PERSONAL HEALTHCARE RESPONSIBILITY
LETTER OF UNDERSTANDING AND
CONFIDENTIALITY STATEMENT

Personal Healthcare
I understand that I am responsible for providing Chamberlain proof of personal health insurance. In the event of my personal illness or injury, I shall assume full responsibility for my personal medical care and treatment and release Chamberlain College of Nursing (“School”) from all responsibility for the provision of such care. If my physician is not accessible, I understand that I may choose to be examined and/or treated by a physician and facility of my choice and will assume full responsibility for any charges accrued and for notifying my physician of such care and treatment. I acknowledge that participation in certain clinical activities involves an inherent risk of injury, and I expressly and unconditionally assume all such risks and dangers, known or unknown, foreseen or unforeseen, relating or incidental to my participation in any such clinical activities. I hereby agree that in consideration of my being permitted to participate in these clinical activities, I hereby release, forever discharge, hold harmless, and indemnify Chamberlain College of Nursing, its members individually, and its parents, subsidiaries, affiliates, officers, shareholders, agents, and employees, of any and from all claims, demands, liabilities, costs, damages, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, damage to property, and the consequences thereof, resulting from my participation in or in any way connected with or incidental to the clinical activities.

Providing Patient Care
For and in consideration of being allowed to participate in the clinical experience, the undersigned agrees that if during his/her clinical experience in evaluation and treatment of patients of (“Facility”), the undersigned, on behalf of the undersigned as well as his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the clinical experience program unless such injury or loss arises solely out of School’s or Facility’s gross negligence or willful misconduct.

Confidentiality Statement
The undersigned student of Chamberlain College of Nursing, as a condition of being allowed to participate by Chamberlain in clinical training at any affiliated site (“Facility”) hereby acknowledges and agrees that he/she will keep confidential any information acquired, either written or spoken, while at Facility concerning the patients, staff, students and others at the Facility, all such information to be deemed Personal Health Information (PHI), and will also keep confidential all trade secret and other confidential information of Facility. The undersigned further agrees not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any PHI and further agrees not to reveal to any third party any confidential information of Facility, except as required by law or as authorized by Facility. The undersigned understands that additional penalties for disclosure of PHI may apply as determined by Federal law and regulation.

Medical Records
I authorize the School to require treatment and/or diagnostic testing as a condition of enrollment. I also authorize the School to obtain, review and use the results of my medical records as needed by clinical contracts with clinical sites throughout my student career at Chamberlain College of Nursing.

Dated this _____ day of ____________, 20___ Student ID (D#) __________________

Program Participant (Print Name)

Program Participant (Signature)

If student is under 18 years of age, parent or guardian must sign this release.

Parent/Guardian Signature ___________________________ Date ____________

Submit completed forms to: National Clinical Compliance Office | 3005 Highland Parkway | Downers Grove, IL 60515-5799
Scan and upload your compliance documents to your Chamberlain/Complio account
Important information about the educational debt, earnings, and completion rates of students who attended Chamberlain College of Nursing can be found at chamberlain.edu/ge

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