



Mount Nittany Health (“Mount Nittany”) STUDENT AGREEMENT OF RESPONSIBILITY

This document contains a statement of responsibilities to be assumed by the student during the internship/clinical experience. The student is required to sign Mount Nittany’s **STUDENT AGREEMENT OF RESPONSIBILITY**, which includes an Oath of Confidentiality, prior to activity at Mount Nittany. The internship/clinical experience is governed by an Educational Affiliation Agreement between Mount Nittany Health and the institution. This Statement of Responsibility is prepared in accordance with that Agreement.

Definitions:

Faculty Member - Employee/faculty of the school who directly supervises the student’s educational experience.
Preceptor – Mount Nittany employee who guides and directs a student’s internship/clinical experience.
Mount Nittany Health – Mount Nittany Medical Center, The Mount Nittany Surgical Center, Inc., and Mount Nittany Physician Group, individually and collectively.

The Student:

1. Agrees to work under the direct supervision of the Preceptor or the school’s Faculty member during internship/clinical hours.
2. Agrees to conform to Mount Nittany’s dress code.
3. Agrees to assume responsibility for the completion of all internship/clinical assignments, such as written reports, required by the school.
4. Observes Mount Nittany policies and procedures during the internship/clinical experience.
5. Agrees to comply with the health requirements as stated in Infection Control Policy 407, Health Policy: Students, Faculty and Contracted Patient Care Providers.
6. Adheres to scheduled hours and reports any absence promptly to the Preceptor/Faculty member. The student assumes the responsibility for making up the time missed through illness or family emergency.
7. Agrees, if appropriate, to maintain current professional liability insurance policy at limits indicated in the educational affiliation agreement.
8. Agrees to report any alleged, charged, or resolved ongoing incidents of criminal conduct to Mount Nittany.

Oath of Confidentiality: I agree as a condition of my internship/clinical experience to treat all proprietary information relating to the business and operation of Mount Nittany, information about individuals whom I encounter, all patient information available through any source, and all other information available to me through records and documents during my internship/clinical experience at Mount Nittany in strictest confidence and keep the information, names and other forms of identities anonymous and I further agree that the information available to me will be used only for the purpose of my study/research/academic work. I understand that a violation of this confidentiality agreement by me may result in my suspension from the internship/clinical experience at Mount Nittany and my breach of confidentiality will be reported to the agency/institution that I represent. Further, I understand that I may be subject to legal action for violation of this confidentiality agreement.

Release of Liability: I have reviewed important safety and customer service information provided to me and have had an opportunity to have questions answered about the information. I acknowledge that my internship/clinical experience at Mount Nittany may involve observation of health care patient treatment and I hereby agree to release Mount Nittany from any and all claims for injuries occurring to me as a result of my reaction (i.e. fainting, nausea, etc.) to the observation of health care patient treatment.

My signature below represents my agreement to be legally bound by the terms of this Agreement set forth above.

Student (print name): _____
School: _____
Field of Study: _____
Internship/Clinical Dates: _____
Signature: _____ Date: _____
Parent/Guardian Signature _____ Date: _____
(for Participant under age 18)