

Medical Venturing Program

Post 630 - Boy Scouts of America



Medical Venturing Paperwork Required for Processing:

Forms in Application:

- Affirmation Statement Form
- Application/ Badge Form
- Boy Scouts of America Youth Application
- Completed HIPAA Test

Medical Test Required:

- TB Skin Test less than one year old

Dear Applicant,

Thank you for your interest in Huntsville Hospital's Medical Venturing Program through Corporate University. Medical Venturing provides students with opportunities to experience guest speakers, discussion groups, tours and demonstrations from professionals serving in healthcare. Huntsville Hospital's Post 630 is the largest Venturing Post in the region and the only one with healthcare as its focus. Youth will learn about health careers and about the skills and education healthcare occupations require. Open to both young men and women, our program is conducted in partnership with the Boy Scouts of America.

Participants will not be permitted to take part in hands-on patient care.

There are a few key facts about the program that you need to know:

1. **Eligibility**

Students must be sophomores, juniors or seniors in High School or the home school equivalent to participate. The minimum age to participate in the program is 15 years of age.

2. **Pre-requisites for Participation in the Program**

Prior to beginning the Medical Venturing program, applicants complete the attached packet which includes:

- **A Medical Venturing Application & a Boy Scouts of America Youth Application.** Participants cannot begin the program without both applications being completed. If a student has previously participated in Medical Venturing, a new application and dues payment is required each year. The application fee is **\$20** and a personal check or cash is requested as payment.

Checks should be made payable to : Huntsville Hospital's Corporate University.

- **A HIPAA** (Health Insurance Portability and Accountability Act) **Test**, after reading and understanding the associated materials.
- **A Current Tuberculin (TB) skin test** from your doctor or student health center. The test needs to have been **read within a year to be valid and needs to indicate the applicant is "negative" for TB.** The Tuberculin skin test is a two-step process where you go to the health center for the "titer" (injection) and in two days you return for the "titer" to be read. Please be aware this takes a few days to complete. Another local resource for TB skin testing is the Madison County Health Department located at 301 Max Luther Drive, between Washington and Meridian Streets.
- **A signed Affirmation Statement**, which is enclosed in the packet.

3. **Medical Venturing Post 630 Meetings**

- Youth participating in the meetings will have completed the application process listed in the "Pre-requisite" section above including both the Huntsville Hospital Application and the Boy Scouts of America Application.
- Medical Venturing participants meet one evening each month, September – March, 6-7:30 pm Venturing is very much like a "club" where members are not only learning about the health care field, they are cultivating a network of friends from other area high schools and home schools.
- Participants should plan to attend five (5) of the seven (7) meetings scheduled.
- Meetings begin promptly at 6:00 p.m. Plan to arrive on time so meetings can begin on schedule and speakers can have sufficient time to cover all they have planned. Many times the topics include tours and we do not want students to be left behind.
- An advisor will be with the youth, during each meeting, along with speaker
- Parents or guardians furnishing transportation are asked to pick-up students from the Corporate University lobby at 7:30 p.m. (109 Governors Drive).

Once you have completed your packet, please return the completed information to the Medical Venturing Program contact, Sharon Darty. The packet may be faxed to our office at (256) 265-9417, dropped-off at the Dowdle Center at 109 Governor's Drive, or mailed to our office at the following address:

Huntsville Hospital's Corporate University

c/o Medical Venturing Program; P.O. Box 1167; Huntsville, AL 35807

If you have any questions feel free to contact us by phone at (256)-265-8025 or email at sharon.darty@hhsys.org. Once we have your completed paperwork, we will welcome you to the first meeting. We look forward to helping you explore your career options in health care, and hope you will enjoy your experience.

Regards,
Sharon Darty

Office Use: Completed Requirements:

- Affirmation Statement
- TB Skin Test
- Medical Venturing Application
- Boy Scout Youth Application
- HIPAA Test

Medical Venturing Program Application

(Please Print Clearly)

Name: _____

TODAY'S DATE: ____/____/____

Name prefer to be called: _____

Birth date: ____ / ____ / ____

What year will you graduate from high school?

Day Month Year

Name of School: _____

Home Address: _____

(All meeting communication is via email so it is very important to clearly print this information)

Email Address: _____

Please provide the Name of Parent or Guardian & Relationship:

Parent or Guardian's Email Address: _____

Home Phone: () _____

Cell Phone: () _____

Parent/Guardian Cell Phone: () _____

Meeting Schedule:

Medical Venturing meetings are held **Tuesday** nights, once a month, during the months of September through March. Youth are asked to attend five (5) meetings out of the seven (7) meetings scheduled. **Medical Venturing meetings are not in session April-August.**

2009 Meeting Dates:	2010 Meeting Dates:
<input type="checkbox"/> September 15 <input type="checkbox"/> October 20 <input type="checkbox"/> November 17 <input type="checkbox"/> December 15	<input type="checkbox"/> January 19 <input type="checkbox"/> February 16 <input type="checkbox"/> March 9 (Please check the months you could attend)

Will you be driving yourself to meetings? Yes No

If you are not driving yourself to meetings, please provide the name(s) of some individuals who will be providing transportation.

Parking Guidelines:

All Students will park at the corner of Harvard Street and Longwood Drive. There is a shuttle service that runs to and from the parking area by calling Security at 265-6660 .

Important Parking Guideline Notice:

Parking guidelines are very specific. You are subject to a \$50.00 for 1st offense and \$250.00 for 2nd offense, parking fine

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

(Signature verifies that you have read the above information & understand the Huntsville Hospital parking guidelines.)

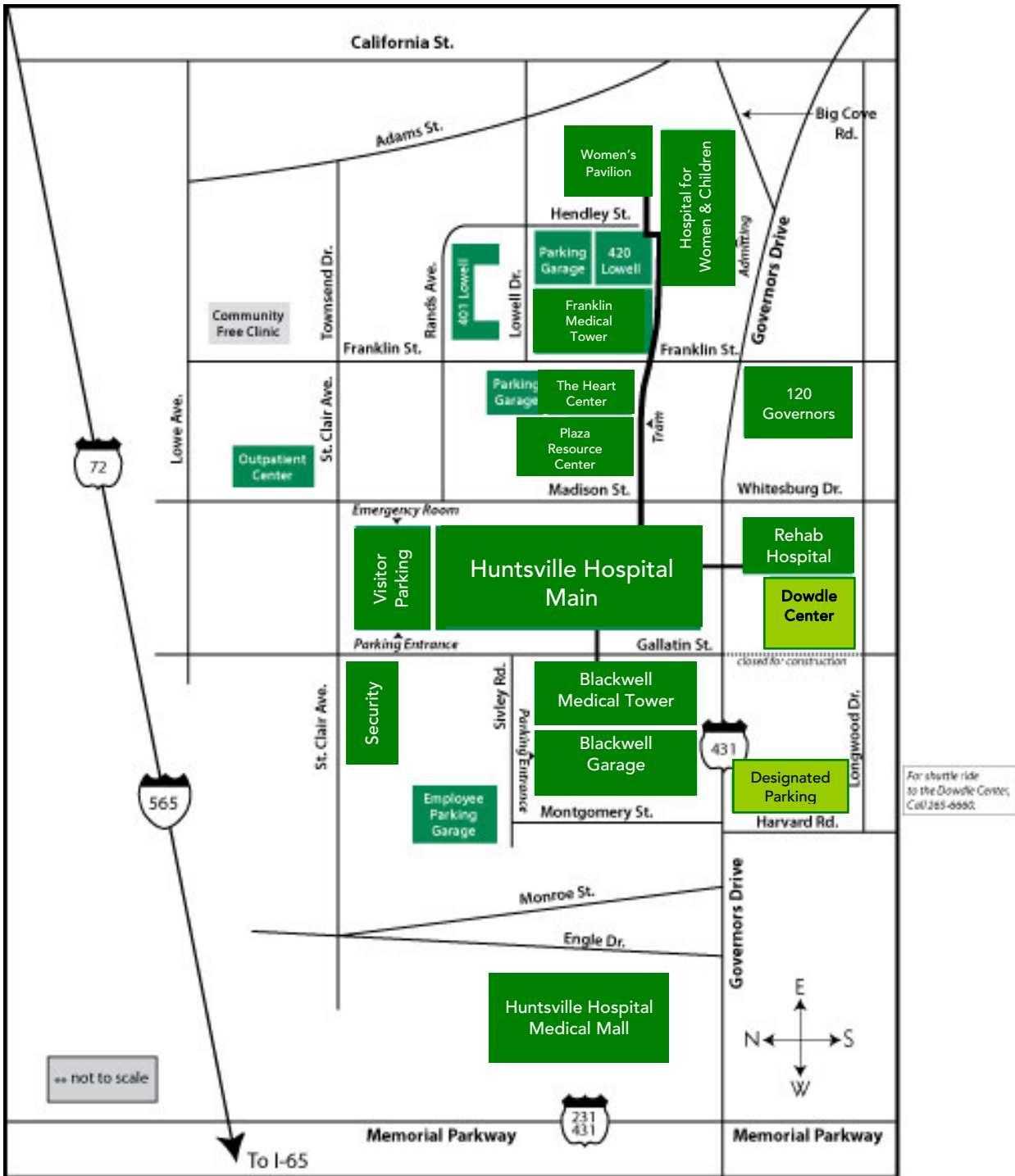
You may send/deliver/fax the completed forms to Sharon Darty:

Send: Medical Venturing, Corporate University, P.O. Box 1167, Huntsville, AL 35807

Fax: 265-9417

Deliver: The Dowdle Center, 109 Governors Drive (at the corner of Governors Drive and Gallatin Street)

Medical Venturing Program – Campus Map



Medical Venturing Program – Dress and Appearance Policy

Huntsville Hospital's employees and students have a responsibility to not only provide quality health care to our customers, but to *look* the part as well. Therefore, your attire, grooming, and personal hygiene are critically important to the Hospital's success. We require that you observe the following specific standards regarding personal appearance and neatness while present:

Clothing/ Attire

- **Shirts and Blouses** - No lingerie or spaghetti straps, cut-off sleeves, racer back tops, or revealing or plunging necklines are allowed. Cleavage must be covered. No see-through clothing or clothing with indented armholes.
- **Dress and Skirt Lengths** - Lengths of dresses and skirts cannot exceed three inches above the knee and must be professional and show good taste. Tight dresses and tight skirts are not acceptable.
- **Sleeves** - Clinical personnel must wear shirts and dresses with sleeves. Non-clinical personnel may wear sleeveless shirts or dresses as long as they are in good taste and undergarments are covered.
- **Pants** - Stirrup pants, blue jeans, bike shorts, leggings, sweat pants, jogging pants, and skorts are not allowed.
- **Hair** - No distracting extremes in hair styling, dyeing, bleaching, or coloring are allowed.
- **Hosiery** - Participants must wear complementary socks or hosiery and may forgo hosiery if they wear skirts or dresses that touch the knees.
- **Shoes** - Shoes must be worn at all times and must be clean and in good repair. Flip flops and stiletto heels are not permitted.

Jewelry/ Adornment

- **Fingernails** - Artificial nails are discouraged in non-patient care areas, but they are permitted. Employees are not permitted to have fingernails that exceed ¼ inch from the tip of their finger, have extreme nail art, or wear extreme colors like black or orange.
- **Earrings** - No more than two earrings per earlobe are allowed. Earrings must not be larger than a quarter and are not permitted on the top of the ear or in the cartilage above the earlobe.
- **Rings** - No more than two rings per hand are allowed.
- **Bracelets and Necklaces** - Two necklaces and two bracelets are permitted.
- **Perfume, Aftershave, and Lotions** - No strong, heavy scents or fragrances are allowed. All scents are discouraged.
- **Body Piercing** - Visible body piercing other than earrings is not permitted; this includes tongue piercing and forking, eyebrow piercing, and nose rings.
- **Tattoos** - Participants should wear clothing that covers tattoos.

The Employee Dress and Appearance Policy applies to youth enrolled in the Medical Venturing Program who are wearing a special Corporate University badge while on the Huntsville Hospital campus.

Violations of the Dress and Appearance Policy may result in being dismissed from the Medical Venturing Program.

HIPAA Fundamentals: Awareness Training

Introduction

- At Huntsville Hospital, privacy of patient information has always been considered a basic right.
- What can happen when protected health information is inadvertently exposed? Personal harm to individuals, embarrassment, community mistrust, lawsuits, etc...

What is HIPAA

- HIPAA stands for **Health Insurance Portability and Accountability Act**. HIPAA is a relatively new federal law that protects Protected Health Information, or **PHI**.
- The law allows for penalties such as fines and/or prison for people caught violating patient privacy.
- HIPAA Privacy Regulations became **effective in April 2003** and the Security Regulation in April 2006.
- Part of our compliance with the HIPAA law is to provide the required awareness training for employees and workforce members.

Protected Health Information

- Protected Health Information (PHI) is **about patient information – whether it is spoken, written, or on the computer**. It includes health information about our patients. It can be information as simple as their name.
- Certainly we can share PHI when it is part of our job to do so, but beyond that you may have broken the law if you share patient information.

Need to Know

- A good way to determine if you should share patient data is to ask yourself... **“Do I or others need this information to do the job?”** Use this little test before you look at patient information or share it with others.
- Sometimes you may inadvertently hear or see information that you don't need to know. If so, just keep it to yourself.

Dispose of PHI Properly

- Trash and garbage bins are another place that might contain PHI. Be sure to dispose of patient lists and other documents that contain PHI in non-public areas.
- **If you see PHI in the trash in public areas, notify the supervisor immediately.**
- If you transport PHI, make sure it is secure when not in your sight, such as a locked vehicle.

The Privacy Officer

- **At HH we have a person responsible for insuring that privacy is maintained – The Privacy Officer.** However, no one person can know if we have a possible threat in every area of such a large organization.
- Each of us must do our part to protect patient information. **You should always report possible privacy problems to the manager in your area or to the Privacy Officer.**

Co-Workers, Friends, and Family

Situation: *You hear about a friend that has had surgery, so you call a nurse on that floor to find out the details.*

- Friends and co-workers deserve the right to privacy just like any other patient. You cannot seek or share patient information for personal reasons. You may only obtain/share information that you need to know to do your job.
- **You may personally ask the individual you know about their condition, and it is their choice what to share with you.**
- You may also ask their permission to share their information with a common friend, but you should never do this without their permission.

“Don't be Curious”

Situation: *You like to look at the patient directory or surgery schedule daily to see if you know anyone.*

- This is not within the scope of your job at this hospital.
- You are in violation of HIPAA laws and Huntsville Hospital policies.

Respect the Privacy of Patients

Situation: *You are working in an area where caregivers are discussing health information with a patient, a family member, or another caregiver.*

- You can ask if you need to leave the area.
- You may quickly finish your task and leave.
- You must keep any health information you overhear to yourself.

Protect information in your Possession

Situation: *In the process of doing your job, you use a list that contains patient names and possibly other patient information.*

- You should keep the information in your possession at all times.
- You should make sure that it is protected from others who would not need the information.
- You can turn it over so the information can't be viewed.
- You **should make sure when you are finished with the information that you have disposed of it properly.**
- Your supervisor may give you instructions for disposal of PHI.

HIPAA Fundamentals Test

This completes the fundamental overview of the HIPAA regulations. You now know and are responsible for what is required of you as an employee of Huntsville Hospital.

- HIPAA laws also require that we keep a record to show that you have been trained in patient privacy. You should now take the HIPAA FUNDAMENTALS TEST.

Medical Venturing Program – HIPAA Fundamentals Test

Name _____

Date _____

- ___ 1. HIPAA stands for:
- Health Information Protection Agency Association
 - Human Instinct Protection Association Awareness
 - Health Insurance Portability and Accountability Act
- ___ 2. PHI stands for:
- Patient Health Initiatives
 - Personal Health Institute
 - Protected Health Information
- ___ 3. The Privacy HIPAA law became effective:
- As soon as everyone in our hospital is trained
 - April 2002
 - April 2003
 - December 2002
- ___ 4. Patient Information is protected when it is:
- Spoken
 - Written
 - On the computer
 - All of the above
- ___ 5. If you are in a public area and you see PHI in the trash, you should:
- Report this to a supervisor
 - Dispose of it properly
 - Show it to a friend
 - Both a. & b.
- ___ 6. The Privacy Officer is responsible for:
- Checking the trash
 - Pulling medical records of patients
 - Making sure Huntsville Hospital protects patient information
- ___ 7. You should ask yourself before you view or share patient information:
- Is this a personal friend or a relative not under my care?
 - Will anyone see me reading this?
 - Do I need this to do my job at Huntsville Hospital?
- ___ 8. Patient information that I use for my job:
- Isn't important to anyone else
 - Should be protected until I have disposed of it properly
 - Is the responsibility of my manager
- ___ 9. If I want to know about a friend that I see in the hospital, I should:
- Look at their medical record
 - Ask the nurse
 - Ask the individual
- ___ 10. If you see another person violating the HIPAA Privacy Laws or the HH Policies:
- You should ask them to stop
 - Ignore it and mind your own business
 - Report it to your manager or the privacy office (256-265-4477)

Medical Venturing Program Affirmation Statement on Security & Privacy of Information

(Please read thoroughly and sign indicating you have read the HIPAA material)

HIPAA Fundamentals

HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a federal law that was enacted in 2003, which protects Protected Health Information or PHI for patients. The law allows for penalties such as fines and/or prison for people caught violating patient privacy.

Protected Health Information, or PHI, is any patient information – whether it is spoken, written, or on the computer. PHI includes health information about patients in the hospital, and it can be as simple as their name. PHI cannot be shared outside of the hospital, even if you see the information in a public area like the trash. If witness PHI being shared, it needs to be reported to Huntsville Hospital's Privacy Officer at 256-255-9020.

Affirmation Statement

I, the undersigned, have read and understand the Huntsville Hospital policy on confidentiality of protected health information as described in the HIPAA Fundamentals Policy, which is in accordance with applicable state or federal law.

I also acknowledge that I am aware of and understand the policies of Huntsville Hospital regarding the security of protected health information including the policies relating to the use, collection, disclosure, storage and destruction of protected health information. This protection includes proprietary information.

In consideration of my employment or association with Huntsville Hospital, and as an integral part of the terms and conditions of my employment or association, I hereby agree, pledge and undertake that I will not at any time, during my employment or association with Huntsville Hospital, or after my employment or association ends, access or use protected health information, or reveal or disclose to any persons within or outside Huntsville Hospital, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information.

I understand that user identification codes and passwords are not to be disclosed (or shared), nor should any attempt be made to learn or use another employee's code.

If I am an instructor, I understand that I assume responsibility for the actions of the students under my supervision to comply with the Security and Privacy of Information Policy.

If I am an employer, I understand that I assume responsibility for the actions of my employees to comply with the Security and Privacy of Information Policy.

Training: Members of the workforce receive required education concerning security and privacy during new Employee Orientation and during annual required training or upon commencement of the association. Any updates or changes to policies will be communicated via staff meetings, intranet and/or mandatory requirements tests.

Corporate Compliance: It is the responsibility of all employees and those associated with Huntsville Hospital to uphold all applicable laws and regulations. All employees must develop an awareness of the legal requirements and restrictions applicable to their respective positions and duties. The hospital has a corporate compliance program to further such awareness and to monitor and promote compliance with such laws and regulations. I am not aware of any violations of applicable laws or regulations and agree to report any violations to the Corporate Compliance Officer. Any questions about the legality or propriety of actions undertaken on or behalf of the Hospital should be referred immediately to the appropriate supervisory personnel, or to the Corporate Compliance Officer.

Excluded Party Status: I affirm that I am not an excluded party from participating in Federal health programs, nor am I under investigation which may lead to such sanctions.

Computer Applications: I further understand that I may be provided access to certain hardware and software applications, some of which may be proprietary to their respective vendors. I agree to keep the hardware and software applications confidential, to not disclose to third parties, and to use such hardware and software applications only for the benefit of Huntsville Hospital.

I understand that violation of this Affirmation Statement could result in dismissal from the Program

PRINT NAME: _____

SCHOOL NAME: _____

SIGNATURE: X _____ DATE: _____

WITNESS SIGNATURE: X _____ DATE: _____

