

**HEALTH CARE PROGRAM (EXCLUDING NURSING)  
INFORMED CONSENT FORM**

RETURN THIS COMPLETED DOCUMENT TO ARAPAHOE COMMUNITY COLLEGE CAMPUS  
POLICE, ATTENTION: JOHN LAUCK

**Student NAME** \_\_\_\_\_ **Student BANNER # S** \_\_\_\_\_  
**Health Career Program** \_\_\_\_\_  
**For semester: (circle one) Fall Spring Summer Year:** \_\_\_\_\_

**Must submit originals**

The Health Career Programs' curricular criteria and academic standards for course credit and program achievement require students enrolled in Health Career Programs to undergo training at clinical sites. A critical element of determining a student's suitability for participation in the program as well as assignment at one or more clinical sites during the course of his or her program is to determine that the student does not have a criminal record of drug-related and/or other felonies that might place the clinical site in jeopardy by the placement of an unsuitable student at their institution.

Arapahoe Community College is required to declare to the hosting institution the suitability of every student assigned to that institution. Therefore, all Health Career Programs students must undergo a criminal record check as a term and condition of their enrollment in the College's Health Career Programs.

Any and all costs associated with the aforementioned criminal record check will be borne by Health Career Programs students. Further, all fees paid for criminal record checks are non-refundable. Prior criminal record checks results will not be accepted.

The results of the aforementioned criminal records check will only be released by the relevant consumer reporting agency and healthcare provider to the College's Office of Campus Police. This information will be maintained in a separate file from the student's academic record. Access to this file will be governed by the Family Educational Rights and Privacy Act (FERPA).

**General Release**

I, \_\_\_\_\_, for myself, my successors, agents and estate, hereby release the State of Colorado, the State Board for Community Colleges and Occupational Education, Arapahoe Community College, Campus Police and all current and former employees, agents and attorneys of the State of Colorado from any and all claims, causes of action, liabilities, expenses and for damages which I may assert against any of them as a result of my undergoing a criminal records check as required for enrollment in the Health Career Programs. Furthermore, I understand that this release shall be forever binding and no rescission, modification, or release therefrom may be made without the express written consent of Arapahoe Community College and SBCCOE. Furthermore, I have received all the information necessary to make an informed decision regarding this release. I fully understand the terms and consequences of agreeing to this release, and acknowledge that I voluntarily and of my own free will am waiving my right to assert any action against the State of Colorado, the State Board for Community Colleges and Occupational Education, Arapahoe Community College, Campus Police and all current and former employees, agents and attorneys of the State of Colorado, and agents of Arapahoe Community College performing services on behalf of the College, for any and all claims, causes of action, liabilities, expenses and for damages which I may assert against any of them as a result of my undergoing a criminal records check as required for enrollment in the College's Health Career Programs.

**Limited Release of Criminal Record Results**

I, \_\_\_\_\_, hereby authorize any representative of Arapahoe Community College, Campus Police and its agents to release any and all information and/or medical records pertaining to my criminal record results to any authorized clinical site representative it deems appropriate in order to determine my suitability to enroll in the College's Health Career Programs and/or to be assigned to a clinical site selected by the College. A photocopy of this release will be sufficient to authorize the release of the aforementioned information.

By: \_\_\_\_\_ Date: \_\_\_\_\_

# Arapahoe Community College

## Disclosure to Health Career Programs Applicant Regarding the Procurement of a Consumer Report (Criminal Record)

In connection with your application for enrollment in the College's Health Career Programs, we may procure a criminal record on you as part of the process of considering your suitability for enrollment in this program. In the event that this report is utilized in whole or in part in making an adverse decision with regard to your potential enrollment in this program, before making the adverse decision, we will provide you with a copy of the criminal record we obtained as well as written declaration of your rights under the law.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized **on a separate page** of this document.

By your signature below, you hereby authorize us to obtain a criminal record report on you in order to consider you for enrollment in the College's Health Career Programs.

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

ACC Health Program: \_\_\_\_\_

Signature: \_\_\_\_\_  
**SIGNATURE MUST BE NOTARIZED**

Social Security Number: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_,  
date year notary public

Notary Public for county of \_\_\_\_\_, state of \_\_\_\_\_  
personally appeared \_\_\_\_\_, who has satisfactorily identified  
signer

him/herself as the signer to the above referenced document.

My Commission Expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

Seal

# Arapahoe Community College

## Release Authorization

1. In connection with your enrollment in the College's Health Career Programs, the College may procure a criminal record report on you as part of the process of considering your suitability for enrollment in this program. In the event that this report is utilized in whole or in part in making an adverse decision with regard to your enrollment in this program, before making the adverse decision, we will provide you with a copy of the criminal record we obtained as well as a written declaration of your rights under the law.
2. According to the Fair Credit Reporting Act, I am entitled to know if program enrollment is denied because of information obtained by the College from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Arapahoe Community College, or its agent, to furnish the information described in the background record check.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer, its agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

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Please print your full name (Last, First, Middle)

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Please print other names you have used

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Home Address

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City, State Zip Code

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Social Security Number

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Date of Birth

Sex:         Female         Male

Race:         Asian     Black     Hispanic    White    Other

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Drivers License Number

State Issuing License

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Name as it appears on license

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Signature

Date

# Arapahoe Community College General Release and Authorization

I, \_\_\_\_\_, for myself, my successors, agents and estate, hereby release the State of Colorado, The State Board for Community Colleges and Occupational Education (SBCCOE), Arapahoe Community College and Campus Police (College) and all current and former employees, agents and attorneys of the State of Colorado from any and all claims, causes of action, liabilities, expenses and for damages which I may assert against any of them as a result of my undergoing a Health Career Programs enrollment suitability background and reference check by the College.

Furthermore, I hereby authorize any former employers and/or agents of a former employer, to provide said information to any representative of the College upon request.

Furthermore, I, \_\_\_\_\_, for myself, my successors, agents and estate, hereby release any former employer and/or any agents of a former employer from any and all claims, causes of action, liabilities, expenses and for damages which I may assert against any of them as a result of the information they provided to the College as part of the College's criminal records and/or reference checking on me.

Furthermore, I hereby authorize any representative of the College to provide a copy of my criminal record and or drug test results to any of the program's clinical sites' authorized representative, for the express purposes of securing my assignment to said clinical site or sites which is required by the Health Career Program's curriculum criteria and academic standards, upon request.

Furthermore, I understand that this release shall be forever binding and no rescission, modification, or release therefrom may be made without the express written consent of Arapahoe Community College and SBCCOE.

A photocopy of this release will be sufficient to authorize the release of the aforementioned information.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature must be notarized

Print Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_,  
date year notary public

Notary Public for county of \_\_\_\_\_, state of \_\_\_\_\_  
personally appeared \_\_\_\_\_, who has satisfactorily identified  
signer

him/herself as the signer to the above referenced document.

My Commission Expires \_\_\_\_\_.

\_\_\_\_\_  
**Notary Signature**

\_\_\_\_\_  
**Date**

**Seal**

## A Summary of Your Rights Under the Fair Credit Reporting Act (FCRA)

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

~ **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

~ **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise a CRA may charge you up to eight dollars.

~ **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement filed, you may ask that anyone who has recently received your report be notified of the change.

~ **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verified its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

~ **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

~ **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

~ **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

~ **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your permission. You may choose to exclude your names from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

~ **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding	Please Contact
CRAs, creditors and others not listed below	Federal Trade Commission, Consumer Response Center – FCRA, Washington, DC 20580 Phone: 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name).	Office of the Comptroller of the Currency, Compliance Management, Mail Stop 6-6, Washington, DC 20219 Phone: 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board, Division of Consumer & Community Affairs, Washington, DC 20551 Phone: 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision, Consumer Programs, Washington, DC 20552 Phone: 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration, 1775 Duke St., Alexandria, VA 22314 Phone: 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation, Division of Compliance & Consumer Affairs, Washington, DC 20429 Phone: 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management, Washington, DC 20590 Phone: 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator – GIPSA, Washington, DC 20250 Phone: 202-720-7051