

## REGISTRATION FOR CLINICAL PLACEMENT

**LEARNERS:** All required paperwork must be received at least 4 weeks prior to your start date. Learners without complete paperwork will not be allowed to start until all paperwork has been received and processed.

LEARNER'S NAME First Name(\*): \_\_\_\_\_ Middle Name(\*): \_\_\_\_\_

Last (Surname) Name(\*): \_\_\_\_\_

**\*Please note: First and Last Name as well as Middle Name(s) (if any) are required fields.**

CPSO #: \_\_\_\_\_ CMPA#: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

UNIVERSITY AFFILIATION: \_\_\_\_\_

TRAINING PROGRAM: \_\_\_\_\_ CATEGORY (CC, PGY1, PGY2, etc...): \_\_\_\_\_

ROTATION START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

PLACEMENT SERVICE/DEPARTMENT: \_\_\_\_\_

N-95 MASK TYPE: \_\_\_\_\_ \*FIT-TESTING DATE: \_\_\_\_\_

**\*Fit-testing must be current; within 2 years of the fit-testing date.**

STUDENT ADDRESS AND PHONE: \_\_\_\_\_

\_\_\_\_\_

LEARNER'S EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE: \_\_\_\_\_

"I understand that Personal Protective Equipment (PPE) is designed to protect the wearer from exposure to infectious microorganisms or other hazardous agents. As a learner of Grand River Hospital and/or St. Mary's General Hospital, I agree to don the necessary PPE as required.\*"

\_\_\_\_\_  
Learner's Signature

\_\_\_\_\_  
Date

### Additional Required Documentation:

- ☐ Proof of completion of online Privacy & Confidentiality for Professional Staff course (REQD 122)
- ☐ Proof of completion of online Accessibility (ISAR) course (REQD 110)
- ☐ Signed Confidentiality Agreement
- ☐ Letter of Good Standing indicating insurance coverage and up-to-date immunization status (if not sent directly by program).

\*Contact Leah Klassen at [leah.klassen@grhosp.on.ca](mailto:leah.klassen@grhosp.on.ca) if you would like a copy of the PPE policy for review.

## CONFIDENTIALITY AGREEMENT

**Name:** \_\_\_\_\_

*(Please Print and include First, Middle and Last Name)*

### **I: Confidentiality Affiliation with Grand River/St. Mary's G.H. (GRH/SMGH)**

\_\_\_\_\_  
(For example: employee, clinician, physician, allied health, volunteer, student, consultant, vendor, shared care partner and contractor)

#### **Definition of Personal information (which includes Personal Health Information)**

“Personal Information includes any factual or subjective information, recorded or not, and in any form, about an identifiable individual, but does not include the name, title or business address or telephone number of an employee of an organization. Personal Health Information is included in Personal Information, and is comprised of information related to an individual, whether living or deceased, including: (a) information concerning the physical or mental health of the individual; (b) information concerning any health service provided to the individual; (c) information concerning the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual (d) information that is collected in the course of providing health services to the individual; or (e) information that is collected incidentally to the provision of health services to the individual.”

#### **Definition of Confidential Information**

“ Confidential Information includes information, in any format, created or received by the Hospital in the course of its business, including patient information, Executive and Corporate information (including, but not limited to, information pertaining to the Hospital medical staff, Board and Executive Committee meeting minutes, working drafts of corporate documents), financial information, human resources information (including, but not limited to, payroll, personnel, or legal information, and staff health records).”

1. During my association with GRH/SMGH, I will have access to personal information and material relating to patients, medical staff, employees, other individuals, or GRH/SMGH, which is of a private and confidential nature.
2. At all times, I shall respect the privacy and dignity of patients, employees, and all associated individuals.
3. I shall treat all GRH/SMGH administrative, financial, patient, employee and other records as confidential information, and I will protect them from improper disclosure. I shall not collect, use or disclose any confidential information without authorization nor will I discuss, divulge, or disclose confidential information about GRH/SMGH to others, unless it is necessary to fulfill my duties and responsibilities to GRH/SMGH. If I am unsure if I have the authorization of GRH/SMGH to access, use or disclose confidential information, I agree to seek clarification on this issue from GRH/SMGH. This could be through my immediate supervisor at GRH/SMGH or GRH/SMGH's Privacy Officer. I acknowledge that this obligation does not apply to information that is in the public domain.

4. I shall ensure that confidential information is not inappropriately accessed, used, or disclosed either directly by me, or by virtue of my signature, password or security access to premises or systems.
5. Violations of this policy include, but are not limited to:
- accessing confidential information that I do not require for the purposes of fulfilling my duties and responsibilities to GRH/SMGH;
  - misusing, disclosing without proper authorization, or altering patient or personnel information, and disclosing to another person my user name and/or password or failing to adequately protect my password.
6. I shall only access, process, and transmit confidential information using authorized hardware and software, or other authorized equipment, as required by the duties of my role at GRH/SMGH.
7. I understand that GRH/SMGH will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
8. I understand and agree to abide by the conditions outlined in this agreement, and I acknowledge that they will remain in force even if I cease to have an association with GRH/SMGH.
9. I also understand that should any of these conditions be breached, I may be subject to corrective action including, but not limited to, termination of employment, loss of privileges, contract termination, or other action appropriate to my association with GRH/SMGH.
10. I am aware that GRH/SMGH has policies and procedures regarding privacy, confidentiality and security of Personal Information and I understand that it is my responsibility to be familiar with these policies and procedures and to comply with their provisions.

Full Name (Please Print)\_\_\_\_\_Signature & Date\_\_\_\_\_

Name of Witness (Please Print)\_\_\_\_\_Signature \_\_\_\_\_

**Mandatory Online Training at**  
**GRAND RIVER HOSPITAL AND ST. MARY'S GENERAL HOSPITAL**

**All students, residents, observers, and midwifery students participating in placements at Grand River Hospital and/or St. Mary's General Hospital are required to complete the two online training modules listed below prior to their placement start date. You may be required to complete additional modules as required for specific departments.**

**GRH 122: Privacy & Confidentiality for Professional Staff**

This course will provide you with the information required to understand privacy and confidentiality and how it applies to you as a professional staff of the hospital. It is based on Ontario privacy legislation and affiliated hospital policies.

**REQD 110: Accessibility – Integrated Accessibility Standards Regulations (IASR)**

All people have equal right of access to all goods and services provided by Grand River Hospital. Service will be provided in a manner that promotes the dignity, autonomy, respect, privacy and safety of persons with disabilities and is compliant with Integrated Accessibility Standards Regulations of the Accessibility for Ontarians with Disabilities Act (AODA).

**Directions for using the online tutorials via Grand River Hospital website:**

Please [click here](#) to search for and access the courses listed above. If you are unable to access the site from this link, please follow the steps below.

- a. Visit our [Learning Management System](#) webpage
  - o Click on link above, OR
  - o Go to: [www.grhosp.on.ca](http://www.grhosp.on.ca), click on the Careers tab, then the Wellness & Organizational Development tab, and then the green "Login Now" button located on the right hand side of the page under the Careers menu.
- b. Click the Catalogue tab at the top of the page
- c. Search in 'All Catalogues' and type "Privacy" or "Accessibility" to find the courses
- d. Click 'Select this Course' then 'Take Course Now'

**After completing the courses, please take a print-screen or screen shot of the last page to demonstrate that you have successfully passed, and forward a copy by email or fax to my attention in the Chief of Staff Office\*.**

\*Leah Klassen, Medical Education Coordinator - Chief of Staff Office  
Grand River Hospital and St. Mary's General Hospital  
Ph: 519-749-4300 x2525 or 519-744-3311 x6019  
Fax: 519-749-4293  
E: [leah.klassen@grhosp.on.ca](mailto:leah.klassen@grhosp.on.ca)

Chief of Staff Office  
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