Consent Form for Use and Disclosure of Instructor Information

Instructor Name:_____ Employee No: _____

1. Permission to Use and Disclose Your Instructor Related Personal Information and Personal Health Information

By signing this consent, you authorize us to:

- Collect, use and/or disclose your personal information (e.g. home contact information, and staff profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of coordinating placement experiences (e.g. clinical practica, fieldwork, or preceptorship) that involve students who are assigned to you;
- Use your instructor related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon termination of your contract or employment with the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

3.1 Right to Refuse Consent - You have the right to refuse to sign this consent, and if you refuse your placement assignment will be processed manually at the earliest convenience of the Program and Receiving Agency.

3.2 Right to Review Privacy & Security Policies - A copy of the document entitled *Identified Purposes and Handling of Personal Information for Instructors in HSPnet*, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an up-to-date copy by visiting the HSPnet Knowledge Base.

3.3 Right to Request Restrictions on Use/Disclosure - You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose coordinating placements assigned to you. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement assignment via HSPnet, then your placement will be coordinated manually at the earliest convenience of the placement coordinator and receiving agency.

3.4 Right to Revoke Consent - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon termination of your contract or employment with the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.

3.5 Right to Receive a Copy of This Consent Form - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province.

I hereby authorize my educational program to use and/or disclose my personal information via HSPnet for the purpose of coordinating student placement(s) assigned to me.

_____ _____

Signature of Instructor Date MMM/DD/YYYY