



Clinical/Practicum Requirements Checklist

Student Name _____ Date _____

Program _____ Term _____

To qualify for enrollment in the above NAH Program Courses the following criteria must be met by _____ deadline. Students must be clinically **COMPLIANT** prior to registering for a Nursing and Allied Health Program.

	Create COMPLIO account at www.southtexascollegecompliance.com Upload all your documents, for technical support call 1-800-200-0853. After uploading, allow 48 hours for Administrator to review your documents.
	Criminal Background Check: Student must contact Clinical Affairs Specialist to complete “ Texas Board of Nursing ROSTER Form ” Students must have either Blue Card or Clearance Letter from Texas Board of Nursing prior to enrolling in any nursing program. Upload the front and back of Blue Card or Clearance Letter from TX Board of Nursing on COMPLIO.
	Alcohol and 10-Panel Drug Screen (urinalysis) results must be negative
	Current immunizations (All immunizations must be validated (stamped by facility) and must be from U.S. medical source) Name and D.O.B. must be documented on all forms
	Tetanus/Diphtheria/Pertussis (Tdap) - within last 10 years)
	Hepatitis B complete 3 vaccine series; or titer report proving immunity
	MMR (Measles Mumps Rubella) – <u>2 doses required</u> or titer report proving immunity
	Varicella (Chicken Pox) <u>2 doses required</u> ; titer report proving immunity
	Meningitis MCV4 entering students 22 years old and under – <u>1 dose</u> is accepted if within the <u>last 5 years</u> or must have <u>2 completed doses</u>
	Influenza (required from August – April) MUST have <u>vial lot # and vial expiration date</u> documented on form.
	Tuberculosis screen – must be Negative; expires annually; students with positive TB screen must provide negative chest x-ray report every 2 years
	Current CPR (Cardiopulmonary Resuscitation) American Heart Association Healthcare Providers or BLS Providers certification for adult & child; must be renewed every 2 years; ONLINE CPR course not accepted Provide a copy of the card (<u>front and back</u>) <u>make sure your card is signed</u>
	Proof of Current Health Insurance (ex. BCBS, Humana, Medicaid, Medicare, VA, UHC, CHIPS, TriCare, etc.) or Student Accidental Insurance - STC Student Insurance or other
	Current Driver’s license, State ID, Passport, or US Military ID with visible signature
	Social Security Card for verification purposes (required by some clinical affiliates and state licensing boards) must be signed
	Complete form Technical Performance Standards - signed statement of ability to perform technical standards for nursing or allied health program of study.
	Complete form Background Check Authorization and Release Form
	Complete form Disclosure Statement
	Complete form Manual of Policy 3337 (NAH Policy)
	Complete “ Student Clinical/Practicum Hospital Orientation ” instructions attached Print: (1) Certificate, (2) Confidentiality Statement, (3) Post Test grades for 1, 2, 3
Clinical Affairs Specialist, NAH office 124 Office: (956) 872-3022 Email: clinicalaffairs@southtexascollege.edu Clinical Compliance Packet available at http://nah.southtexascollege.edu Click “ Clinical Affairs ”	

These are only suggestions of sites where you can get the required clinical requirements. **CALL FOR PRICES.**

Immunizations: Need to provide STC valid ID.

<p>ProCare Health Services 2101 E Griffin Parkway Mission, TX 78572 (956) 205-2204 Office Hours: Monday – Friday 9 am – 5:30 pm Saturdays (by appointment) 10 am – 2 pm Drug & Alcohol Screen Tdap Meningitis (MCV4) Hep B MMR Varicella Influenza TB/PPD</p>	<p>Industrial Health Works 801 E Nolana Ste. 9 McAllen, TX 78504 (956) 668-7333 Monday – Thursday 8:30 am – 7 pm Fridays 8:30 am – 5:30 pm Saturdays 9 am – 1 pm TB/PPD X-Rays Hep B MMR Tdap</p>	<p>PHS 508 N 10th St. #C-10 McAllen, TX 78501 (956) 618-4700 Office Hours: Mon – Fri 9am – 5pm Sat. 10am – 2pm Drug/Alcohol Screen TB/PPD Influenza Hep B MMR Tdap Varicella</p>	<p>Juanny’s Professional Lab 1723 N. 23rd St, Ste. 5 McAllen, TX 78501 (956) 630-1923 Office Hours: M-F 8 am – 1 pm and 2 pm – 6 pm Sat 8 am – 12 pm Drug/Alcohol Screen TB/PPD Hep B Titer Varicella Titer Rubella Titer Measles AB IGM Mumps Viral IGG</p>	<p>Healthy Shots 209 N 15th Street McAllen, TX 78501 (956) 668-8366 (15th Street & Beech) Monday – Friday 8 am to 12 pm 1 pm to 5 pm TB/PPD Hepatitis B MMR Varicella Tdap</p>
<p>McAllen Primary Clinic 110 E. Savannah Ste. 101, Bldg. A McAllen, TX 78501 (956) 686-4040 Monday – Friday 8 am to 5 pm Night Clinic 7 days a wk 5pm to 11pm X-Rays TB test Meningitis vaccine</p>	<p>Infinity Drug & Alcohol Screening 926 W Nolana Suite A Pharr, TX 78577 (956) 783-8500 1402 S M Street Harlingen, TX 78550 (956)412-8378 322 N. Bicentennial Suite D. McAllen, TX 78501 (956)800-5355 Monday – Friday 8 am to 5 pm Weekends on call Drug & Alcohol</p>	<p>CPR RSR Mobility Services McAllen: 956-616-5566 Mission: 956-585-5566 Edinburg: 956-383-5566 La Joya: 583-5566 CPR Valley Heart Start (956) 204-9778 Charles & Margie Myles Groups of 3 or more CPR Cazares Driving School 1700 N 10th Suite I McAllen, TX 78589 (956) 683-1444</p>	<p>CPR Carlos Gonzalez (956) 458-0756 Individuals or groups Response Ready 821 N 23rd St, McAllen (956) 867-9265 www.cpr4hcp.com CPR Plus Ruby Buentello (956) 536-9111 Weslaco and McAllen CPR Helene Picard-Sanchez (956) 292-0496 CPR Ruben Gaytan (956) 212-1305 Groups of 5 or more</p>	<p>CPR All Valley CPR and First Aid (956) 283-0640 Individuals or groups CPR Dolores Hill 801 E. Fern, McAllen, TX (210) 854-0464 Jesus Vallejo Rio Grande (956) 445-6182 Individual or groups CPR Linda Lopez Rio Grande City (956) 487-9071 CPR Dan Garcia Harlingen (956) 454-4221</p>
<p>Or any County Health Dept. Or Nuestra Clinica Del Valle</p>	<p>Lab Services, Inc. 2031 E Griffin Pkwy Mission, TX 78572 (956) 424-3000 Mon – Fri 7 am – 5 pm Sat 8 am – 12 pm</p>			

CPR: MUST BE Health Care Provider OR BLS Provider from American Heart Association

<p>South Texas College Call the Continuing Education Department to reserve a seat call 872-3585 or 872-6783</p>	<p>Mission Hospital 900 S. Bryan Rd. Mission, TX 78572 For Reservation call 323-1680</p>	<p>Knapp Medical Center Conference Center 1401 East Eighth Street Weslaco, TX 78596 For Reservation call Mitty Reyna (956) 969-5455</p>	<p>Valley Baptist Med. Center 2101 Pease St. Harlingen, TX 78550 (956) 389-1952</p>	<p>Nuestra Clinica Del Valle Serving Hidalgo and Starr Counties 956.787.0787</p>
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School Insurance:

Uniforms

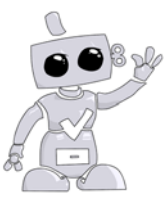
<p>STC School insurance must be purchased online www.sas-mn.com Print Transaction receipt that was emailed to you after your credit card or debit card was approved.</p>	Accidental Insurance (suggestions)		Payless Uniforms 611-A N 10 th St McAllen (956) 618-5474	Uniform Specialists 1800 S Main McAllen (956) 627-6435 (956) 400-1516	Second Look Med Scrubs 2900 N Sugar Rd Suite E, Pharr (956) 787-1510 (956) 655-8850
	AFLAC Ins 956-357-2421	Lighthouse Ins 956-249-0038 956-681-6254	Uniform Fashions 2000 S McColl Ste D McAllen (956) 627-0448	Uniform World 418 N 10 th St McAllen (956) 630-0804	Duratex Apparel 4115 Pecan Blvd Ste C, McAllen (956) 631-3692 (956) 686-4952 2229 W University Dr Edinburg (956) 383-3692
	All State Ins 956-581-8822	Reliable Ins 956-686-4891			
	American National 956-682-3434			Uniform Center 515 S. Main Street McAllen (956) 686-0091	
Combined Ins 956-564-0930 956-627-9962					

Phone (956) 872-3022

Fax (956) 872-3080

Office # 124

Email: clinicalaffairs@southtexascollege.edu



Welcome to Complio Tracking & Screening!

Complio is an online tracking and screening system, selected by your school, to hold background check details and documentation proving your compliance. Follow these step-by-step instructions to create an account and move towards compliance.



[Video: Complio Overview](#)

http://www.americandatabank.com/VideoDirectory/complio_overview.html

Create your Account

Step 1: Create an account by going to www.southtexascollegecompliance.com. Click **Create an Account** to get started. Enter your personal information. Be extra careful with your Email Address, as this is the system's main mode of communication with you.



[Video: Creating an Account](#)

<http://www.americandatabank.com/VideoDirectory/account.html>

Step 2: Complio will send an email to the address used during account creation. Click on the **Activation Link** within the message or copy and paste the URL in your web browser.

Subscribe

Step 3: Please note: An Account is not the same as a placing an order or subscribing for tracking your immunizations. Click **Get Started** to begin your order. Select your school name and your program of study and click Load Packages. You have the options of ordering a background check as well as subscription for tracking your immunizations. Select **package 1 Criminal Background Check which includes Drug Screen and Subscription Immunization.**



[Video: Subscribe to Complio](#)

<http://www.americandatabank.com/VideoDirectory/subscribe.html>

Step 4: Other names and Residential history – Provide any alias/maiden names that have been used and provide seven (7) years residential history and click “Next” to continue.

Drug Screen Registration

Step 5: Drug Screen Location – Select the drug screen location that is most convenient for you. The current page loads based on the zip code of your current address, you can provide a different zip code to view additional locations. Once you register for a location please use that location, if you have any questions or would like a different location please contact American DataBank for assistance.

Upon completion of your order, you will receive an email with the registration and collection location you have chosen along with detailed instructions on how to complete this portion of your background check. **Please note:** If you pay for your order by money order you will not receive this information until the payment has been received. Make sure to either print out the electronic drug screen registration form or just write down the registration ID and go to the collection site you selected along with a photo ID to submit a specimen.

Important: DO NOT drink more than 8 oz of fluid in the 2 hours prior to giving a urine sample. An abundance of fluid may result in a “dilute” reading, which constitutes a “flagged” situation. It will keep you from attending clinical and requires immediate re-payment and re-testing. At the facility, if you are not able to produce a urine sample when requested, call American DataBank at 1-800-200-0853 on how to proceed.

You **MUST** complete your drug screening within **180 days** of ordering. If you do not get your drug screening done within 30 days, **YOU WILL BE REQUIRED TO ORDER AND PAY FOR A NEW DRUG SCREENING. Your DRUG SCREEN results will be emailed to you to the email you provided to register your account with COMPLIO.**

Electronic Signature

Step 6: Please read the Disclosure and Authorization on the next screen, sign, and click **Accept & Proceed** to continue.



[Video: Signing Forms](#)

<http://www.americandatabank.com/VideoDirectory/SigningForms.html>

Review and Confirmation

Step 7: Carefully review the information you have provided, once the order has been placed you cannot change any information. **If any information is incorrect you will be required to re-order at your own expense.**

Step 8: Confirmation and Receipt – Once you have confirmed that your information is correct, please select payment of Credit Card or Money Order. You will receive a receipt via email to your email address included with your order.

Immunization Details & Documents

Step 10: Click **Upload Documents** and use the **Browse** button to locate documents within your computer. Detailed instructions for document upload are provided in the full User Guide.



[Video: Upload Documents](#)

<http://www.americandatabank.com/VideoDirectory/upload.html>

Step 11: Click **Enter Requirement** to add details for a specific requirement. There may be multiple options, but you may not need to complete them all. Refer to the **Note** for explanation of options.



[Video: Entering Data](#)

<http://www.americandatabank.com/VideoDirectory/data.html>

Select a Requirement, complete the required fields and select from the drop-down list of documents you've uploaded. Click **Submit** to save what you've entered. You can **Update** the item at any time before it is approved.



[Video: Exceptions - When and How to Apply](#)

<http://www.americandatabank.com/VideoDirectory/exceptions.html>

Wait for Approval

At this time, the requirement is pending review and approval by an Administrator at South Texas College.

Monitor Your Status

We recommend checking Complio regularly. You are not fully compliant until your **Overall Compliance Status = Compliant**, indicated with a **Green Checkmark**. Complio will notify you via email when your compliance status changes, if an item is approaching expiration, or if a new requirement is added.

Questions? American DataBank is available to assist you Monday-Friday 7am-6pm MST or you can contact us by email complio@americandatabank.com or by calling 1-800-200-0853.



Nursing & Allied Health Programs
1101 E Vermont Ave, McAllen, Texas 78503-9701
Office (956) 872-3022 / Fax (956) 872-3080

BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I hereby authorize any investigator or duly accredited representative of South Texas College bearing this release to obtain any information from criminal justice agencies, relating to my activities. This information may include, but is not limited to:

- Personal history;
- Disciplinary;
- Arrest;
- Conviction records;
- Social Security number verification;
- Seven Year Multi-County or Statewide Felony and Related Misdemeanor Criminal Record search;
- HHS/OIG List of Excluded Individuals/Entities – GSA List of Parties Excluded from Federal Programs;
- Education verification (Highest Degree Received);
- One Professional Licensure Verification – Professional; (only for EMT and VN applicant upgrade option)

I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by South Texas College and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities (only upon student's consent).

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

The information requested below is necessary to obtain personal criminal history record information.

I agree that South Texas College has the right to administratively "withdraw" me from the clinical/practicum program if:

- I fail to disclose any new conviction of a crime during participation in program.
- I have a positive "for cause" drug/alcohol screen at any time during the program.

Applicant Signature

Date

If under the age of 18, parent or guardian signature required

Date

Please print or type the following information:

Legal Name: _____
Last First Middle

Social Security #: _____ A#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Other names previously used: _____

SOUTH TEXAS COLLEGE
NURSING/ALLIED HEALTH DIVISION
DISCLOSURE STATEMENT FORM

Name _____ STC Number A _____ Program _____

The following questions apply to adult and juvenile proceedings in any state or federal jurisdiction in this country or in any other country.

1. Yes No Have you ever been arrested for any offense (whether or not the case was Adjudicated)?
2. Yes No Have you ever pleaded guilty or nolo-contendre to any Class B or Class A misdemeanor?
3. Yes No Have you ever pleaded guilty or nolo-contendre to any felony offense?
4. Yes No Have you ever served a sentence of imprisonment or incarceration in any jail or prison?
5. Yes No Are you now or have you ever been on probation, deferred adjudication, pre-trial diversion or parole?
6. Yes No Do you have any pending criminal charges or unresolved arrests, excluding minor traffic violations (driving under the influence of any drug or intoxicant is not a minor traffic violation)?
7. Yes No Do you have a juvenile record of arrests or convictions (some licensing authorities do include this)?
8. Yes No Have you ever had any license, certification, or registration revoked, suspended, or sanctioned by any local, state or federal agency; or have you ever been a party to any proceeding in which your license, certification, or registration was being revoked, suspended, or sanctioned, regardless of the outcome?
9. Yes No Have you ever been dismissed from a health professions program for other than academic deficiencies (safety, academic integrity, non-professional conduct or unsafe clinical practice are not an academic deficiency)?
10. Yes No Do you have a social security number? (Some licensing authorities require a social security number to take the licensure exam.)

These questions will be asked on the NCLEX Examination Application.

11. Yes No Are you currently the target or subject of a grand jury or governmental agency investigation?
12. Yes No Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate, or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?
13. Yes No Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?
14. Yes No Within the past five (5) years have you been diagnosed with, treated, or hospitalized for schizophrenia and/or psychotic disorder, bipolar disorder, paranoid personality disorder, antisocial personality disorder, or borderline personality disorder?

If "YES" indicate the condition: [] schizophrenia and/or psychotic disorders, [] bipolar disorder, [] paranoid personality disorder, [] antisocial personality disorder, [] borderline personality disorder

If you answered "YES" to any of the questions from 1-14, except question 10, please meet with the NAH Clinical Compliance Specialist or program chair for the selected NAH clinical program you are seeking admission to or in which you are currently enrolled for guidance and advisement regarding policy #3337 requirements concerning criminal histories.

I have been provided a copy of policy #3337, and I am aware of its requirements concerning criminal histories. I swear or affirm that the answers that I have provided herein are true and correct. I understand and acknowledge that I am under an affirmative duty to supplement or update my answers at any point in time when my answers would no longer be correct as stated. I further understand and acknowledge that if I have provided false answers it may constitute grounds for denying me admission to the program or for removing me from any NAH program.

Print Name

Signature

Date



NURSING & ALLIED HEALTH DIVISION

Technical Performance Standards Requirement Form

Technical Performance Standards are the essential functions which every STC NAH student is expected to perform for successful participation in the Program. These are necessary in order to provide healthcare services in a safe, ethical, and legal manner. Students participating in a STC NAH Program are expected to demonstrate the essential functions listed below, with or without reasonable accommodation. These are applicable in classroom, laboratories, and clinical/practicum settings. The STC NAH Program uses independent clinical education sites that may or may not be able to offer the same reasonable accommodations that are made available by the College. Any student wishing to request reasonable accommodations due to a documented disability must initiate the process by contacting an ADA representative from the STC Office of Disability Support Services for information and procedures at (956) 683-3137 or (956) 872-2513.

Please initial each item.

1. ____ **READ:** I am able to read and understand printed materials used in the classroom and health care settings such as textbooks, signs, medical supply packages, policy and procedure manuals and patient records.
2. ____ **ARITHMETIC COMPETENCE:** I am able to read and understand columns of numbers and measurement marks, count rates, tell time, use measuring tools, write numbers in records, and calculate (add, subtract, multiply, divide) mathematical information such as fluid volumes, weights and measurements, and vital signs.
3. ____ **CRITICAL THINKING:** I possess sufficient ability to:
 - comprehend and process information in a timely manner
 - acquire and apply information from classroom instruction, skills laboratory experiences, independent learning, and group projects
 - Prioritize multiple tasks, process information, and make decisions
 - collect, interpret, and assess data about patients
 - observe, measure, and interpret normal and abnormal patient responses to interventions, and appropriately modify treatment interventions
 - act safely and ethically in the lab and clinical/practicum setting
4. ____ **COMMUNICATION:** I am able to:
 - communicate effectively in English in oral and written form with peers, instructors, patients, and other health care professionals
 - complete assignments and tests in both written and oral formats
 - give directions, explain procedures, give oral reports, speak on the telephone and interact with others
 - document care using appropriate terminology, accuracy, efficiency, and in a legible manner
 - comprehend, interpret, and follow oral and written instructions
 - recognize, interpret, and respond to nonverbal behavior of self and others
 - interpret and communicate information regarding the status, safety, and care of patients

5. **BEHAVIORAL SOCIAL SKILLS:** I am able to:

- develop therapeutic relationships with patients and others
- work in stressful situations with multiple patients and colleagues at the same time
- interact appropriately with individuals of all ages, genders, races, socio-economic, religious, and cultural backgrounds
- establish rapport and work effectively with peers, patients/clients, and instructors (ask advice, seek information, and share)
- negotiate interpersonal conflicts
- cope with the fast pace of class/lab/clinic, heavy workloads, classroom and/or patient demands, changes in schedule, motivate a sometimes discouraged patient and demonstrate patience and empathy with patients
- focus attention on task, monitor own emotions, perform multiple responsibilities concurrently, deal with the unexpected, handle strong emotions (i.e. grief, revulsion), manage impulses
- tolerate close physical contact with co-workers and sick or injured patients who may have multiple problems and diagnoses
- cope with patients who may be terminally ill
- exercise appropriate work ethics including the maintenance of confidentiality.
- recognize and respond appropriately to potentially dangerous situations
- maintain the emotional health and stability required to fully utilize intellectual capabilities, demonstrate good judgment, and render patient care.

6. **FINE MOTOR:** I possess manual dexterity necessary to palpate muscles and/or bony prominences, pick up objects with hands, grasp small objects, write with pen or pencil, and squeeze fingers.

7. **MOTOR CONTROL:** I am in good physical condition and have a moderate amount of strength in order to:

- Safely adjust, move, position, and lift patients and equipment
- Safely assist and protect patients who are walking with and without assistive devices, exercising, or performing other activities
- Provide for the patient's safety in all patient care activities
- Reach arms above head and below waist, stoop/twist, stretch, bend, kneel, squat, push, pull, walk, sit, or crawl as the need arises; move quickly (respond to emergency) while maintaining safe posture/body mechanics
- Perform bimanual activities easily
- Obtain and maintain Cardiopulmonary Resuscitation Certification (American Heart Association CPR for BLS Provider beginning Feb2016)
- Use proper body mechanics for all skills related to patient care, and apply standard precautions when rendering patient care treatment
- Possess the endurance necessary to perform 40 hour work weeks during clinical education courses
- Stand and maintain balance during classroom or therapeutic procedures/activities for long periods of time, and maintain a high energy level throughout the day

8. **VISUAL:** I am able to:

- read small numbers/scales and fine print on goniometers and other measuring devices and computer screens accurately to ensure safe treatment
- recognize and interpret facial expressions and body language
- recognize differences and changes in skin and soft tissue
- recognize a patient's physiological status
- assess a patient's environment
- recognize depths and use peripheral vision

9. ___ **AUDITORY:** I am be able to:

- recognize and respond to a normal speaking level sounds/verbal communication, auditory equipment timers, and alarms in an environment with a moderate level of background noise
- effectively use equipment to assess blood pressure, pulse rate, and breath sounds

10. ___ **SMELL:** I am able to detect odors from client, smoke, gases or noxious smells.

11. ___ **TACTILE:** I am be able to:

- feel vibrations (palpate pulses)
- detect and assess changes or abnormalities in skin texture, skin temperature, muscle tone, and joint movement
- detect environmental temperature (drafts, cold and hot)
- adjust physical therapy equipment.

12. ___ I have the ability to use computers and complete computer-based assignments.

13. ___ I have the ability to complete tasks/examinations within required time limits in the classroom, laboratory and in the clinical areas.

To the best of my knowledge, I am able to function in the classroom, laboratory and clinical/practicum component of Nursing & Allied Health Program.

Student signature

If under the age of 18, parent or guardian signature required

Print name

Print name of parent or legal guardian

Date

Date

MINI COURSE: Self-Enrolled Clinical/Practicum Hospital Orientation



1. Go to: <http://vc.southtexascollege.edu/>
2. Click **BlackBoard Login**
3. Enter **Username** and **Password** (same as JAGNET username and password)
4. Click **Courses Tab**
5. **Course Search**
 - Type **JG-445: Master - Standard Hospital Orientation**
 - Click **Go**
6. Click on the **icon** located next to the course ID
7. Click **Enroll**
8. Click **Submit**

You will now find the Bb Learn Orientation on your course list!

NOTE: Make sure you are enrolled in the right course; if you see email clinicalaffairs@southtexascollege.edu then you are enrolled in the right course.

Complete Modules 1-3, you must complete each module before you move on to the next one.

Print the following and upload to COMPLIO for Clinical Clearance

1. Certificate, with complete name and student STC ID A number
2. Confidentiality Statement (Management of Information), sign and date
3. Grade for Post Test 1, 2, 3 with grade of 80 or better Do **NOT** print the exam questions; only the grades

To print grades:

- Go back to the home page
- Click on tools
- Click "My Grades"
- Right hand click on your mouse to print the grade page; please make sure you are able to see grades for Post Test 1, 2, and 3

Should they have any trouble, they can contact our Help Desk at 872-2598 or support@southtexascollege.edu.

**MANAGEMENT OF INFORMATION:
Information Security Agreement**

South Texas Health System Facilities, Mission Regional Medical Center, Rio Grande Regional Hospital, Valley Baptist Medical Center, and LifeCare Hospitals (the "Hospital") are committed to maintaining the highest standards of confidentiality. The responsibility to preserve the confidentiality of all information (electronic, verbal, or written) rests with each employee, staff member, and participant in the health care process. In the performance of their duties, employees, physicians, consultants, and vendors may at some time be required to operate computer equipment or have access to software systems; this information is also confidential.

All persons are surrounded by confidential and sensitive information and must understand their personal responsibility to comply with security policies.

I AGREE TO THE FOLLOWING:

- I agree that all sources of patient-related information shall be held to the highest level of confidentiality. That means that I agree not to release or discuss, without express prior written consent, any information except with those individuals directly responsible for the care of the patient in question.
- I agree not to disclose any confidential information obtained during the course of my responsibilities. This includes, but is not limited to, patient, employee, financial, physician, or medical information (electronic, verbal, or written), as well as the design, programming techniques, flowcharts, source codes, screens, policy and procedure manuals: client lists and directories, business plans, and documentation created by the company employees or outside sources.
- I agree to access only information sources, specifically computer systems, as required for the performance of my direct responsibilities.
- I agree to maintain my assigned passwords that allow my access to computer systems and equipment in strictest confidence and not to disclose my (or anyone else's) password to anyone, at any time, for any reason. I understand that my access is my legal signature, and that giving my password to another makes me responsible for their actions. If accidental disclosure should result in inappropriate access, I can be held responsible.
- I agree not to operate or attempt to operate computer equipment without documented formal training from a designated hospital agent. I agree not to demonstrate the operation of computer equipment to anyone without specific authorization. I agree that no software or disks brought from home or any source outside the facility is to be used or loaded on to the facility's equipment without the direct approval of the facility's Information Service Director.
- I agree to report any and all activity that is contrary to the issue in this agreement to my supervisor, department director, facility Information Services Director, or the Risk Manager.

- I agree that upon termination of my employment or student contract, I will not thereafter, any purpose, use, appropriate, or reproduce such information or disclose such information to any third party.

I understand that this form will become an official part of my employee/medical Staff/contractor file and that failure to comply with the above policies will result in formal disciplinary action, up to and possibly including:

- termination from the "Hospital" or its subsidiaries in the case of employees or agents, or the termination, voiding, cancellation of agreements, contracts, etc. with physicians, consultants, or vendors, etc.
- that the "Hospital" reserves the right to pursue any legal or equitable remedies available to it, including, but not limited to, an action for monetary and/or for injunctive relief.

Student/Instructor-- Signature

Student/Instructor-- Print Name

Date

Name of School or University