

**NOVA SCOTIA HEALTH AUTHORITY
("NSHA")**

and

(Please print legibly - first name, middle initial, last name)
(The "Learner")

STUDENT / LEARNER PLACEMENT AGREEMENT

Prior to starting your placement with NSHA you are required to sign this placement agreement. This document describes **your responsibilities during your placement** and **other important information you should know and is in effect for the duration of your present academic program/employment with your current employer**. By signing, you agree to the following points:

(Applicable policies available upon request)

1. Placement programs cannot compromise the patient care and service objectives of NSHA. NSHA staff are the final authority for all aspects of patient care and service, and for the integration of placement programs into patient care at NSHA. I am subject to and will follow the policies, procedures and regulations of NSHA while participating in placement programs within NSHA. This includes wearing an identification badge (as determined by Student and Learner Placement Service).
2. I understand that my placement with NSHA cannot begin until such time as I have received approval from NSHA's Student and Learner Placement Service, or delegate where applicable. Such approval will not be granted until I have completed required pre-placement processes including, but not limited to, immunization and provision of a background check.
3. I understand that I have a responsibility to inform my educational institution/employer if I am aware of any conflict of interest, real or perceived, associated with participating in a learning placement within NSHA in accordance with NSHA Conflict of Interest Policy. A conflict may include a family member/relative that works in the immediate practice setting, or is receiving care in the practice setting that the Learner is assigned to.
4. NSHA has the right to require me to leave NSHA because of my performance or conduct. This right will not be exercised without prior discussion with me and my institution, where applicable, except in extraordinary circumstances.
5. I am aware of my responsibilities in regards to privacy and confidentiality. I have reviewed and agree to abide by the terms of the NSHA Pledge of Confidentiality. I understand these obligations continue after the term of my placement. I will not disclose what I see or hear, or pass on information from written /electronic records concerning any patient, except for the purposes of patient care. If confidentiality is breached, I understand the penalty may include termination of my placement.
6. I acknowledge that a patient has the right to refuse to be a participant in placement programs.

7. I understand that NSHA shall endeavour to provide me, without charge and where necessary, space for the accommodation of personal belongings. I will be given use of health care facility libraries as per applicable NSHA Policy.
8. I understand that NSHA is not responsible for any financial cost I incur during my attendance at NSHA, including but not limited to, meals, uniforms and uniform laundering, parking and emergency medical care.
9. I understand that NSHA will make every effort to ensure that I am assigned only to the degree of responsibility commensurate with my level of ability and optimum learning without diminishing the quality of patient care, and I will advise my supervisor or other NSHA staff if I have questions or concerns in relation to my responsibilities.
10. I consent to the collection and use of my personal information by NSHA for the purposes of facilitating and monitoring my placement. I consent to the disclosure of my personal information by NSHA to my affiliated academic institution or agency for the purposes of facilitating, evaluating and monitoring my placement, or other purposes reasonably connected to the enforcement of this agreement.
11. I understand that NSHA carries liability insurance in the event that a patient is injured through negligence.
12. I understand that **NSHA does not carry insurance which would provide coverage for me in the event of accidental injury** and that I am responsible for obtaining such coverage for myself. As a Student / Learner, I understand I am not subject to Worker's Compensation coverage. I understand that NSHA does not accept any responsibility for the risk of accidental injury not caused by NSHA, its servants, agents or employees, which I may incur during this placement.
13. I am aware of my responsibilities to complete NSHA Student and Learner Orientation as specified by Student and Learner Placement Service **prior** to commencing my learning placement. I understand that my preceptor or placement site may require me to review additional orientation materials or participate in additional orientation activities.

Signature of the Student/Learner

Student's/Learner's Educational Institution/Employer

Witness

Name of Student's/Learner's Academic Program

Date