The Rules on Doing Practical Training (Medical Clerkship) at the University Teaching Hospital in Białystok in the Academic Year of 2019/2020

1.The student is allowed to do his/her clerkship only if they had negotiated the time of the clerkship with the Head of the Clinic/ Department and afterwards it was confirmed by the signature and stamp on the both pages of the agreement (the time of the clerkship + signature of the Head of the Clinic /Department). In case of the rotations attended after the 1st year of studies (nursing rotations), the time must be negotiated additionally with a nurse supervising the clerkship at the Clinic (her signature on

a single copy of the agreement).

2. Besides the agreement form completed, the student must also submit a copy of OC (third party liability) insurance policy **paid**, which must cover the professional practical training,

NNW (accident insurance) policy including an occupational exposure and a letter of authorization under the regulations on personal data protection and the rules on personal data protection and processing RODO (The General Data Protection Regulation) - as attached hereto.

**NOTE!**

The authorization and liability as provided by the RODO Regulation, the student should present in two copies (one copy signed by a person authorized must be available during the time of clerkship

so as to be easily reviewed at a clinic/department).

**The above mentioned documents should be presented to or collected from the University Teaching Hospital, ul. M.C. Skłodowskiej 24 A, Administration Room (Administracja), 5th Floor, room no. 32, only on the following days and within this time:**

**- Tuesdays, 12:00 – 15:00**

**- Wednesdays, 12:00-15:00**

**NOTE!**

A copy of the agreement and the remaining documents as required should be presented at the latest 7 days before the agreed time of start of the rotations. **Any document provided after the deadlock or after the start of the rotations will not be signed.**

Any incomplete document or wrongly completed will not be accepted.

3. On the day of start of the clerkship the student is obliged to present the supervisor with the program of the clerkship, the insurance policy required and copy of RODO authorization.

4. Marek Karp, Director is a representative of the University Teaching Hospital

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1

Annex no. 7

 Białystok, date: …………………..

 AUTHORIZATION

Under the article 29 of the Regulation 2016/679 of the European Parliament and of the Council of

27th April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing of Directive 95/46/EC (General Data Protection Regulation – GDPR), the Official Journal L. 119/1, 4/5/2016),

The Director of the University Teaching Hospital in Białystok

hereby authorizes

the trainee (student)

 ……………………………………………….

 (full name)

……………………………………………………………………………………………………………. (name of organizational unit or entity)

to process the personal data for the purpose of completing his/her clerkship.

For the purpose of completing your clerkship, I authorize you to process the personal data which appear on the collective and individual medical documentation (external and internal registers), constituting personal data files of the University Teaching Hospital in Białystok, which will be designated by the supervisor of the clerkship.

I further oblige you to process the personal data in conformity with this act of authorization and RODO regulations, the Act of 10.05.2018 on personal data protection and the Personal Data Security Policy introduced by the University Teaching Hospital in Białystok.

This authorization expires on the date of completion of your clerkship.

 ……………………………………………..

(signature of Administrator/Controller of Personal Data or person authorized)

2

TRAINEE’S (STUDENT’S ) DECLARATION

Pursuant to article 32(4) of the Regulation 2016/679 of the European Parliament and of the Council

of 27th April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing of Directive 95/46/EC (General Data Protection Regulation – GDPR), the Official Journal L. 119/1, 4/5/2016), which lays down that the controller and processor shall take steps to ensure that any natural person acting under the authority of the controller or the processor who has access to personal data does not process them except on instructions from

the controller, unless he or she is required to do so by Union or Member State law,

I, the undersigned, declare that I has been instructed about the regulations on personal data protection and the rules on personal data protection and processing as specified in the Personal Data Security Policy and the ICT System Management Guides implemented for application, and I oblige myself:

- to process the personal data transferred to me only for the purpose of completing my clerkship and

 in conformity with appropriate legal provisions and internal regulations,

- to obey all instructions and procedures concerning the personal data protection,

- to make every effort to protect the personal data and information protected under law when

 performing my duties as trainee,

- to ensure that any unauthorized person does not have access the data being processed,

- to keep in secret the personal data processed and methods of their protection as long as after

 the completion of my rotations.

I further acknowledge that any of my action contrary to my responsibility hereunder may be considered by the Administrator/Controller of Personal Data as serious misconduct and subject to punishment provided by the Act of 10.05.2018 on personal data protection.

….…………………………….. ………..……………………………….

 (date and place) (student’s complete and legible signature)

…………………………………………………………..

(date and signature of a person adopting this declaration)

Note:

this authorization is drawn up in two identical copies – each is considered as original

and be delivered to:

 person authorized

 kept on record after the rotations are completed

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1

Annex no. 7

 (Date and place)

 AUTHORIZATION

Under the article 29 of the Regulation 2016/679 of the European Parliament and of the Council of

27th April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing of Directive 95/46/EC (General Data Protection Regulation – GDPR), the Official Journal L. 119/1, 4/5/2016),

The Director of the University Teaching Hospital in Białystok

hereby authorizes

the trainee (student): (full name, student’s record book no. Faculty of Medicine)

 (forename(s) and surname)

 (Name of Clinic, time of clerkship from ….. to…...)

 (name of organizational unit or entity)

to process the personal data for the purpose of completing his/her clerkship.

For the purpose of completing your clerkship, I authorize you to process the personal data which appear on the collective and individual medical documentation (external and internal registers), constituting personal data files of the University Teaching Hospital in Białystok, which will be designated by the supervisor of the clerkship.

I further oblige you to process the personal data in conformity with this act of authorization and RODO regulations, the Act of 10.05.2018 on personal data protection and the Personal Data Security Policy introduced by the University Teaching Hospital in Białystok.

This authorization expires on the date of completion of your clerkship.

 ……………………………………………..

(signature of Administrator/Controller of Personal Data or person authorized)

2

TRAINEE’S (STUDENT’S ) DECLARATION

Pursuant to article 32(4) of the Regulation 2016/679 of the European Parliament and of the Council

of 27th April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing of Directive 95/46/EC (General Data Protection Regulation – GDPR), the Official Journal L. 119/1, 4/5/2016), which lays down that the controller and processor shall take steps to ensure that any natural person acting under the authority of the controller or the processor who has access to personal data does not process them except on instructions from

the controller, unless he or she is required to do so by Union or Member State law,

I, the undersigned, declare that I has been instructed about the regulations on personal data protection and the rules on personal data protection and processing as specified in the Personal Data Security Policy and the ICT System Management Guides implemented for application, and I oblige myself:

- to process the personal data transferred to me only for the purpose of completing my clerkship and

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I further acknowledge that any of my action contrary to my responsibility hereunder may be considered by the Administrator/Controller of Personal Data as serious misconduct and subject to punishment provided by the Act of 10.05.2018 on personal data protection.

 …………………… …………………………………………

 (date and place) (student’s complete and legible signature)

…………………………………………………………..

(date and signature of a person adopting this declaration)

Note:

this authorization is drawn up in two identical copies – each is considered as original

and be delivered to:

 person authorized

 kept on record after the rotations are completed

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