

UNIVERSITY OF SOUTHERN INDIANA
COLLEGE OF NURSING AND HEALTH PROFESSIONS
UNDERGRADUATE NURSING PROGRAM

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 that I am responsible for updating and maintaining my health forms and CPR Health Care Provider certificate.

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

_____ I understand I must review the HIPAA and OSHA policies applicable to my clinical settings and the simulation center and understand my HIPAA and OSHA responsibilities.

_____ I understand that I am prohibited from discussing in any electronic format including, but not limited to, Facebook, instant messaging, Twitter, chat rooms, blogs, or any other type of social networking site, patients and their families and visitors, hospital employees and members of the medical staff, or experiences in any USI sponsored clinical setting.

_____ I understand that while in a clinical setting of any type, I am to use facility resources including, but not limited to computers, copy machines, and medical supplies ONLY for activities which are directly related to patient care. These resources are NEVER to be used for my personal needs.

_____ I understand I am prohibited from using computers at the fieldwork facility to access personal web pages, social networking sites and online communication networks like, but not limited to, Twitter, instant messaging, Facebook, or other sites used for any personal communication.

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

_____ I understand that the use of cell phones, smartphones, computers and tablets for calls, text messaging, and Internet use is strictly limited during all fieldwork experiences.

As such, these devices may ONLY be used during scheduled breaks and in a setting where no patients are present.

_____ I understand that if I use a cell phone, smart phone, computer or tablet to store clinical resource information (Skyscape is a prime example of what is meant by “clinical resource information”), the device may ONLY be used to access clinical resource information. While on the clinical unit, the device must be set so it cannot transmit or receive calls or data. I also understand that I am prohibited from storing any patient information on any personal electronic device.

_____ I understand I am prohibited from taking pictures 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 I must read the current University of Southern Indiana Bacalaureate Nursing Handbook and agree to abide by all policies and procedures contained therein.

Printed Name

Student's Signature

Date: _____