

Use of Electronic Devices Agreement

I have reviewed and sought clarification of the Standards for Use of Electronic Devices. I am aware that I can find the [Standards for Use of Electronic Devices](#) online.

I understand these standards are designed to protect individual and patient rights and that I have the responsibility to be aware of confidentiality issues and maintain appropriate conduct in the use of electronic devices both during classroom/clinical skills sessions and during clinical experiences in the healthcare facilities.

I understand that violation of the standards for use of electronic devices in the classroom and clinical skills lab setting will result in the loss of the privilege of using such devices to support my learning strategies and may result in being placed on contract by instructor.

I understand that violation of the standards for use of electronic devices during clinical experiences in the healthcare facilities and within patient care areas will result in the loss of the privilege of using such devices to support my clinical care activities and learning and will result in being placed on contract by my instructor.

I understand that violation of the standards may result in HIPAA violation claims against me and that I could be liable for consequent legal action.

In addition, I understand that according to the program's Dismissal policy, a HIPAA violation is cited as an example of an incident or clinical situation that puts the patient, student, clinical affiliate, faculty or college at risk and therefore, deems the student subject to dismissal from the Health Science program.

This agreement will be placed in my student file.

Name of Student (Printed)

Date

Name of Student (Signature)