

This information package is provided to support your application to request a student placement at a site that is using the Health Sciences Placement Network (HSP*net*).

Completed Placement Request Forms should be sent via fax or mail to your placement contact at the receiving site.

Package Contents:

1. Placement Request Form (sample)
2. Placement Request Form (blank)
3. Student Consent Form - to be completed and signed by each student in order to release their identifiable information (name) to the agency using HSP*net*. If student consent is not obtained, the student's name cannot be entered into HSP*net* and will therefore not be available online to the supervisor/preceptor or unit/program staff.
4. A student handout entitled *Intended Purposes and Handling of Personal Information in HSPnet*, to accompany the Student Consent form when distributing to students. This handout hand out explains how their personal information may be collected, used and disclosed via HSP*net* and the privacy and security safeguards that are in place.

If you have any questions, please contact your placement contact at the receiving site.

PLACEMENT REQUEST FORM

For submission manually by non-HSPnet Placing Agencies

Sample

Date Feb 1/07

Placing Agency Information

= Mandatory field

Placing Agency Name Department

Educational Program Name Program Duration (Years)

Website Link to Program Information

(if available) Course Name/No. Program Year of Course (e.g. 4th yr)

Placement Type (e.g. preceptor/group/project) Number of Students (instructor-led groups)

Placement Coordinator / Instructor Information

Coordinator Name Title

Phone Fax

Email

Instructor Information

Instructor Name Title

Phone Fax

Email

Student Information - do NOT include unless student consent is attached - see below

Student Last Name First Name

Phone Fax

Email

Student consent MUST be obtained prior to releasing this information
 Consent form and Student Handout are attached to this form

Student Consent Attached

Placement Request Information

Receiving Agency Agency Site

Service Unit/Prog

Unit/Prog. Details

Placement Start Date End Date

Start Time End Time Days M T W Th F S Sun

Shifts x Hours = (total duration of placement in hours)

Comments

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Comments

Consent Form for Use and Disclosure of Student Information

Student Name: _____

Student No: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize us to:

- Use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practica, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Transfer your placement-related Personal Information and Personal Health Information (including contact information, placement history, and placement prerequisites information) between educational programs if the program in which you are registered is a Collaborative or Transfer program. In Collaborative or Transfer programs, the student transfers part way through their program from one educational institution to another.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

- 3.1 Right to Refuse Consent** - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review Privacy & Security Policies** - A copy of the document entitled *Identified Purposes and Handling of Personal Information in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an up-to-date copy by contacting the BC Academic Health Council at (604) 739-3910 or by visiting the website at www.hspcanada.net.
- 3.3 Right to Request Restrictions on Use/Disclosure** - You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.
- 3.4 Right to Revoke Consent** - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit www.hspcanada.net/privacy/index.asp.

I hereby authorize my educational program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

Signature of Student

Date

Background

The Health Sciences Placement Network (HSPnet) is a secure web-enabled application developed and managed by the BC Academic Health Council on behalf of its partners in several jurisdictions across Canada. The HSPnet database contains information about students in clinical placements within health agencies. Students authorize their educational program to use and disclose their personal information (name, student profile) and to use (but not disclose) their personal health information via HSPnet for the purpose of locating and coordinating placements as required for their educational program. This document provides a summary of the national HSPnet Policies on Privacy, Security and Data Access, relating to the protection of student information within HSPnet. The complete Policies can be viewed on the HSPnet website at www.hspscanada.net.

Collection, Use, and Disclosure of Personal Information (PI) and Personal Health Information (PHI) in HSPnet

HSPnet Policies ensure that PI and PHI in HSPnet:

- Are collected, used, and disclosed only for purposes consistent with identifying and coordinating a student's clinical placements;
- Cannot be used or disclosed without the consent of the student whose PI or PHI is to be collected; and
- Are used by or disclosed only to authorized individuals on a need-to-know basis, and by/to staff involved in student placements within the student's educational program or placement site. PHI is never disclosed via HSPnet to users who are external to the student's educational program.

PI Collected <i>May include any or all of:</i>	Uses of PI <i>BY authorized users only within Student's Educational Program</i>	Disclosure of PI <i>TO authorized users only within the Placement Site being asked to accept the Student</i>
<ul style="list-style-type: none"> • Student names • Student home address, phone numbers or email ID • Student number • Placement Preferences (1st, 2nd and 3rd choices if offered) 	<ul style="list-style-type: none"> • To contact students regarding placement needs or status, or regarding urgent issues such as labour disruption at the placement destination • To generate class placement lists, confirmation notices and schedules • To maintain a student history of placements 	<p>Student name is disclosed upon confirmation of an accepted placement, for the purpose of facilitating placement arrangements (orientation, preceptor assignment) and as a record of students received by the Site. Name may be disclosed, at the discretion of the educational program, prior to acceptance if the Receiving Site has a need to know (e.g. to arrange a student interview, if the student is an employee).</p> <p>No other student PI (besides name) is disclosed under any circumstances</p>
Student Prerequisites as required by Placement Sites (e.g. criminal records check, CPR or other certifications)	To track student compliance with each site's published requirements for criminal records check, CPR certification, etc.	<i>Not disclosed under any circumstances</i>
Student Profile of educational or work history relevant to placement requests	To facilitate a good fit between the student and Placement Site, learning experiences offered, and supervisor/preceptor to be assigned.	

PHI Collected <i>May include any or all of:</i>	Uses of PHI <i>BY authorized users only within Student's Educational Program</i>	Disclosure of PHI
Status of indicators for safety and/or infection control as required by Placement Sites prior to accepting students: <ul style="list-style-type: none"> • Information on a student's immunity or immunization status for vaccine-preventable diseases such as Varicella, Polio, Diptheria/Tetanus, Influenza, and Measles/Mumps or Rubella • Information on Tuberculosis status including TB test and/or chest X-ray results 	To track status of a student's eligibility according to the requirements of Receiving Agency sites where students may be placed	<i>Not disclosed under any circumstances</i>

Safeguards

- The accuracy and completeness of personal information within HSPnet is maintained through the use of system tools such as mandatory fields and formatting rules, and through periodic review of data quality to identify the need for interventions including user training and system modifications.
- HSPnet data is physically and logically secured in accordance with industry standards and best practices, including enforcement of strict rules for physical security and backups, password protection at all points of access, and use of anti-virus software, firewall protection, and data encryption.
- Periodic audits of HSPnet transactions are carried out to ensure there are no problems and/or gaps in the user interface that might permit inappropriate access to or update of data.
- Personal information on each student, along with their placement history, is retained for up to two years after the student's completion of or withdrawal from the educational program, and is available to the student upon request to their jurisdiction's Privacy Officer or the HSPnet Privacy Officer.

Openness, Access, and Challenging Compliance

- The BCAHC provides a mechanism whereby an individual can access their own information as well as a complete description of the type of PI or PHI collected and the Identified Purposes for using or disclosing the information. Such requests can be made in writing by the student, or his/her designate as authorized by the student in writing, to the HSPnet Privacy Officer and/or to the local Privacy Officer within the student's jurisdiction (contact information for each province or jurisdiction is available on the HSPnet website at www.hspscanada.net/privacy/index.asp).
- An individual may request changes to their PI or PHI contained in HSPnet, or may register a complaint or challenge regarding the handling of their information in HSPnet by submitting a request in writing to the HSPnet Privacy Officer or local Privacy Officer within their jurisdiction (contact information is available on the HSPnet website at www.hspscanada.net).