

**University of Southern Indiana**  
**College of Nursing and Health Professions**  
**MSN and Post MSN Professional Behavior Agreement**  
**Permission and Waiver Form**

*Please read carefully*

I hereby acknowledge and agree that I have been informed about each of the Policies described below and to confirm this, I have placed my initials at the line before each policy to signify my understanding of the policy and also to confirm that all questions about the information described below have been answered to my satisfaction. **I understand that any violation of any of these Policies will result in disciplinary action, which may include dismissal from the program.**

\_\_\_\_\_ I understand that I am responsible for updating and maintaining my health forms, including updating vaccines, and CPR Health Care Provider certificate.

\_\_\_\_\_ I understand I must maintain professional behavior and adhere to the dress code when representing USI.

\_\_\_\_\_ I understand I must review the HIPAA and OSHA policies applicable to my clinical settings and understand my HIPAA and OSHA responsibilities.

\_\_\_\_\_ I understand that I am prohibited from discussing in any electronic format including, but not limited to, Facebook, instant messaging, Twitter, chat rooms, blogs, or any other type of social networking site, patients and their families and visitors, hospital employees, and members of the medical staff, or experiences in any USI sponsored clinical setting.

\_\_\_\_\_ I understand that while in a clinical setting of any type, I am to use facility resources including, but not limited to computers, copy machines, and medical supplies **ONLY** for activities which are directly related to patient care. These resources are **NEVER** to be used for my personal needs.

\_\_\_\_\_ I understand I am prohibited from using computers at the fieldwork facility to access personal web pages, social networking sites and online communication networks like, but not limited to, Twitter, instant messaging, Facebook, or other sites used for any personal communication.

\_\_\_\_\_ I understand that I may **not** communicate in any verbal, written or electronic format any clinical information or event unless it is communicated to the appropriate person(s) as part of a course assignment.

\_\_\_\_\_ I understand that the use of cell phones, smartphones, computers and tablets for calls, text messaging, and Internet use is strictly limited during all fieldwork experiences. As such, these devices may **ONLY** be used during scheduled breaks and in a setting where no patients are present.

\_\_\_\_\_ I understand that if I use a cell phone, smart phone, computer or tablet to store clinical resource information, the device may ONLY be used to access clinical resource information. While in clinical, the device must be set so it **cannot transmit or receive calls or data**. I also understand that I am prohibited from storing any patient information on any personal electronic device.

\_\_\_\_\_ I understand I am prohibited from taking pictures anywhere and of anything in any clinical setting. This prohibition **is not** just limited to patient care areas or pictures that include patients.

\_\_\_\_\_ I understand I must read the current University of Southern Indiana MSN and Post MSN Certificate Handbook and agree to abide by all policies and procedures contained therein.

\_\_\_\_\_ I understand I must hold an unencumbered RN licensed in each and every state I participate in clinical experiences.

\_\_\_\_\_ I understand it is necessary to comply with the technology recommendations for distance education courses provided by the USI Department of Distance Education.

\_\_\_\_\_ I have read and understand the USI academic integrity policies.

\_\_\_\_\_ I understand the program's online testing policies.

\_\_\_\_\_ I understand the program's withdrawal from courses policies.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student's Signature

Date: \_\_\_\_\_

## PERMISSION TO USE MY IMAGE AND PERSONAL STATEMENT

I give my permission to allow the University of Southern Indiana (USI) College of Nursing and Health Professions to use my picture and my personal statement about USI for educational and promotional purposes including, but not limited to, posting my picture and personal statement on the website of the USI College of Nursing and Health Professions. This permission extends until such time it is withdrawn by me in a written and signed revocation of this permission statement delivered to the Dean, College of Nursing and Health Professions.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student's Signature

Date: \_\_\_\_\_

## WAIVER OF PRIVACY RIGHTS

I give my permission to the USI College of Nursing and Health Professions to comply with requests for information from third parties who request this information for the following purposes: to consider offering me for employment; deciding upon my admission to another program at USI or another educational institution; and for the purpose of securing financial aid, a scholarship, honor or award. This permission serves as a waiver of my rights under the Family Educational Rights and Privacy Act (FERPA) and remains in effect until such time as it is withdrawn by my written and signed revocation that is delivered to the Dean, College of Nursing and Health Professions.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Student's Signature

Date: \_\_\_\_\_