

Professional Experience Placement Confidentiality Acknowledgement

PERSONAL DETAILS

Student ID		Discipline	
Surname		Given Names	

I acknowledge that whilst I am undertaking Professional Experience Placement as part of my course I will have access to confidential and personal information about patients/clients.

As a student enrolled at James Cook University I understand the obligation of confidentiality of information concerning the personal affairs and health related information of patients/clients.

I will not at any time disclose any Confidential Information or Personal Information relating to a patient/client of a placement facility that I become aware of unless the disclosure of the information:

- (a) is necessary to enable a health professional or me to perform health care duties; or
- (b) is for the purpose of obtaining legal advice from a registered legal practitioner; or
- (c) is required pursuant to an order of a Court, Commission or Tribunal; or
- (d) is in accordance with the Privacy Act 1988 (Cth) or the Information Privacy Act 2009 (Qld).

I will not disclose any private or commercial information (e.g. relating to other staff or the placement facility) that I become aware of (regardless of how obtained) during a Professional Experience Placement.

I will not remove from the premises of a placement facility, any written or hardcopy documents/files or any electronic files, which belong to the placement facility, and which may contain Confidential Information or Personal Information relating to a patient/client of the placement facility or the operation of the placement facility.

I will not make any record(s), (other than on documents or files which belong to the placement facility), during or after completion of my Professional Experience Placement, which may identify any patients/clients of the placement facility. I further undertake not to remove from the premises of the placement facility any written or hardcopy documents/files or any electronic files, (including notes for case studies and patient/client care plans) which I have prepared during my Professional Experience Placement and which may identify a patient/client of the placement facility. I acknowledge that in order to ensure a patient/client is not identifiable; I must not record any of the following details where the recording of one or more of the details would enable the patient/client to be identified:

- (a) the name of the patient/client;
- (b) initials of the patient/client's name;
- (c) the patient/client's date of birth;
- (d) the patient/client's date of admission or consultation at the placement facility;
- (e) any names of the patient/client's relatives;
- (f) the name or details of the placement facility; or
- (g) the names or details of any of the placement facility's health professional or administrative staff.

I will not publish on social media (including Facebook, Twitter, or any other social media website) any photographs, details or information of any kind, which I have gained or observed during a Professional Experience Placement. I also undertake not to discuss any details or information gained or observed during a Professional Experience Placement which may identify a patient/client of the placement facility, at any JCU lecture or tutorial, JCU event or whilst engaging in any educational activity at any place.

If I am required to access electronic health records during a Professional Experience Placement, I will not share my identification number or password with any other person, and I will log off computer sessions when I am away from a workstation.

‘Confidential Information’ includes, but is not limited to:

- (a) information which by its very nature might be reasonably understood to be confidential or to have been disclosed in confidence;
- (b) information which a placement facility indicates is confidential;
- (c) information which relates to any arrangements or transactions between a placement facility and its patients/clients;
- (d) information which would be of a commercial value to a competitor of a placement facility; or
- (e) all records based on or incorporating information referred to in clauses (a) to (d).

‘Personal Information’ is information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- (a) whether the information or opinion is true or not; and
- (b) whether the information or opinion is recorded in a material form or not.

‘Professional Experience Placement’ is a clinical or practical education experience, which is a required component of a course, in a health or animal service that may be on campus or off campus. It is also known as professional practice, work-placement, work experience, work-integrated learning, farm work, practicum, internship, clinical experience, clinical placement, practice placement or practical work.

Please print the form, sign (*in front of witness - dates must match*) and then email to dthmplacements@jcu.edu.au

Student Signature		Date	
Witness Signature (Witness must not be under 18 or a relative)		Date	
Witness Name			
Witness Address			

PROFESSIONAL EXPERIENCE PLACEMENT IDENTIFICATION

I understand that the JCU student clinical placement identification card and year badge are valid only while I am currently enrolled as a student in a Course at James Cook University. I shall return the year badge at the end of the final placement for that year. The JCU clinical card (and year badge) remain the property of the University at all times and I agree to return these item/s to the Professional Placement Unit, James Cook University, forthwith upon ceasing active involvement in the course.

Student Signature		Date	
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