



Undergraduate Nursing Student Placement Form

Date: _____

Last name First Name MI

Phone: _____ Gender: Male Female

Email: _____

Have you been placed as a student at San Francisco General Hospital before: Yes No

If yes, date(s): _____ Department: _____

Health Data Access

In addition to completing below, the preceptor must complete the Invision/LCR Request form and the student must complete the Online User Confidentiality and Security Agreement (forms available on the DPH intranet).

Health data access needed: Yes No If no, please proceed to the next section.

Reason for request: _____

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- I understand and agree that it is my legal and ethical responsibility to maintain the confidentiality of all patient medical records and the patient information they contain.
Initial: _____
 - I understand that that SFGH conducts routine random audits of who gains access to medical records and that the State of California assesses heavy fines for institutions and individual health workers viewing any patient medical record without a direct need to know.
Initial: _____
 - I understand and agree that the records must not be removed from the Health Information Systems Department for any reason.
Initial: _____
 - I have received and reviewed the Health Insurance Portability and Accountability Act (HIPPA).
Initial: _____

Oath of Confidentiality

As a condition of clinical placement, conducting research, a student internship or the observation of patient care at San Francisco General Hospital and Trauma Center, I _____, agree not to divulge any information obtained in the course of such training or research to unauthorized persons, and not to public or otherwise make public any information regarding persons who have received services such that the person who received services is identifiable. I further agree not to divulge or public general patient information or statistics without prior authorization from my preceptor or hospital administration. I further agree to hold in strict confidentiality all matters discussed in Medical Staff of hospital committee meetings to which I might be privy. I recognize that the unauthorized release of confidential information may make me subject to civil action under provisions of the Welfare and Institutions Code.

Signature: _____ Date: _____

Orientation

I attest that the above named student has been orientated to the hospital by completing New Employee Orientation on _____, has received appropriate written material and introduced to department/unit/clinic protocol and standards.

Preceptor Signature: _____ Date: _____

Preceptor Name: _____ Dept./Unit: _____

Student Declaration

I certify that the information provided on this form is true, accurate and complete. I agree to provide the immunization/screening records upon the hospital's request. I understand that any false information will cause my disqualification in any programs on the San Francisco General Hospital (SFGH) campus and affiliated clinics. If placed, I recognize that all confidential information obtained or observed at SFGH is in confidential nature. I agree, that at all times, to ensure the confidentiality of all sensitive information I have contact with, comply with applicable laws and maintain patient privacy. I understand that failure to comply with any of the above requirements may result in cancellation of the placement.

Signature: _____ Date: _____

Submission

Submit form addressed to (electronic submission preferred and accepted as original):

Mail: Janet Kosewic, Nursing Professional Development
San Francisco General Hospital and Trauma Center
1001 Potrero Avenue, 7th Fl, 7G40
San Francisco, CA 94110

Email: janet.kosewic@sfdph.org
Fax: 415.206.6922 Phone: 415.206.4191