

Learning Placement Authorization (LPA) Form

This form to be completed and signed by the Student/Learner.

Student/Learner Name:

School/Institution:

School Program/Course:

Email Address:

Are you currently employed by KHSC at this time?

Yes Role/Department:

Placement Start & End Date: -

School Placement/Program Coordinator Name & Email:

Length of Program: **Type of Placement:**

KHSC Placement Unit/Department Name:

Unit/Department Manager or Director Name:

Preceptor/Supervisor/Instructor Name:

Emergency Contact Information: Full Name:

Telephone:

The information below describes some of your duties that you must assume during your placement. If you require clarification or have a question regarding any of the points below, please contact the coordinator of your program at the school. Please keep a copy of this agreement for your records.

- I understand that education programs cannot compromise the patient care and service objectives of KHSC. KHSC has the final authority for all aspects of patient care and service.
- I will treat all KHSC administrative, financial, patient, employee, and other records, whether written, verbal or electronically stored, as confidential material and I will protect it to ensure full confidentiality. I will not read records, discuss, or use such information unless there is a legitimate purpose to do so in my normal KHSC duties and responsibilities.

- All hardware, software and other equipment are to be used for business purposes only. Any system User-ID(s) issued to me and/or any Password(s) created and personally entered by me into KHSC Information Systems are unique codes that identify me to KHSC Information Systems. All entries made will be associated with my identity. I will protect the security of my signature code and I will not use the code of another person or enable another person to know or use my code. This confidentiality extends indefinitely (beyond the period of placement). A breach of any of these conditions will result in disciplinary action up to and including termination of placement.
- I understand that performance or conduct issues, including but not limited to breach of confidentiality, failure to department protocols, may result in termination of my placement. This termination will be conducted in partnership with the School.
- I understand that I will be assigned patient care or service responsibilities only to the degree commensurate with my level of ability, and optimum learning. I acknowledge that a patient has the right to refuse to be a participant in educational programs.
- I understand that it is my responsibility to report any misconduct or improper instructions to my placement supervisor.
- I understand that KHSC and the School will not accept responsibility for any financial cost I incur during my attendance at KHSC, including, but not limited to meals, parking, and emergency medical care.
- I understand that last-minute changes can and do occur with respect to placement location and schedules. KHSC and the School will not accept any responsibility for any financial costs I may incur as a result of such last-minute changes in placement..
- I understand that KHSC practices under. I agree to conduct myself in such a way that will reflect the ICPM model function to 'full scope'. ICPM is a means of transforming how care is delivered for patients and families.
- I will be subject to the policies, procedures, and regulations of KHSC and the School while I am participating in a placement at KHSC. This includes having all required immunizations, wearing appropriate identification, clothing, use of personal devices, etc. at all times while at KHSC.
- My school covers me under Workers Safety Insurance Board (WSIB). If I am injured and require medical assistance, I will declare my student status at Occupational Health & Safety, or Emergency Services.
- I understand I am voluntarily assuming the risks associated with working in a healthcare setting, which includes but is not limited to hospital acquired infections such as Covid-19, Influenza, etc. I agree to hold KHSC harmless for any claim, damage, or action associated with any reasonably foreseeable risks involved in this work placement.
- I understand that working in a healthcare setting sometimes means that I may be exposed to high stress situations which may include aggressive and unpredictable behaviour. I agree to familiarize and abide by the necessary protocols. I agree to remove myself should I not be qualified or not be aware of how to properly conduct myself in the these situations.

By signing this Learning Placement Authorization Form, I expressly state that I have had sufficient opportunity to read this LPA Form in its entirety and had the opportunity to ask questions. I further certify that I have read and understood it, and I agree to be bound by its terms and conditions.

Date

Student/Learner Signature

(Please note: Signature must be hand-written or a verified e-signature. 'Typed' signature is not accepted.)