Guardian name and signature required if participant is less than 18 years of age)
Observer/Visitor Waiver Form

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

Liability:
Observer/visitor and observer’s parent(s)/guardian(s) (if applicable) agree at all times to be responsible for the actions of the observer/visitor in conjunction with this agreement and understand that The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center and its employees and agents shall have no liability for the actions of the observer/visitor.

I acknowledge that I have read and understand all of the above information and agree that during my observer/visitor experience at The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center, I will comply with the above requirements.

Observer/Visitor Name (please print) ________________________________ Date __________
Observer/Visitor Signature ___________________________ Phone __________ Email __________

If the observer or visitor 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 The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center, we will comply with the above requirements.

Parent/Guardian Signature ________________________________ Date __________

(Parent/Guardian signature required if observer is less than 18 years of age)
Penn State Health ("PSH") and Penn State College of Medicine ("Penn State COM") are critically dependent upon information and information systems to fulfill organizational missions. It is expected that reasonable and prudent measures will be taken to safeguard information entrusted to PSH and Penn State COM.

Federal and Pennsylvania laws and standards regulate the access, use, disclosure and disposal of Protected Health Information ("PHI") and certain other information. I understand I am permitted access to PSH and Penn State COM information only to the extent required to perform my specific duties, responsibilities and authorized activities. I further understand that reading, discussing, copying, and/or otherwise using or disclosing PSH or Penn State COM information for other than legitimate PSH or Penn State COM purposes is prohibited. I acknowledge that failure to comply with any of the information within this document may result in disciplinary and/or legal action.

I acknowledge that PSH and Penn State COM use the following broad classifications of information to help individuals understand their role in safeguarding valued information:

PHI is defined by the United States Department of Health and Human Services under the Health Insurance Portability and Accountability Act ("HIPAA"). Information created or received by PSH or Penn State COM that concerns an individual’s past, present or future medical condition is PHI. PHI must only be accessed by authorized personnel. This classification includes PHI stored or transmitted in electronic formats.

Confidential Business Information is sensitive information needed to perform certain job functions, or PSH or Penn State COM operations. This information must only be accessed and used by authorized personnel. Examples include: contracts, compensation data, employee evaluations, individuals’ Social Security numbers, passwords, and strategic agreements.

Other Non-Public/Internal Information is certain internal information that is intended for use and distribution only within PSH and Penn State COM and, in some cases, with business associates (e.g., legal advisors, consultants, vendors, etc.). Unauthorized disclosure of this information to external parties may create problems for PSH or Penn State COM, its customers or its business associates. Examples of this type of information include information that is available through the PSH and Penn State COM Infonet, such as internal directories, policies and disaster plans.

For direction related to PHI, contact the Privacy Office. For direction related to Sensitive data other than PHI, contact the Office of Information Protection. For direction related to Penn State Health Information Technology-managed devices, the current technical standards for personal devices to be used in conjunction with PSH and Penn State COM systems, and Cyber Security concerns, contact the IT Service Desk.

I understand my role in safeguarding and disposing of Sensitive data, and certify that I have completed one of the following: the OGC - HIPAA, Privacy and Information Protection training; an equivalent session approved by the Privacy Officer or Information Protection and Compliance Officer; or, participated in an active conversation with my PSH or Penn State COM employee sponsor.

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 ☐ Penn State 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): ________________________________

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