



**ADDENDUM B
STUDENT ACKNOWLEDGEMENT**

By signing this form, I acknowledge and agree to the following:

1. I am not and will not be an employee of Beaumont or School by virtue of my participation in this Program and I shall not be entitled to any payment of any wage, salary or compensation, remuneration or benefits of any kind, including but not limited to health insurance, workers' compensation, social security, or unemployment benefits.
2. Neither participation nor successful completion of this Program entitles me to employment with Beaumont, and Beaumont is under no obligation to hire or employ me in any capacity.
3. Before being accepted and admitted to the clinical portion of the Program, I must have completed the Infectious Disease training, and a health exam, including required testing for certain diseases/conditions, including but not limited to rubeola, rubella, mumps, varicella zoster and tuberculosis and submit to and pass a urine drug screen. I also must furnish evidence of HBV vaccination or a written declination. I will also furnish evidence of a flu vaccination unless I provide written documentation of a medical or religious reason which prevents me from obtaining the flu vaccination. The health exam is at my expense. I also consent to release the results of the tests and immunizations, if requested. I will also complete all required training and orientation materials prior to participating in the clinical experience.
4. I am expected to have my own health insurance at all times, including hospitalization insurance. Should the occasion arise for me to seek routine or emergency medical care, health exam or treatment, it is understood that Beaumont will not be responsible for the cost of such care. I am responsible for the cost of my own medical care or treatment at the usual and customary charges.
5. Beaumont may refuse to accept me into the clinical Program if I was previously discharged from employment with Beaumont or if I would not otherwise be acceptable to Beaumont for lawful, valid reasons. If I have any reason to suspect this may apply to me, I will contact my advisor before signing this form.
6. I understand that I must comply with the following: (1) provide my own necessary and appropriate supplies, uniforms or professional attire as determined by Beaumont, (2) make my own arrangements for transportation to and from Beaumont, (3) obtain prior, written approval from Beaumont before publishing any materials relating to my clinical experience at Beaumont, (4) obtain prior, written approval from Beaumont before removing any Beaumont records, forms, documents or policies from Beaumont for any use not directly related to my clinical experience, and (5) follow the rules, policies and procedures of the Beaumont, including but not limited to rules regarding patient confidentiality and the Beaumont Code of Business and Ethical Conduct. I understand that I have an obligation to exercise good judgment and be committed to upholding Beaumont's Code of Business and Ethical Conduct. When I have a question or concern about a possible violation of Hospital policy or a potential compliance issue, I will promptly report to Beaumont as indicated in the Compliance materials that I receive.
7. I understand that Beaumont retains the right to terminate me from the Program if (1) I exhibit behavior, health or attitude, that is inappropriate or detrimental to other students, faculty, the profession, the operation of Beaumont and/or the rendition of quality patient care, (2) I am unable to meet the academic and/or essential functions of the Program, or (3) I fail to comply with the then current rules, policies and procedures of Beaumont.
8. With regard to confidentiality and computer systems usage:
 - a. I understand that Beaumont's Information is business information which is not for the public domain. I have no right or ownership interest in any confidential information referred to in this Agreement. Beaumont may at any time revoke my access to confidential information.

- b. Any access or disclosure of Hospital information (PHI or proprietary), except for approved job-related uses, is strictly prohibited.
- c. I will retrieve or attempt to retrieve from Beaumont's medical records or computer systems data for only those individuals with whom I have a patient care relationship, or for approved educational, administrative, or research purposes.
- d. I will access or disclose only the minimum confidential or proprietary information (PHI) only as required to perform my duties, and only with authorized persons who have a work-related need to know such information.
- e. Confidential information is not an appropriate topic in casual conversation. I will not discuss confidential information in public places such as elevators or cafeterias and will take care to avoid being inadvertently overheard while communicating or dictating such information.
- f. I will exercise appropriate care when copying files using portable devices, storing, transporting, photocopying, printing, disposing of, or faxing confidential information.
- g. I will take precautions to avoid having computer display monitors, printers, fax machines, or paper records in view of unauthorized onlookers or left unattended while such data or confidential information is displayed or printed.
- h. I will report any improper use, access, or disclosure of confidential information that I observe to my manager/supervisor, Department Compliance Coordinator (DCC), Information Security Officer or Privacy Officer who will initiate the appropriate actions. If I am uncomfortable reporting to these individuals, I will call the Compliance Line.
- i. All use of video, audio or a photographic recording is prohibited without written authorization of the parties as defined on Form 4564 – Authorization Form for Disclosure of Patient Information. This includes, but is not limited to the use of personal devices such as cameras, camera phones, PDA's, Smart Phones or Blackberry's for recording on Beaumont premises.

COMPUTER SYSTEMS USAGE

- a. Beaumont's computer systems must be password-protected in accordance with the Corporate Compliance Policy #314, Confidentiality and Disclosure of Protected Health Information. User logon ID's and passwords must not be written down or placed on the device.
- b. I understand that all Beaumont computer systems will be accessed in accordance with the Beaumont's Information Security Policy #358, if applicable.
- c. In accordance with Beaumont's policy #108 - Copyright Policy, licensed material, including software, may not be illegally duplicated. I understand that I may only use this device to duplicate data that does not violate any licensing or copyright agreement or federal or State laws.
- d. I am responsible for all data, information, and orders which are entered into any Beaumont computer system using my designated ID and password. I will not reveal, release, or make accessible any Beaumont system User ID, badge, token, or password of mine to any other person.
- e. I will not use the User ID, badge, token, or password belonging to anyone else in order to access any Beaumont's computer systems.
- f. I understand that Beaumont maintains computer audit logs of user access to all Beaumont computer systems, and regularly reviews audit logs, without warning, to detect inappropriate access.
- g. Because text messaging systems are not fully secure, only minimal confidential or proprietary information should be sent via this method. Use of social security numbers should NEVER be sent via cell phone. For example: "Mr. Smith in room 3210 has chest pain" is acceptable.
- h. As part of my clinical training with Beaumont, I may have the need to access various Beaumont computer systems, including OneChart-OneContact, E-mail and the Internet. I understand use of this information infrastructure is a privilege. Inappropriate use may result in denial of access to these systems.
- i. I will not install or operate any non-licensed software on any Beaumont computers or make unauthorized

copies for use by myself or others of software licensed to Beaumont.

- j. I will not make unauthorized electronic copies of confidential information. If I have received approval to electronically copy confidential information, I will use only Hospital approved devices such as removable storage portable disk drives, memory USB drives, CD's or DVD's with password encryption software.
 - k. Beaumont's Outlook E-mail is secure and encrypted only inside Beaumont's internal accounts. Forwarding Beaumont Outlook E-mail to an external Internet E-mail account or other social media is strictly prohibited. If confidential information needs to be sent over the Internet, I will use Beaumont's Secure File for secured external Internet transmission.
 - l. All personal devices such as laptops, tablets, PDA's or smart phones must first be examined and approved by Beaumont's Information Technology Services before connecting them to the private Beaumont internal network. Use of personal electronic devices is subject to your manager's approval and must never interfere with your Hospital duties or patient care.
 - m. I understand that Beaumont may provide to me Internet access, Internet educational sites, and/or web based applications. The use of computer based applications, including Outlook E- mail and Internet access, are intended for Beaumont job-related activities only.
 - n. I understand that Beaumont monitors and electronically logs all computer transactions and usage including Internet activity and Outlook E-mail. These audits are regularly reviewed by the appropriate Beaumont administrative representatives. Beaumont reserves the right to retrieve and read any data, documents, or communications composed, sent, received, or stored in its computer systems. All such information is considered to be part of the official records of Beaumont and, as such, may be subject to disclosure to legal agencies or third parties. Consequently, I will ensure that information I communicate in any Beaumont system is accurate, appropriate, ethical, and lawful.
 - o. I will return all files, records, codes, keys, passwords, and any other written or electronic communications, including all copies thereof, acquired while at Beaumont.
 - p. I understand that my confidentiality obligations will continue even after termination of the clinical training at Beaumont.
9. Beaumont is not liable for the loss or damage of personal property while on the premises of Beaumont.

Student signature: _____ Print name: _____

Date: _____