

FACULTY OF NURSING AHS Module Directions

The following modules must be completed by instructors teaching NURS 489, NURS 499 and NURS 589.

- AHS Information Privacy & IT Security Awareness – Including the Confidentiality and User Agreement at the end of the module
- Advance Care Planning

Step One: If you have completed Advance Care Planning already

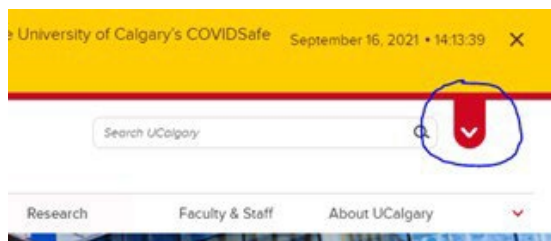
If you work for Alberta Health Services and have already completed the Advance Care Planning module, you may be able to print proof of completion through your AHS WBT account. AHS employees may be able to get assistance locating completion information by contacting the [AHS IT Service Desk](#) (1-877-311-4300).

All instructors must complete the AHS Information Privacy & IT Security Awareness module and complete the Confidentiality and User Agreement again even if this was done as an AHS employee.

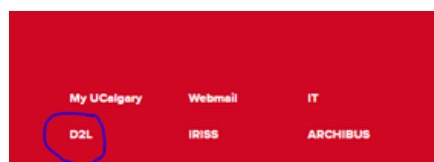
Step Two: Complete the required modules available in D2L

Both modules can be completed in Desire2Learn (D2L) by following these directions:

1. Go to <http://www.ucalgary.ca/>
2. Click on the red tab with the white arrow at the top right of the page



3. Click on "D2L (Desire2Learn)"



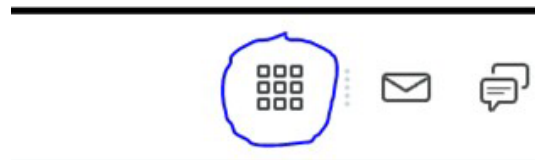
FACULTY OF NURSING

Future Students ▼ Current Students ▼

4. Enter your UCalgary account credentials



5. Click on the icon that looks like a waffle at the top of the screen to select a course



6. Click on “e-Learning Requirements for Student Placements Within Alberta Health Services”

e-Learning - Requirements for Student Placements Within Alberta Health Services - NURS_SUNRISE

7. Click on “Content”

Course Home **Content** Calendar Communication ▾

8. Choose the required topics from the left side of the screen to find the modules

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Problems with the Online Modules?

Access to D2L can only be set up once your UCalgary IT account is active. Directions to register your IT account are [here](#). If your UCalgary IT account is active and you do not have access to the “e- Learning” course on D2L, please contact Rachelle Dahlke, Clinical Placement Specialist at rachelle.dahlke1@ucalgary.ca.

If you run into any technical issues with D2L, please contact UCalgary IT at (403) 210-9300.

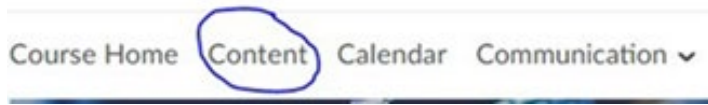
Step Three: Submit your Proof of Completion

E-mail both your AHS Confidentiality and User Agreement and your Advance Care Planning certificate to Katie Cordiner, kathleen.cordiner@ucalgary.ca and Rachelle Dahlke, rachelle.dahlke1@ucalgary.ca.

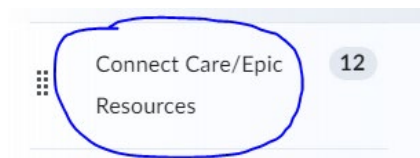
Step Four: Review the Connect Care FAQs for Instructors

The FAQs can be found in the “e-Learning Requirements for Student Placements Within Alberta Health Services” D2L shell in the following folder:

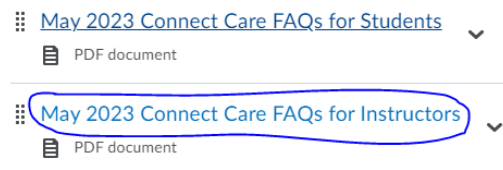
1. Click on “Content” in the e-Learning shell



2. Choose “Connect Care/Epic Resources” from the left side of the screen



3. Choose the Instructor FAQ document.



Alberta Health Services (AHS) is responsible for protecting the confidentiality of information that it collects, uses, stores and discloses over the course of its operations. You will have access to AHS information as part of your duties and responsibilities related to your role at AHS. This document describes how you, when acting as an AHS Affiliate (defined under the Health Information Act), must handle AHS information, including AHS information systems, and will help you comply with relevant AHS policies. (Refer to Information and Technology Management policies on www.albertahealthservices.ca/210.asp.)

This form is to be completed by all employees, Medical Staff, residents/trainees, volunteers, researchers, students, educators, Board Members and midwives. Completion by all members of the Medical Staff is a prerequisite for medical staff appointment.

Completed forms will be retained in the appropriate corresponding program files. Managers/Supervisors are to send forms for AHS employees to Human Resources by fax to 1-888-908-4408 or email at hldataadmin.ahs@albertahealthservices.ca.

For members of the AHS Medical Staff, please forward this signed form to their primary zone's Medical Affairs Office after completing the required AHS Privacy and Security Training. It will be retained on file in compliance with Medical Staff Bylaws.

Completed forms received by AHS are considered the legal record; all other copies can be securely destroyed.

Last Name	First Name
Job Title (e.g. Physician, Analyst, Nurse, etc)	Identification # (For physicians-CPSA #)
Phone	Email
Role (submit your form to the office identified in brackets) <input type="checkbox"/> Employee of AHS/subsidiary (Manager/Supervisor) <input type="checkbox"/> Medical Staff, Medical Students, Residents/Trainees (Zone Medical Office) Indicate Primary Zone _____	
<input type="checkbox"/> Volunteer (Volunteer Resources Coordinator) <input type="checkbox"/> Researcher (Repository Owner) <input type="checkbox"/> Student or Educator (Educational Institution Liaison) <input type="checkbox"/> Board Member (Board Office) <input type="checkbox"/> Midwives (Chief Nursing Officer)	

It is required that you read and understand the above referenced policies and treat patient, personal or other AHS information as confidential. Confidentiality of information is governed by both AHS policy, provincial, and federal law.

You must sign this Agreement before AHS will grant access to AHS information or to an AHS owned or operated electronic system ("AHS System"). This Agreement explains the rules and expectations related to securing and protecting AHS information and systems. You may be required to comply with additional terms and conditions before accessing specific AHS Systems.

Agreement

Appropriate Collection, Use and Disclosure of Information

1. I shall only collect, access, use and disclose the minimum information necessary for the purpose of fulfilling my duties and responsibilities related to my role at AHS ("AHS Responsibilities").
2. I will not access information except as necessary for my AHS Responsibilities. I will not otherwise access information, including my own health information, or the information pertaining to: a family member, friend, colleague, or anyone who is not within my scope of my AHS Responsibilities. There are other procedures in place (including in Health Information Management) which would allow me or others to appropriately request access to health information.

Agreement (continued)
Appropriate Collection, Use and Disclosure of Information (cont'd)

3. I shall ensure that information I enter into an AHS System is complete and accurate to the best of my ability.
4. I shall dispose of any information I access from an AHS System (whether in electronic or paper form) in a secure manner as explained in AHS policies and procedures.
5. I shall use reasonable means to ensure that while I am accessing information on an AHS System it will not be viewed or obtained by unauthorized people (e.g. secure my computer, be discreet when viewing data).
6. I understand that AHS retains custody and control over all information contained in an AHS System as well as information in paper form.
7. I shall not collect, use, transmit or disclose any AHS information except as allowed by AHS policies and procedures.

System Security

8. I will keep any AHS System login information, such as my user password, confidential and will not share this login information with anyone else.
9. I am responsible for any use of any AHS System performed under my login information.
10. I will not leave my workstation unattended without logging out or securing my workstation or application.
11. I will not use or obtain another person's login information.
12. If I believe my login information may be known by another person I will immediately change my password and notify the AHS Information Risk Management Office.
13. I shall not download or install any application or program to an AHS System without the approval of the administrator for that particular AHS System.

Confidentiality Provisions

14. I shall take reasonable actions to keep all AHS information private and confidential and prevent the unauthorized collection, use and/or disclosure of all AHS information that I come into contact with.
15. I accept that the obligation to keep AHS information confidential continues even after my AHS responsibilities end.
16. If I become aware of a violation of a policy referenced above or a potential or actual breach of confidentiality, I will notify my Supervisor immediately. I will also notify the AHS Information & Privacy Office or Information Risk Management as soon as possible.

Audit and Sanctions

17. I understand and acknowledge that AHS conducts random audits of AHS Systems and may audit my use of any AHS System without notice.
18. I understand that AHS, in its sole discretion, may revoke or restrict my access to any AHS information or AHS System for any reason, with reference to AHS Policies, Bylaws or Agreements.
19. I acknowledge that I have read the policies referenced above and understand the consequences for a violation of those policies and/or this Agreement.

I accept the rules and expectations described in this agreement:

Name (print)

Signature

Date (yyyy-Mon-dd)