



## **Consent to Participate**

**This form is required only if the participant is under 18 years of age.**

I hereby grant permission for my child to participate in the Penn State Health Milton S. Hershey Medical Center Inspired Nursing Program. I certify that my child is at least 16 years of age.

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**Participant's Printed Name**

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**Parent/Guardian's Printed Name**

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**Parent/Guardian's Signature**

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**Date**



## Code of Conduct

### Dress and appearance

Students participating in the Inspired Nursing Program should wear business casual attire. This includes clothing and accessories that are crisp, neat and classic, such as:

- Khaki or dark pants
- Pressed, long-sleeved, buttoned solid-color shirt
- Polo or golf shirts
- Skirts and dresses no shorter than above the knee
- Jacket or cardigan over sundresses
- Closed-toe shoes or sneakers
- Simple, professional jewelry and accessories

Examples of **clothing that is not permitted** include:

- Athletic fleece sweatshirts or sweatpants
- Denim of any color, including pants, skirts, shirts and jackets
- Hooded shirts and jackets
- Tank tops, tube tops, shorts, short dresses/skirts and/or other revealing clothing
- No graphic T-shirts or clothing with written messages or graphics that are not representative of the Milton S. Hershey Medical Center
- Open-toed shoes

Additional appearance guidelines:

- Long hair must be tied back.
- Fingernails should be clean and neatly trimmed, with limited adornment.
- Patients can be very sensitive to smells when they are ill. For this reason, it is important that you do not smell of tobacco products, perfumes or other strong odors when you are near patients.
- Wear your nametag at all times.
- Gum chewing is not permitted.

### Prohibited items and actions

The following are prohibited:

- Possession or use of alcohol and other drugs, fireworks, guns and other weapons
- Violence, including sexual abuse or harassment
- Hazing of any kind
- Bullying, including verbal, physical and cyberbullying
- Theft and use of tobacco products
- Smoking in any Hershey Medical Center buildings
- Inappropriate use of cameras, imaging and digital devices, including use of such devices in patient care areas, restrooms or other areas where privacy is expected by staff, minors and patients



**Language**

- Use proper titles with all staff.
- Please speak quietly, especially when visiting clinical areas, to show respect for patients.

**Electronic devices**

Electronic devices, such as cell phones, iPads, etc., **should be silenced or turned off** and not used during the program out of respect for participants and presenters.

**Positive enthusiasm**

In order to make this an effective learning experience, we encourage you to show interest and enthusiasm for all activities while visiting the campus and associated clinics. Your positive attitude and willingness to learn will make this a great experience for all.

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

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**Participant's Printed Name**

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**Participant's Signature**

**Date**

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**Parent/Guardian's Printed Name (if participant is under 18 years of age)**

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**Parent/Guardian's Signature (if participant is under 18 years of age)**

**Date**

# Participant/Visitor Waiver Form

## Workers' compensation

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

## Liability

Participants and their parent(s)/guardian(s), if applicable, agree at all times to be responsible for their actions in conjunction with this agreement and understand that Penn State Health Milton S. Hershey Medical Center and its employees and agents shall have no liability for the actions of the participants and their parent(s)/guardian(s).

I acknowledge that I have read and understand all of the above information and agree that during my Inspired Nursing experience at Penn State Health Milton S. Hershey Medical Center, I will comply with the above requirements.

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**Participant's Printed Name**

**Phone**

**Email**

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**Participant's Signature**

**Date**

**If the participant 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 Penn State Health Milton S. Hershey Medical Center, we will comply with the above requirements.

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**Parent/Guardian's Signature**

**Date**



<b>Privacy Policy Manual</b>	<b>PRI-608</b>
Penn State Health Confidentiality Agreement (No Electronic Access)	<b>Effective Date:</b> 11/20/2020

**SCOPE AND PURPOSE** *The document is applicable to the people and processes of the following Penn State Health components specified below:*

<input checked="" type="checkbox"/>	Penn State Health Shared Services	<input checked="" type="checkbox"/>	Penn State College of Medicine
<input checked="" type="checkbox"/>	Milton S. Hershey Medical Center	<input checked="" type="checkbox"/>	Medical Group – Academic Practice Division
<input checked="" type="checkbox"/>	St. Joseph Medical Center	<input checked="" type="checkbox"/>	Medical Group - Community Practice Division
<input checked="" type="checkbox"/>	Holy Spirit Medical Center	<input checked="" type="checkbox"/>	Penn State Health Life Lion, LLC
<input checked="" type="checkbox"/>	Hampden Medical Center	<input checked="" type="checkbox"/>	Lancaster Medical Center

The purpose of this confidentiality agreement is to establish the requirements associated with safeguarding information in accordance with the Health Insurance Portability and Accounting Act (“HIPAA”) privacy and security safeguards and Pennsylvania State law while physically at a Penn State Health (“PSH”) campus.

**1.0 Confidential and Internal Use Information**

1.1 Protected Health Information (“PHI”)

PHI means individually identifiable health information received, stored or transmitted by a PSH entity or its business associate, in any form or medium, whether electronic, on paper, or orally. PHI includes an individual’s past, present, or future physical or mental health or condition; provision of health care to the individual; or payment information.

1.2 Personally Identifiable Information (“PII”)

PII means information which can be used to distinguish or trace an individual's identity that includes any information that could potentially be used to identify a person. Examples include a full name, Social Security number, driver’s license number, bank account number, passport number, and email address.

1.3 Internal Use Information

Internal Use information is all other information intended for use and distribution only within PSH and with authorized organizations that do business with PSH.

**2.0 Key Points Safeguards**

1. I will take reasonable steps to reduce the risk of inadvertent or unauthorized disclosure of information; including, but not limited to:
  - a. Not leaving documents in places where others can view;
  - b. Storing documents containing PHI and PII in locked cabinets;
  - c. Properly disposing of paper documents by shredding or placing them in department designated confidential shred bins; and
  - d. Speaking softly and only sharing information with people who have a need to know such information.

2. I will access, use and disclose information only as authorized and to the extent minimally necessary to perform authorized PSH activities;
3. I will not take unauthorized photographs of visitors, patients or PSH public or controlled areas;
4. I will not post PSH "Confidential" and "Internal Use" information or speak on behalf of PSH on any personal social media sites and applications; and
5. I will immediately report actual or perceived incidents of unauthorized access, use, or disclosure of "Confidential" or "Internal Use" information to your sponsor or the Privacy Office at (717) 531-2081.

**3.0 Acknowledgement**

I understand and acknowledge that:

1. I may access, use and disclose information obtained while at a PSH location only to the extent minimally necessary to perform my specific duties, responsibilities and authorized activities;
2. I am expected to take reasonable and prudent measures to safeguard information entrusted to me by PSH, in accordance with this Agreement, relevant laws, standards and policies; and
3. My failure to comply with this Agreement; all applicable laws, including HIPAA, and all PSH policies governing the protection of 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**

COM Employee/Student     PSU Employee/Student     Volunteer     Other

**(If "Other," please complete the following section):**

Name of Sponsor: _____ Dept. _____ Phone: _____		
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): _____		