Program Policy Agreement

Healthcare Management Program

INDIAN HILLS COMMUNITY COLLEGE
Life. Changing.

1. **Receipt of Indian Hills Community College Healthcare Management Program Policy Manual**

   I acknowledge that I have received information on how to access an electronic copy of the Healthcare Management Program Policy Manual. I understand that I am responsible for reading the Healthcare Management Program Policy Manual in its entirety and will be held accountable for complying with all policies and procedures contained within it. It is my responsibility to seek clarification from the Program Director/Chair regarding any policy or procedure I do not understand. I agree to read and comply with any new or revised policies or procedures issued by the program and to incorporate them into my policy manual. I also understand that I am also responsible for reading and complying with all general student policies of IHCC.

2. **Responsibility for Conduct and Actions as a Healthcare Management Student**

   I understand that having been admitted to the IHCC Healthcare Management program, I am held responsible for my conduct and actions as an Indian Hills student. I understand that a breach of IHCC or Healthcare Management Program policies or code of ethics may result in consultation, and perhaps probation, suspension or dismissal depending on the nature of my actions. I understand that client safety, privacy and dignity are of the highest priority in Healthcare Management and Healthcare Management education.

3. **Titles VI and XII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972**

   I understand that IHCC complies with Titles VI and XII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and other federal laws and regulations, and does not discriminate on the basis of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to admissions, employment, financial aid and educational services. I understand I may follow the grievance procedure guidelines described in this handbook if I wish to file a complaint.

4. **Medical Treatment**

   I understand I am responsible for payment for any medical treatment that may be necessary and is not covered under the provisions of the Iowa Code.

5. **Computer User Agreement**

   As a condition of using the IHCC computer equipment, I agree not to use the equipment to duplicate copyrighted software in violation of its end user's license agreement, whether it is my personal copy or is owned by IHCC. I assume liability for any copyright infringements caused by me.

By signing below, I acknowledge that I have read this agreement, understand my responsibility for its contents, and confirm I have had the opportunity to ask questions regarding any part of the Policy Manual.

Name: _____

Signature: _____ Date: _____