



NURSING and ALLIED HEALTH DEPARTMENT  
**Agreement and Consent Form**

Student Name \_\_\_\_\_

**I am aware, the NURSE ASSISTANT (NA) and HOME HEALTH AIDE (HHA) Student Handbook is available for me to view online, any time, at Clovis Adult Education's (CAE) website, under STAFF and STUDENTS/Student Resources.**

**I understand I am fully responsible** for reading and understanding the NA and/or HHA Student Handbook as well as the following agreements & consents which are located in the ONLINE Student Handbook located at Clovis Adult Education's website.

**1. HIPAA CONFIDENTIALITY AGREEMENT**

I have been fully informed in HIPAA regulations and I agree:

initial \_\_\_\_\_

- to adhere to HIPAA regulations in maintaining confidentiality during my NA clinical rotations.
- I will not access or view any patient health information (PHI) or any Confidential Information other than what is required to perform my responsibilities as a student, in the care and treatment of patients. If I have any questions or concerns regarding HIPAA regulations, I will immediately ask my precepting faculty.

**2. ATTENDANCE POLICY AGREEMENT**

initial \_\_\_\_\_

- I understand that my attendance in class is critical in order to meet the course and clinical objectives of the NA/HHA Program.
- I understand each day's learning builds upon those of the previous class day and valuable learning experiences are lost when absences occur.
- I understand that I must notify the school instructor at least 1 ½ hours prior to the start of class (theory or clinical) when planning on being absent.
- I understand any student who is absent for 2 theory or clinical days without teacher notification, will be immediately dropped from the program.
- Any student who is absent for theory (4 hours) will copy down the objectives and present them and answers to the instructor within one week.
- Objectives must include answers that you have prepared and will be reviewed with the instructor on the make-up day.
- I understand that I must check with my theory instructor to complete the unmet course objectives.
- Any student who is absent for 3 clinical days without notification will be immediately dropped from the program.
- HHA students are required 100% attendance.

I have read and agree to abide by the CAE's NA and/or HHA Program Attendance Policy.

Student Name \_\_\_\_\_

initial \_\_\_\_\_

### 3. CHEATING POLICY AGREEMENT

Whether on tests or written work

- I understand that a first offense will result in failure of the assignment and completion of a Record of Infraction.
- I understand any repetition of cheating will result in immediate referral to the Faculty Committee for disciplinary action, which could result in dismissal from the NA Program
- I understand working together on assignments is acceptable if the work turned in is the student's own and bears no resemblance to another student's paper.
- I understand the following is considered cheating:
  - A student who gives their work to other students
  - A student who gives answers to others during a test
  - A student who engages in talking during a test
  - A student who sees, uses, or purchases any test bank, study guide questions or resources. This includes anything found on any unauthorized site or the internet.

I have read and agree to abide by the CAE's Nurse Assistant/HHA Program Cheating Policy.

### 4. RELEASE OF INFORMATION

initial \_\_\_\_\_

I hereby give Clovis Adult Education's NA or HHA Program permission, as they deem necessary to notify \_\_\_\_\_ of my:

- Attendance
- Grades
- Failure notices

### 5. CONSENT FOR RELEASE OF PHOTOGRAPHY

initial \_\_\_\_\_

I consent to be photographed on campus and clinicals, during nursing activities while attending the NA/HHA program at Clovis Adult Education.

The understand the photographs will be used for various purposes such as:

- Clovis Adult Education Graduation through PowerPoints shared with the public
- Clovis Adult Education website
- Clovis Adult Education brochures
- Clovis Adult Education social media



NURSING and ALLIED HEALTH DEPARTMENT  
**Agreement and Consent Form**

Student Name \_\_\_\_\_

initial \_\_\_\_\_

**6. CONTRACTUAL AGREEMENT**

Clovis Adult Education and all hospitals who furnish clinical training sites for NA students have entered into a contractual agreement. Each student will be required to comply with the following:

- Observe confidentiality regarding information learned during the administration of nursing care.
- Wear the designated student uniform with student identification only when on campus(theory) and clinical (hospital) rotations.
- Observe elements of professional conduct as outlined in the policy manual for the NA/HHA program.
- Neither consume alcohol or drugs during or immediately prior to coming to class or to a clinical assignment.
- Student will not visit their hospitalized patient without instructor's presence.
- Notify the school or hospital when it is necessary to be absent.
- Any student who is absent for 3 clinical days without notification will be immediately dropped from the program. HHA students are required 100% attendance.
- Comply with the Cheating Policy (#3) as outlined in the NA/HHA Student Handbook.
- Follow all aspects of the Attendance Policy as outlined in the NA/HHA Student Handbook.
- Complete required make-up work assigned by the instructor on the designated theory make-up day.
- Student will abide by Nurse Assistant uniform dress code for the Graduation Ceremony

All exceptions will be dealt with on an individual basis.

**7. RELEASE OF LIABILITY**

I am fully aware and understand that there may be some risks involved in my voluntary participation for invasive and non-invasive procedures performed while training in the Nurse Assistant Program.

Those risks may include, but are not limited to:

- Infection
- Abscess
- Adverse reaction
- Hematoma
- Any other complications

Invasive procedures may include, but are not limited to:

- ear and eye lavage
- EKG
- nebulizer
- capillary punctures
- venipunctures, and injections

Non-invasive procedures may include, but are not limited to:

- audiograms
- spirometry
- clinical laboratory specimen collections

I release Clovis Adult Education from any liability regarding the above and take full responsibility should a complication occur from my participation in any voluntary training procedure while I am a student in the program.



NURSING and ALLIED HEALTH DEPARTMENT  
**Agreement and Consent Form**

Student Name \_\_\_\_\_

**I have read, understand, and agree** to abide to **ALL** of the above.

**I understand** that a violation in any area mentioned will be cause for my immediate dismissal from the CAE Nurse Assistant Program.

**I understand** my signature below confirms that I agree to all the above.

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

Date \_\_\_\_\_