



*"Striving Toward a Healthier Community."*

## **Stark County Health Department's Academic and Confidentiality Agreement**

Academic and Confidentiality Agreement between:

- Stark County Health Department
- Academic Institution: \_\_\_\_\_
- Student: \_\_\_\_\_

The Stark County Health Department (SCHD) is an important facilitator of learning for those students studying nursing, medicine, health education, environmental health, dietetics, public health, social work or other health related fields.

Upon acceptance, it is important to be aware of the following information:

1. A complete list of students and contact information must be received from the academic instructor prior to admittance.
2. The Academic and Confidentiality Agreement must be signed and returned to the department prior to admittance.
3. Regular attendance is expected from all students. Any deviation in the schedule must be immediately reported to the department.
4. The student is expected to be on time for their experience with the department. Any absence must be reported immediately. The SCHD has committed personnel time to the student experience and disruptions in scheduling must be kept to a minimum.
5. The student must report to and communicate regularly with their designated staff member in the department.
6. Student identification from the respective academic institution or ID badge provided by the SCHD is expected to be worn at all times in the department and community settings.
7. While the student is on the SCHD premises adherence to the dress code is required. Professional dress is expected at all times.
8. No concealed weapons may be brought into the SCHD.
9. The building is open from 8:00am to 4:30pm Monday thru Friday; nursing service hours are from 8:30am to 4:30pm with extended hours for specific programs. Students must exit building by 4:30pm unless they have received prior authorization to deviate from this policy.
10. While working at the SCHD professional behavior is expected at all times. Unacceptable language will not be tolerated. The student is expected to know that during their educational experience they are not only representing their institution of learning but this department and the public served within the community.

11. A student form and an evaluation regarding their SCHD experience must be completed prior to the conclusion of their educational experience.
12. The student must maintain satisfactory progress in their educational experience with the department and the specific service units they volunteer. If a student fails to make satisfactory progress or has not adhered to these requirements, the SCHD may immediately terminate the educational experience without notice.
13. References for this educational experience with the department may be requested by the student. The SCHD reserves the right to deny a reference for any student that has not maintained satisfactory progress or failed to adhere to these requirements.
14. The student must be knowledgeable of the rules and regulations of the HIPAA Compliance Act and agree to comply with all Health Insurance Portability and Accountability Act (HIPAA) standards.
15. Throughout the educational experience with the SCHD, the student will have access to Protected Health Information (PHI), which is confidential. The student shall not discuss any PHI outside of the educational experience that infringes on the rights or privacy of any patient or client associated with the SCHD.
16. **Student agrees to adhere to the “SCHD Employee Vaccination Policy” and all required safety measures. By signing this form, the student attests to being up to date on all required vaccinations or will sign the “SCHD Vaccination Declination Form”. The “SCHD Vaccination Declination Form” excludes COVID-19 vaccinations. Students and interns are required to be fully vaccinated against COVID-19 prior to any clinical experience or scheduled internship with the department. A student is considered “fully vaccinated” when either of the following criteria has been met: 1) fourteen days have passed since the student was administered a dose of Johnson & Johnson/Janssen vaccine for COVID-19, or 2) fourteen days have passed since the student was administered the second dose (of the two-dose series) of the Pfizer-BioNTech vaccine or the Moderna vaccine for COVID-19.**

\_\_\_\_\_  
Stark County Health Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Academic Instructor

\_\_\_\_\_  
Email Contact