

Background

The Health Sciences Placement Network (HSPnet) is a secure web-based system that is used by several provinces in Canada. The HSPnet system contains information about students in clinical placements within health agencies and other placement sites. Students authorize their educational program to use and disclose their Personal Information (name, student profile) and to use (but not disclose) their Personal Health Information via HSPnet for the purpose of locating and coordinating placements as required for their educational program. This document provides a summary of the national HSPnet Policies relating to the protection of student information within HSPnet. The full Policies can be viewed on the HSPnet website at www.hspcanada.net.

Collection, Use, and Disclosure of Personal Information and Personal Health Information in HSPnet

HSPnet policies ensure that Personal Information and Personal Health Information in HSPnet:

- Are collected, used, and disclosed only for purposes consistent with identifying and coordinating a student's clinical placements;
- Cannot be used or disclosed without the consent of the student whose Personal Information or Personal Health Information is to be collected; and
- Are used by or disclosed on need-to-know basis only, and accessed by those involved in student placements from an educational program or placement site. Personal Health Information is not disclosed to users outside of the student's educational program.

Personal Information Collected <i>May include any or all of:</i>	Uses of Personal Information <i>BY authorized users in the student's educational program</i>	Disclosure of Personal Information <i>TO authorized users at the placement site</i>
<ul style="list-style-type: none"> • Student name • Student home address, phone numbers, email addresses • Student number • Student photograph • Placement Preferences (1st, 2nd and 3rd choices if offered) • Student gender • Student certification ID with registering body for their discipline (e.g. RN Association, College of Physicians and Surgeons) • Date of Birth: DD/MM (excludes year) 	<ul style="list-style-type: none"> • To contact students regarding placement needs or status, or regarding urgent issues such as labour disruption at the placement destination • To generate class placement lists, confirmation notices and schedules • To maintain a student history of placements 	<p>Student name is disclosed after a placement is accepted by the site and confirmed by the educational program, to facilitate arrangements (such as orientation and preceptor assignment) and as a record of placements. Name may be disclosed prior to acceptance if the site has a reasonable justification (e.g. to arrange a student interview).</p> <p>Student email address (issued by the educational program) may be released to support administration of computer access at the site.</p> <p>Student certification ID may be released to sites if needed to coordinate placement arrangements such as computer access.</p> <p>Student gender may be disclosed in the following limited situations:</p> <ul style="list-style-type: none"> • For allocation of change rooms and lockers at the site • For matching the gender of the student and supervisor (e.g. for homecare visits where the client may specify a preference) <p>Date of Birth (DD/MM) may be released to sites if needed to coordinate placement arrangements such as computer access.</p>

Student prerequisite status as required by placement sites (e.g. criminal records check, CPR or other certifications)	To track student compliance with each site's published requirements for criminal records check, CPR certification, etc.	Not disclosed
Student profile of educational or work history relevant to placement requests	To facilitate a good fit between the student and the placement Site, learning experiences offered, and supervisor/preceptor to be assigned.	
Personal Health Information Collected <i>May include any or all of:</i>	Uses of Personal Health Information <i>BY authorized users in the student's educational program</i>	Disclosure of Personal Health Information <i>TO authorized users at the placement site</i>
Status of compliance with site requirements for safety and/or infection control: <ul style="list-style-type: none"> Information on a student's immunity or immunization status for vaccine-preventable diseases such as Varicella, Diphtheria/Tetanus, Influenza, and Measles/Mumps or Rubella Information on Tuberculosis status including TB test and/or chest X-ray results 	To track status of a student's eligibility according to the requirements of placement sites	Not disclosed

Safeguards

- The accuracy and completeness of personal information within HSPnet is maintained through the use of system tools such as mandatory fields and formatting rules, and through periodic reviews of data quality to identify the need for interventions such as user training or system modifications.
- HSPnet data is physically and logically secured in accordance with industry standards and best practices, including enforcement of strict rules for physical security and backups, password protection at all points of access, and use of anti-virus software, firewall protection, and data encryption.
- Periodic audits of HSPnet transactions are carried out to ensure there are no problems and/or gaps in the user interface that might permit inappropriate access to or update of data.
- Personal information on each student, along with their placement history, is retained until the student's completion of or withdrawal from the educational program as recorded on their HSPnet profile, or after the consent expiry period of six years, whichever occurs first. A copy of their Personal Information is available to a student upon request to their jurisdiction's Privacy Officer or the national HSPnet Privacy Officer.

Openness, Access, and Challenging Compliance

- An individual can access their own information as well as a complete description of the type of Personal Information or Personal Health Information used/disclosed and the purposes for using or disclosing the information. Such requests can be made in writing by the student to the national HSPnet Privacy Officer and/or to the local Privacy Officer within the student's jurisdiction (contact information for each province or jurisdiction is available on the HSPnet website at <https://hspanada.net/privacy-officers/>).
- An individual may request changes to their Personal Information or Personal Health Information contained in HSPnet, or may register a complaint or challenge regarding the handling of their information in HSPnet, by submitting a request in writing to the national HSPnet Privacy Officer or local Privacy Officer within their jurisdiction.

Consent Form for Use and Disclosure of Student Information

Student Number: _____ Educational Program: _____

First Name: _____ Middle Initial: _____ Last Name: _____

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program _____ to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practica, fieldwork, or preceptorship) as required by your educational program;
- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.
- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

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 placement will be processed manually at the earliest convenience of the Program and Receiving Agency.
- 3.2 Right to Review 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 updated copy by contacting privacy@hspcanada.net.
- 3.3 Right to Request Restrictions on Use/Disclosure** – You have the right to request that we restrict how we use and/or disclose 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 we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and 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, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.
- 3.5 Right to Receive a Copy of This Consent Form** - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit www.hspcanada.net/privacy/index.asp.

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

Signature of Student

Date