



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)



PennState Health

**Penn State Health and
Penn State College of Medicine
Confidentiality Agreement**



PennState
College of Medicine

Penn State Health (PSH) and Penn State College of Medicine (COM) are critically dependent upon information and information systems to fulfill organizational missions. In particular, PSH and COM create, collect, store and use the following broad classifications of "Protected Information":

- **Protected Health Information, or PHI**, is defined by the United States Department of Health and Human Services under the Health Insurance Portability and Accountability Act (HIPAA) and is information that concerns an individual's past, present or future medical condition. Examples include billing information, medical records, correspondence about a medication, appointment scheduling notes, voicemails about health care appointments, any record containing both a person's name and medical provider, and any document that includes a Medicaid or Medicare number.
- **Personally Identifiable Information, or PII**, is any information that could potentially be used to identify a particular person. Examples include a full name, Social Security number, driver's license number, bank account number, passport number, and email address.
- **Confidential Business Information** is certain internal information that is intended for use and distribution only within PSH and COM, and, in some cases, organizations that do business with PSH or COM (e.g., legal advisors, consultants, vendors, etc.). Examples of this type of information include policies, incident response plans, contracts, employee information, financial information, passwords, security information, information about information technology, business plans, and information that is available through Infonet.

Protected Information includes information that is in physical or electronic format regardless of media, and may include information communicated orally. The protection, access, use, disclosure, storage and disposal of Protected Information is governed by federal and state laws, industry standards, and PSH and COM policies and procedures specific to the category of Protected Information.

I understand and acknowledge that:

- (1) I have completed one of the following:
 - (a) The Cybersecurity and Privacy Awareness Training; or
 - (b) An equivalent training approved by the Office of Cybersecurity and Privacy;
- (2) I may access, use and disclose Protected Information only to the extent minimally necessary to perform my specific duties, responsibilities and authorized activities;
- (3) I am expected to take reasonable and prudent measures to safeguard Protected Information entrusted to me by PSH and COM, in accordance with relevant laws, standards and policies; and
- (4) My failure to comply with this Agreement; all applicable laws, including HIPAA, and all PSH and COM policies governing the protection of Protected Information, including the Notice of Privacy Practices, may result in disciplinary and/or legal action.

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 COM Employee/Student PSU Employee/Student Volunteer Other

If "Other," please complete the following section:

Name of Sponsor: _____	Dept. _____	Phone: _____	Email: _____
Non-Affiliated Student <input type="checkbox"/>	Affiliated Student <input type="checkbox"/>	Name of Affiliated School: _____	
School Contact (e.g., Faculty, Program Coordinator, Advisor, etc): _____			
Authorized Observer (e.g., visitor): <input type="checkbox"/> Affiliated Organization (name of Covered Entity, vendor, etc): _____			