

# POLICY AND PROCEDURE AGREEMENT

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**Purpose:** The intent of this policy is to alert students who are participating in internships and training programs at HCC Network for the need of discretion at all times and is not intended to inhibit normal business communication.

## REQUIREMENTS FOR INTERNSHIPS & CLINICAL TRAININGS

**Immunizations:** All students who are participating in training programs at HCC Network need to have the following immunizations/tests, before beginning their internship or clinical training program. If said student cannot receive one or all of these immunizations or tests, they must provide the appropriate documentation.

- ✓ TB Test
- ✓ Flu Shot
- ✓ Immunization Records

## CONFIDENTIALITY AGREEMENT

**General:** Our clients and other parties with whom we do business entrust HCC Network with personal and private information that may include or pertain to protected health information. It is our policy that all information considered protected and confidential will not be disclosed to external parties or to contractors without a “need to know”. If there is a question of whether certain information is considered confidential, the student should first check with his/her immediate supervisor/preceptor.

I hereby acknowledge, by my signature below, that I understand that the Personal Health Information (PHI), other confidential records, and data to which I have knowledge and access in the course of my agreement with HCC Network is to be kept confidential, and this confidentiality is a condition of my agreement. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my educational requirements. I understand that my duty to maintain confidentiality continues even after I am no longer associated with HCC Network.

I am familiar with the guidelines in place at HCC Network pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of HCC Network is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of HCC Network is grounds for disciplinary action, up to and including immediate dismissal.

### **PHOTO RELEASE STATEMENT**

I hereby give my consent for HCC Network to use my photograph and likeness in its publications, including its website and video. I release them from any expectation of confidentiality for the undersigned listed below.

### **QUALITY COMMITMENT**

I agree that I am committed to ensuring quality patient care and will comply with all quality guidelines and take direction from the quality staff, led by HCC Network Medical Director.

### **CONFLICT OF INTEREST STATEMENT**

This statement is to be read and signed by all students who are in an internship or clinical training program. It is prudent to ensure that duality of interest be identified and that any potential conflict of interest, real or perceived, be avoided through established HCC Network procedures.

### **ALCOHOL AND/OR NON-PRESCRIBED CONTROLLED SUBSTANCE POLICY**

The use of alcohol and/or non-prescribed controlled substance is not an acceptable practice while performing HCC Network activities, during normal working hours or at other times when performing said activities.

HCC Network is not responsible for any students who may sustain an injury which is related to or actually caused by the use of alcohol and/or non-prescribed controlled substances while performing HCC Network activities.

Students who are participating in the training program with HCC Network will sign this form regarding notice of this policy and it will be retained in said students' personnel file.

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**Signature**

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**Date**

