

Consent Form for Use and Disclosure of Student Information

Student Name: _____

Student No: _____

1. Permission to Collect, Use and Disclose Your Personal Information and Personal Health Information

By signing this consent, you authorize the University of Ontario Institute of Technology (UOIT) to:

- Collect and retain your personal information and personal health information relating to placement prerequisites using the Health Sciences Placement Network (HSPNet) system.
- Collect, use and/or disclose your personal information (including your name, student profile, and placement prerequisite information) to authorized staff of a third party agency (a “Receiving Agency”) for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practice, fieldwork, or preceptorship) with a Receiving Agency” and to validate your compliance against Receiving Agency Safety and infection control requirements for accepting students. Placement prerequisite information includes personal information such as CPR certification or criminal record check status, mask-fit testing status and mask-fit size.
- Collect and use your personal health information for the purpose of validating your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Personal health information includes information such as immunity/immunization status of vaccine-preventable diseases. Personal health information is not disclosed by UOIT to Receiving Agencies.

2. Consent Period

This consent is effective immediately and shall remain valid for the earlier of (i) six years from the date hereof; (ii) the date on which you successfully complete your Program at UOIT; (iii) the date of your formal withdrawal from the Program; or (iv) the date on which you revoke this consent in writing as described below.

You should be advised that by signing this consent you also acknowledge and agree that your personal information may be stored in HSPnet archives beyond the consent period, in accordance with the Data Retention and Archival schedule approved by the HSPnet Steering Committee, for the following specific and limited purposes: Release to a student, upon written request accompanied by proof of identification, of a copy of their own placement history; Compliance with a subpoena or other legally binding access to the information; Quality assurance or research purposes that involve use of de-identifiable data only.

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 personal information and personal health information shall not be disclosed to HSPNet. In the event that you refuse to sign this consent, your placement will be processed manually by UOIT and the Receiving Agency.
- 3.2 Right to Review HSPNet Privacy & Security Policies** - A copy of the document entitled [Identified Purposes and Handling of Personal Information 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 contacting the BC Academic Health Council at (604) 739-3910 or by visiting the HSPnet website at www.hspcanada.net.
- 3.3 Right to Request Restrictions on Use/Disclosure** - You have the right to request that UOIT restrict the use and/or disclosure of your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually by UOIT and the 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 your completion or withdrawal from the Program, will not be retroactive and will not affect uses or disclosures UOIT has already made according to your prior consent. If you revoke your consent while your academic program is still in progress, future placements will be processed manually by UOIT and the Receiving Agency.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form at any time.

I hereby authorize the University of Ontario Institute of Technology to collect, use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by my Program.

Signature of Student

Date