UNIVERSITY OF SOUTHERN INDIANA

COLLEGE OF NURSING AND HEALTH PROFESSIONS

UNDERGRADUATE NURSING PROGRAM

ASN - BSN Professional Behavior Agreement, Permission and Waiver Form

**Please read carefully**

I hereby acknowledge and agree that I have been informed about each of the Policies described below and to confirm this, I have placed my initials at the line before each policy to signify my understanding of the policy and also to confirm that all questions about the information described below have been answered to my satisfaction.

I understand that any violation of any of these Policies will result in disciplinary action, which may include dismissal from the program.

\_\_\_\_\_ I understand I must maintain professional behavior and adhere to the dress code when representing USI.

\_\_\_\_\_ I have reviewed, and understand, the HIPAA and OSHA policies applicable to clinical settings; I understand my responsibilities as indicated in these policies.

\_\_\_\_\_ I understand that while in any clinical setting, I am to use any facility resources (including computers) ONLY for activities directly related to patient care. These resources are NEVER to be used for my personal needs.

\_\_\_\_ I understand that any use of cell phones, or other technology, for personal use is strictly limited during all clinical experiences and may only be used during scheduled breaks and in a setting where no patients are present.

\_\_\_\_\_ I understand that I may not communicate any clinical information or event, in ANY format, unless it is communicated to the appropriate person(s) as part of a course assignment.

\_\_\_\_\_ I understand that I am prohibited from storing any patient information on any personal electronic device.

\_\_\_\_\_ I understand I am prohibited from taking pictures/videos anywhere and of anything in any clinical setting. This prohibition is not just limited to patient care areas or pictures that include patients.

\_\_\_\_\_ I understand that I must notify the RN-BSN Chair if I am moving to a different state, which might affect my ability to continue the program

\_\_\_\_\_ I understand I must read the current University of Southern Indiana RN to BSN Baccalaureate Nursing Handbook, the CNHP Handbook, and the USI Student Handbook and agree to abide by all policies and procedures contained therein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date