Confidentiality Statement Form

Please sign and date and return to student services.

As a Student Visitor at Trinity College of Nursing and Health Sciences and UnityPoint Health-Trinity, I will be entrusted with health and personal information about patients with whom I am in contact with in a variety of health care settings. It is my responsibility to maintain confidence and trust when working with patients and/or confidential health information.

I support the statement in the Patient’s Bill of Rights which states patients have the right to have the right to have their privacy respected while receiving care and to have all communication and records pertaining to their care treated as confidential. I agree that pertinent information relative to a patient’s admission, condition and treatment must only be discussed within the patient care setting and as it relates to direct patient care. I will not discuss patient information with other staff members, students, patients, family, friends or visitors. I agree that access to patient charts and related patient information will only be made on a need-to-know basis as necessary for direct care of patients.

In my role as a Student at Trinity College, I will abide by the appropriate Code of Ethics. I will therefore “safeguard the client’s right to privacy by judiciously protecting information of a confidential nature” in any and all health care settings. In addition to maintaining patient confidentiality, I will also keep in confidence any sensitive information I have access to regarding employees and/or the institution(s) with which I am associated in my student role.

I understand that a Breach of Confidentiality on my part, described as “failure to maintain privacy of information of a confidential nature,” in the Trinity College Catalog, could result in disciplinary action as stated in the Discipline Policy of the Catalog. The discipline may include immediate dismissal from the College.

Signature: ____________________________________________________________

Print Name: __________________________________________________________

Date: ____________________  Program: _______________________________
College Catalog Acknowledgement of Receipt

I acknowledge that I understand the Trinity College of Nursing and Health Sciences College Catalog is located on the college website (www.TrinityCollegeqc.edu). I understand that it reflects the current policies, regulations, and services of Trinity College of Nursing and Health Sciences and I accept responsibility for compliance therewith. I also understand I can request a paper or CD copy of these policies and procedures from the college.

I also understand it is my responsibility to remain current with this information either online or by requesting a current copy of the document.

____________________________
Name (Please Print)

____________________________
Signature

____________________________
Date
Media Release Form


I do hereby give Trinity College of Nursing & Health Sciences, his or her assignees, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I am of full age (18 years or older).

To do the following (check as many as apply):

☐ Take photographs of me.
☐ Record me on audiotape or videotape.
☐ Work with me to prepare a personal statement.
☐ Conduct an interview with me, which may include questions about my personal experiences at the College.

Photographs and recordings may be used for single or multiple purposes in any print publication or electronic media (including but not limited to newspapers, television broadcasts, radio broadcasts, magazines, brochures and web sites) as approved by Trinity College of Nursing & Health Sciences and/or outside news organizations. This includes both publications and electronic materials prepared by Trinity College of Nursing & Health Sciences as well as outside news organizations.

I realize I will receive no payment in connection with any publication or use of these photographs, video or audio recordings or statements, and I waive any claims that I or others have for such payments.

I do now and shall in the future hold Trinity College of Nursing & Health Sciences, its successors and assignees, blameless and free from any claims in connection with the consent and use of the materials specified above.

This form has been explained to me—or I have read and fully understand this form—and all questions that I have been asked have been answered to my satisfaction.

Individual Signature: ___________________________ Date: ______________

Printed Name: _____________________________________________

If under 18, Legal Representation Signature: ___________________________ Date: ______________

Printed Name: _____________________________________________ Relationship: ___________________________
Authorization to Contact

For the duration of my enrollment and beyond, I authorize Trinity College of Nursing & Health Sciences, and its agents/contractors, to contact me to provide information concerning educational matters and regarding my loan(s) and/or other debts (including repayment) (1) at the current or any future number that I provide for my mobile phone or other wireless device and/or (2) using automated telephone dialing equipment or artificial or pre-recorded voice messages or text messages, including those that may be pre-recorded.

___________________________________________________  __________________________
Signature                                                                 Date

___________________________________________________
Printed Name
Academic Computing & Identity Theft Prevention Program Form

Computer Access & Information Resources Agreement

This form must be completely filled out and signed. **PLEASE PRINT CLEARLY.**

Each student is issued a Trinity College of Nursing & Health Sciences e-mail account, computer account, and My Pulse account with respective log-in data upon acceptance into the respective program of study. Students are expected to use these electronic services to communicate with faculty, staff, and fellow students at the College.

A full review of these services will be conducted at New Student Orientation by the Student Services staff. These services enhance your education and provide an efficient and effective way to complete your assignments and to communicate with faculty, staff, and other students.

The College provides a Computer Lab (Room 128) and Resources Room (Room 123) where you can study and work to complete assignments in a timely manner. These rooms are accessible by electronic entry with your College badge from 6:00am-9:00pm. Both rooms have a printer available, but students are required to supply their own paper. Paper is available for sale in the Student Services office.

If a student has problems logging into his/her e-mail account, they can call the IT Service Center, which is available 7 days a week 24 hours a day at 309-779-2371. The IT system will prompt a student to change his/her e-mail password every 6 months for security purposes. Please be aware IT will disable a student’s e-mail account for non-usage....so please make sure to use your account at least once per week.

If a student experiences a problem with My Pulse, the student portal, please call the College Student Services office at 309-779-7700 Monday-Friday from 8:00am-4:00pm.

Trinity College of Nursing & Health Sciences makes every effort to maintain excellent communication with its students and the College expects students to maintain their electronic accounts.

(Detach and hand in to Student Services)

**Computer Access & Information Resources Agreement**

Each student is provided secure access to his/her accounts with password protection. This information is to remain confidential at all times and not to be shared with other students as it violates the Campus Computing Policy, and may violate the academic integrity policy and/or copyright policy if used inappropriately.

*I understand that the appropriate use of the computer/e-mail accounts/My Pulse and any other password protected media that I use is my responsibility, and that I am to maintain the confidentiality of my password protection. If I do not follow the academic computing policy, then I may be subject to violation of this and other policies, which could result in disciplinary action as stated in the Corrective Action Policy of the College Catalog.*

Signature___________________________________________________________________________________________________

Print Name__________________________________________________________________________________________________

Date___________________________Program_____________________________________________________________________

2122 25th Ave. Rock Island, IL 61201  Ph: 309-779-7700  Fax: 309.779.7748  trinitycollegeqc.edu

Revised June 13, 2013 12:41 PM
Copyright and Peer-to-Peer File Sharing

Dear College Community:

In accordance with the Higher Education Opportunity Act of 2008, Trinity College of Nursing & Health Sciences is providing this annual disclosure of information related to the unauthorized use/distribution of copyrighted materials through illegal downloading and/or peer-to-peer file sharing of intellectual property.

In accordance with federal guidelines (34 CFR 668.43 (a) (10)) users of campus computers and/or campus networks are reminded that intellectual property includes copyrighted music and videos. Trinity College of Nursing & Health Sciences computer users are prohibited from distributing/using illegal downloads and peer-to-peer file sharing of copyrighted materials. The College encourages computer users to use legal methods of downloading through channels such as: amazon.com; iTunes; and other known sources. Lists of other legal alternatives are provided by EDUCAUSE, the Recording Industry of America and the Motion Picture Association of America.

Students who violate the policy will be subject to disciplinary action as outlined in the college catalog.

Penalties of Copyright Infringement:

Any person who willfully infringes a copyright shall be punished as provided under section 2319 of title 18 if the infringement was committed—

1. For purpose of advantage or financial gain;
2. By the reproduction or distribution, including by electronic means, during any 180-day period, of 1 or more copies or phonorecords of 1 or more completed works, which have a total retail value of $1,000.
3. By the distribution of a work being prepared for commercial distribution, by making it available on a computer network accessible to members of the public, if such person knew or should have known that the work was intended for commercial distribution.

Penalties for infringement can include both civil and criminal penalties. See College website for penalties that are outlined in Section 506 of title 17 relating to copyright infringement.

Trinity College of Nursing & Health Sciences urges students to act with the highest ethical and legal standards and to use college and personal computers in an appropriate manner at all times. Students are responsible for their own personal computers when connected to the College server. If a student has a question about a site, he/she should ask the course faculty member.

For further information, please visit the U.S. Copyright Office website at www.copyright.gov. Questions may also be directed to the Director of Student Services.

Thank you.