

# **GRADUATE PERSONAL RESPONSIBILITY STATEMENT**

## **POLICIES & PROCEDURES**

I read the UMKC School of Nursing & Health Studies Honor Code at <http://info.umkc.edu/sonhs/wp-content/uploads/2014/10/honor-code.pdf>. As a professional, I understand and accept that it is my responsibility to become thoroughly familiar with this document and to comply with the provisions pertaining to it. I understand that all statements in the Honor Code are announcements of present policies only and are subject to change at any time without prior notice and that they are not to be regarded as offers of contract. I understand that it is my responsibility to review the Honor Code each semester so I am informed about updates and changes.

I also reviewed the UMKC General Catalog at <http://www.umkc.edu/catalog/> the School of Nursing & Health Studies philosophy, mission and goals at About Us <http://sonhs.umkc.edu/about-us/> and the UMKC School of Nursing & Health Studies Policy & Procedures at <http://info.umkc.edu/sonhs/wp-content/uploads/2014/10/policy-procedure.pdf>. I understand and accept that it is my responsibility to become thoroughly familiar with the contents of these pages and to comply with the provisions pertaining to them. I understand that all statements in these pages are announcements of present policies only and are subject to change at any time without prior notice and that they are not to be regarded as offers of contract. I understand that it is my responsibility to review these pages each semester so I am informed about updates and changes. Keep in mind that UMKC's official means of communication is via UMKC e-mail.

## **CONFIDENTIALITY STATEMENT**

I understand that during my clinical rotations I may have access to confidential information about clients, patients, their families, and clinical facilities. I understand I must maintain the confidentiality of all verbal, written, or electronic information and in some instances the information may be protected by law, such as the State of Missouri and State of Kansas Nursing Practice Act. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the American Nurses' Association Code for Nurses.

Through this understanding and its relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where it may be overheard by visitors and/or other patients. And, during each clinical rotation in the nursing program, I agree to follow each agency's established procedures on maintaining confidentiality.

## **HIV/AIDS STATEMENT**

I am a student/faculty/staff member at the University of Missouri-Kansas City School of Nursing and Health Studies. I have read the Centers for Disease Control Standard Precautions. I acknowledge the importance of using the Centers for Disease control standard precautions for all physical and invasive contact with clients and with students who serve in the role of client for learning activities. I acknowledge full responsibility for implementing the Centers for Disease Control standard precautions. I also acknowledge full responsibility for reviewing any updates concerning use of the Centers for Disease Control standard precautions.

## **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT**

It will be necessary for faculty in cooperative and/or intercampus programs maintained by UMKC with other colleges/universities to share educational records including but not limited to course information, student's progress, GPA and grades. My signature below will attest to the fact that I understand this and for these purposes waive my rights under the Family Educational Rights and Privacy Act (FERPA).

## **NETWORK CONSENT**

I hereby authorize The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority to a) record my participation and appearance on video tape, audio tape, polycom, Wimba, film, photograph or any other medium; b) use my name, likeness, voice and biographical material in connection with these recordings; c) exhibit or distribute such recording using a private digital video network, or other mechanisms, in whole or in part without restrictions or limitation for any educational purpose which The Curators of the University of Missouri, a public corporation, and those acting pursuant to its authority, deem appropriate; d) To copyright the same in its name or any other name it may choose. I hereby consent release use of and discharge The Curators of the University of Missouri, a public corporation, its successors and assigns, its officers, employees and agents, and members of The Board of Curators, from any and all claims and demands arising out of or in connection with the use of such photographs, film or tape, including but not limited to any claims for defamation or invasion of privacy and in accordance with the terms stated above, pursuant to the consent provisions of the FERPA, 20 U.S.C.1232 et.seq.

## **LICENSURE STATUS**

I certify that all the information submitted with my application is complete and accurate. I also attest to the fact that my Nursing License is unencumbered (not on Probation Status) and SHOULD IT BECOME ENCUMBERED at any time during the program I will immediately disclose this fact to the Associate Academic Dean and Program Director.

## **RELEASE OF INFORMATION**

I give the School of Nursing & Health Studies at University of Missouri-Kansas City permission to release any information requested by the health care agencies in which I may have clinical experiences. This information may include but is not limited to my name, social security number, telephone number, health record information and disclosure of results from background checks. Additional information may be released as requested by agencies.

I have read, understand and take responsibility for all the information stated herein.

NAME – PRINTED

STUDENT SIGNATURE

DATE