

STUDENT ACKNOWLEDGEMENT FORM

(Name of Student)
with respect to a placement at

(the "Facility")
through

Dalhousie University on behalf of the
School of Communication Sciences and Disorders


The Facility and the University have signed an Agreement about the placement programs in which you wish to participate. Prior to starting a placement in the Facility, you are required to read and sign this Acknowledgement. This document describes your responsibilities during your placement and other important information you should know.


By signing this Acknowledgement, the undersigned agrees to the following:

1. Placement programs cannot compromise the client/patient care or client service objectives of the Facility. Facility staff are the final authority for all aspects of client/patient care or client service and for the integration of the placement programs into the Facility.
2. The Facility has the right to require me to leave their facilities or programs because of my performance or conduct. This right will not be exercised without prior discussion with the appropriate School or College except in extraordinary circumstances.
3. I am aware of my responsibility to maintain appropriate behaviour while in the Facility's facilities and programs, particularly concerning patients'/clients' privacy and confidentiality of patients'/clients' records and all other Facility related information and matters. All such information is confidential and cannot be communicated except as outlined in the Facility policy. I will not disclose what I see or hear, or pass on information from written records concerning any client/patient, except for the purposes of client/patient care or service. I will not discuss patients'/clients publicly, either within or outside the Facility. If confidentiality is breached, the penalty may include termination of my placement.
4. I acknowledge that a client/patient has the right to refuse to be a participant in placement programs.
5. I will be assigned client/patient care or service responsibilities only to the degree commensurate with my level of ability, and optimum learning will be provided without diminishing the quality of client/patient care or service.
6. I am subject to the policies, procedures, and regulations of the Facility while I am participating in the placement program within the Facility.
7. The Facility does not accept any responsibility for the risk of accidental injury not caused by the Facility, its agents, or employees that I may suffer during this placement. Specifically, the Facility does not carry health insurance or disability insurance that provides coverage for students. Students must have DSU health insurance, or equivalent, while on placement. The University purchases accidental and disability insurance or workers' compensation coverage, depending on the location of the placement, for students while they are on placement.
8. The University carries malpractice insurance in the event that a client is injured through negligence on my part in the course of my placement.
9. I acknowledge that I am solely responsible for the financial costs I incur during the term of my placement, including, but not limited to travel to the location of my placement, local travel, accommodation, meals and emergency care.

10. I acknowledge that due to circumstances beyond the control of the Facility and the University there may be a last minute change to the location of my placement and that I am responsible for any costs I may incur as a result of such a change.
11. I understand that in March 2020 the World Health Organization declared a global pandemic of the virus leading to COVID-19. It is uncertain how long the pandemic, and the related government and organizational responses, will continue, and it is unknown whether there may be a resurgence of the virus leading to COVID-19 or any mutation thereof (collectively, the "Virus") and resulting or supplementary renewed government and organizational responses. I understand that I am required to follow any procedures or protocols that are communicated to me regarding client/patient charting or other measures put in place to prevent access, use, modification, collection or disclosure of confidential information. I also understand that my student placement may be modified (e.g. some or all of it may be carried out remotely) or terminated on short notice as a result of the Virus or related government or organizational responses, and that I am responsible for any costs I may incur as a result of any such changes.

Signed by:

 _____ B00
Student

 _____
Witness Signature (School Administrator/Faculty Member) Witness Name

_____ Date
Witness Title