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**Student Information Form**

| **Personal Information**  |
| --- |
| **Last Name:** | **First Name:** | **MI:** |
|       |       |       |
| **Permanent Address:** | **City:** | **State:** | **Zip** |
|       |       |    |       |
| **Phone Number:** | **Email Address** | **Date of Birth:** | **Sex:** |
|       |       |       | **☐ M** **☐ F** |
| **Vehicle Make & Model:** | **Vehicle Color:** | **License Plate Number:** |
|       |       |       |

| **Emergency Contact**  |
| --- |
| **Last Name:** | **First Name:** |
|       |       |
| **Relationship:** | **Primary Telephone Number:** | **Secondary Telephone Number:** |
|       |       |       |

**Confidentiality Agreement**

During your visit here, you may have access to confidential information on patients, employees or about the hospital. It may be patient records, financial information, human resources files, or medical reports. Both verbal and written information should be regarded the same. This information is sensitive and private and must be treated confidentially.

Confidential information should only be discussed with or given to authorized persons who have a need to know. At no time is the identity, diagnosis or condition of a patient to be discussed either in or out of the Hospital or Clinic except as medically necessary to provide treatment, and then it should be done privately. We expect this high ethical responsibility to continue to be honored throughout your time at Sauk Prairie Healthcare and beyond.

|       |  |       |
| --- | --- | --- |
| **Student Signature** |  | **Date** |

| **Education Use Only** |
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| Criminal Background Check on File (if requested) | ☐ | Proof of Personal Health Insurance | ☐ |
| Computer Access Requested | ☐ | Preceptor Assigned | ☐ |
| Orientation Completed | ☐ |  |  |
| SPH Department: |       | Name of Preceptor/IN: |       |
|       |  |       |
| **Education Coordinator Signature** |  | **Date** |