

STATE OF MINNESOTA
MINNESOTA STATE COLLEGES AND UNIVERSITIES
WINONA STATE UNIVERSITY
COLLEGE OF NURSING & HEALTH SCIENCES
IMPORTANT NOTICES

REASONABLE ACCOMMODATIONS

There are conditions for which accommodations may be appropriate under the Americans with Disabilities Act. The Nursing Program will make all reasonable accommodations required by law for otherwise qualified individuals. To receive accommodations, you must contact the Office of Disability Services, located in Maxwell 313. The telephone number is 507-457-5878.

RESPONSIBILITY FOR HEALTH CARE COSTS

Any health care costs incurred during the period of time you are a student in the Nursing Program will be your responsibility. Students enrolled in a Winona State University nursing program are required to have proof of health insurance.

WORKERS' COMPENSATION

It is the position of the clinical facilities and the College/University that, as a nursing student, you are not an employee of either the clinical facilities to which you are assigned or the College/University for purposes of Workers' Compensation insurance.

BACKGROUND CHECKS

An integral part of the Nursing Program is the clinical experience program. To provide this experience, the College/University contracts with local health care facilities. State law requires that any person who provides services which involve direct contact with patients and residents of a health care facility have a background study conducted by the State. If, as a result of the background study, you are disqualified from direct contact, it is highly unlikely that the facility will be able to allow you to participate in its clinical experience program. If you refuse to cooperate in the background check, the clinical facility will refuse to allow you clinical experience program participation. The Nursing Program does not guarantee an alternative facility placement. If no facility placement is available, you may be terminated from the Nursing Program.

DATA PRACTICES ADVISORY AND INFORMED CONSENT

Some facilities also impose certain requirements regarding the health of persons working in their facilities and may require that health information and partial Social Security Number of students in clinical site programs be made available to them. The College/University may ask you to provide health information and partial Social Security Number which will be used to determine whether you meet a clinical site's health requirements for care providers. Health information collected is private data on you. A clinical site may refuse to allow you to participate based on data provided by you. The information provided will be disclosed, as needed, to the College/University Dean, College of Nursing and Health Sciences and, should any clinical site request the data, to any clinical site where you are placed as a student. You are not legally required to provide this information to the College/University. However, refusal to provide the information requested could mean that a clinical site may refuse to accept you at its facility. The Nursing Program does not guarantee an alternative facility placement. If no alternative facility placement is available, you will be terminated from the Nursing Program.

I hereby authorize the College/University to release my health information and partial Social Security Number to any facility to which I am assigned during my nursing education, should the facility request the information. **This authorization is valid while enrolled as a student at Winona State University.**

Student Name *(please print)*

Student's Signature

Date of Signature