

## Work Experience Privacy and Confidentiality Agreement

This form is to be signed by students before undertaking work experience at BRHS

1. I will notify the People and Culture Department as soon as possible if I am unable to attend on my assigned day.
2. I agree to wear a BRHS ID tag at all times while completing my work experience.
3. I agree to notify the relevant Supervisor/People and Culture Department immediately of any accident, incident or unusual event that occurs whether to myself or to a patient/client and to complete the necessary documentation to record this event.
4. I agree to abide by the established BRHS Policies Guidelines with respect to private and confidential information of both verbal and written nature and to promote respect for the rights of patients/clients/residents attending BRHS.
5. I understand that all details relating to clients and their families are to remain private and confidential, the names and personal details of the client are not to be discussed outside of the work environment or with other personnel unless directed by BRHS staff as in the best interest of the client and that failure to do so constitutes a breach of this agreement.
6. I understand that it is my responsibility to maintain the privacy and confidentiality of BRHS business at all times and that failure to do so constitutes a breach of this agreement.
7. I understand that my role is an observational role.
8. I will not become involved in the management of patient/client/resident's financial affairs or accept responsibility for a patients/client/resident's property, or give medical, legal, wills or religious advice.
9. I will not dispense medication nor provide medical advice.
10. I will not become involved in gossip about the business of BRHS or any patient/client. This rule particularly applies to opinions regarding the clinical competency of any member of BRHS.

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11. Media & Social Media – I will avoid making any references or comments about BRHS to media or on social media platforms.

I have read the above statements and agree to keep private and confidential all information relevant to clients, staff and BRHS business and to abide by all matters as described in this agreement.

I, (full name) \_\_\_\_\_

Of (address) \_\_\_\_\_

Student of college/school:

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_