

# CONSENT FORM FOR USE AND DISCLOSURE OF STUDENT INFORMATION

Student Number: \_\_\_\_\_ Educational Program: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

By signing this consent, you authorize your education Program \_\_\_\_\_ to:

- Collect, 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 practicum, 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 prerequisites information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPNet student placement services.

## 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 updated copy by contacting [privacy@hspcanada.net](mailto:privacy@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 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](http://www.hspcanada.net/privacy/index.asp).

I hereby authorize my education 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.

## Our Locations

### + Calgary Campus

403 264 2009 | 403 992 7611  
Fax: 587 352 2049

1324 36 Avenue NE  
Calgary, Alberta | T2E 8S1

### + Red Deer Campus


403 264 2049 | 403 986 0684  
Fax: 403 986 4815

4811 48 Street  
Red Deer, Alberta | T4N 1S6

### + Edmonton Campus

780 863 8236  
Fax: 780 434 8328

6920 Roper Road NW  
Edmonton, Alberta | T6E 0A8

-  [mtghealthcare.com](http://mtghealthcare.com)
-  [info@mtghealthcare.com](mailto:info@mtghealthcare.com)
-  MTG Healthcare Academy
-  @mtghealthcareacademy

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_