

Job Shadowing/Observation Program



Shadowing Paperwork Required for Processing:

Forms in Application

- Affirmation Statement Form
- Application/ Badge Form
- Completed HIPAA Test
- Hold Harmless Form

Medical Test Required

- TB Skin Test less than one year old
(It takes 48 hours to complete this test, see page 2 of the application for more details.)

Dear Participant,

Thank you for sharing your interest in Huntsville Hospital's Job Shadowing/ Observation Program through Corporate University. The goal of our program is to provide experiential learning opportunities to help you learn about health careers, as well as learning about the skills different occupations require. Program participants will have the opportunity to see, first hand, the healthcare workplace and the day-to-day work of professionals in the health care field during the Shadowing experience. Participants are not permitted to take part in hands-on patient care.

There are a few key facts about the Job Shadowing Program that you need to know:

1. **Eligibility**

Students must be High School juniors or seniors, or older to be eligible to participate. The minimum age to participate in the program is **15** years of age. Medical professionals are also eligible for the Job Shadowing Program with the understanding the program is an observation only experience and not hands-on delivery of care.

2. **Shadowing Time**

- The Job Shadowing/Observation Program allows a student or medical professional to Shadow in one area, unit or department for a total of up to **24** hours.
- Students or professionals who have already identified a hospital employee willing to host them, may begin once they have completed the Job Shadowing Application, and picked-up a Shadowing badge at Corporate University and scheduled Shadowing time with the hospital employee.
- Those needing assistance to identify a match for their Shadowing experience may submit Job Shadowing applications during the months of **May, June, October** and **December**.
- Each Shadowing experience involving matching a student or medical professional with a Hospital employee is based on a careful process of matching the Shadower's interest with available employees. Some areas of the Hospital are in great demand for Shadowing experiences. Experiences are arranged in popular areas based on employee availability and accommodating other students already present in the department.

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

Prior to beginning a Shadowing experience applicants must fill out the attached packet which includes completion of:

- **A Job Shadowing/Observation Application Form**, with three areas of interest requested by student and the student's dates/times of availability information. Operating hours for Hospital departments vary. Every effort will be made to consider a Shadower's first choice of Hospital area combined with the student's available time.
- **A HIPAA** (Health Insurance Portability and Accountability Act) **Test**, after reading the Self-Study and understanding the associated materials, complete the test enclosed in the packet.
- **A Current, Negative Tuberculin (TB) skin test** from your doctor or student health center. The test should be **read within a year to be valid**. Be advised, as part of the test, 48 hours are required between the TB injection and the reading by a physician. Often Shadowers are unaware of the extra time needed to process TB screenings. Please make plans to complete TB screenings prior to the submission of your application. Include the certificate of results from your family physician or other primary care provider. For a \$20 fee, the Occupational Health Group (OHG) clinic is another local resource for TB skin testing (located inside the Medical Mall at Governors Drive). Prior Shadowing applicants should submit an updated TB screening if theirs has expired.
- **A signed Affirmation Statement**, which is enclosed in the packet.
- **A signed Hold Harmless Form**, which is enclosed in the packet.

Huntsville Hospital's Job Shadowing/Observation Program **does not arrange physician or physician assistant (PA)** Shadowing opportunities. If an applicant has made their own arrangements to Shadow a physician or physician assistant, the same pre-requisites apply. Once you have completed your packet, please send the complete packet **including proof of a negative TB skin test** to the Shadowing Program contact, Sharon Darty. Your information can 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 Shadowing Program; P.O. Box 1167; Huntsville, AL 35807

If you have any questions contact us by phone at (256)-265-8025 or email at sharon.darty@hhsys.org. Once we receive your completed paperwork, you can obtain a badge from the Corporate University office, and for students needing a match a **5 working day** period is needed to find your placement. We look forward to helping you explore your career options in healthcare, and hope your experience will be rewarding.

Shadowing/Observation Application & Badge Form

(Please Print Clearly)

Deliver to the Corporate University office or return by fax: (256) 265-9417

Office Use: Completed Requirements:

- Affirmation Statement TB Skin Test
 Application/ Badge Form HIPAA Test
 Today's Date: ___/___/___
 Active through: ___/___/___
 (Predicated on current TB Skin Test)
 Entered into Spreadsheet
 Scanned

Name: _____ Social Security#: _____

(Minimum Age is 15)

(Must provide SS# or badge cannot be issued)

How Old Are You? _____

Birth date: ___/___/___

Day Month Year

DATE BADGE NEEDED: ___/___/___

High school student?

Name of School: _____

Badge Type: Student

Non-student observer

College student?

Name of School: _____

Licensed Professional?

Employer: _____

If Applicant is under the age of 18,

Name of Parent or Guardian & Relationship: _____

Home Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Note: We are unable to match Shadowers with Physicians or Physicians Assistants.

Schedule Preference:

Please include the days of the week, the dates, and hours you would be available to shadow. Participants may shadow in an area up to **24** hours. Each shadowing schedule is based on a careful matching process between the student's initial request and the program coordinator working out the best opportunities available. Corporate University arranges shadowing matches only during the months of **May, June, October and December**, and you should hear back in 5 business days if this service is required.

Day of the Week Availability: (Circle all that apply) M Tu W Th F Sa Su Hours: _____	Available Dates: Date: _____ Hours: _____
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What date would you like to start?:

___/___/___ Shadowers requiring an employee match may choose between May, June, October, December.

___/___/___ Shadowers with *pre-arranged experiences may submit the application (w/TB screening), check-out a badge and begin with the employees' approval.

Career/ Job Shadowing Interest(s):

Choice 1.) _____

Choice 2.) _____

Choice 3.) _____

Note: We are unable to match Shadowers with Physicians or Physicians Assistants

For *Pre-Arranged Shadowers:

If you have already talked to a physician or Huntsville Hospital employee who agreed to allow you to Shadow, please give us:

Physician or Employee's Name: _____ Unit/area or Specialty: _____

Phone: _____ (Phone # is Required information) Email address: _____

Badge Fees:

There is a **\$20.00** deposit for all Job Shadower/Observation candidates to check out a HH badge. The badge is only effective during your shadowing time, and **must be returned**, or the candidate will forfeit their \$20.00 deposit. Your badge will allow you to shadow or observe with your designated employee. Shadowers/ Observers must be escorted at all times. Badges can be checked out at Corporate University's administrative offices located at 109 Governor's Drive, between the hours of 8:00 am 4:00 pm, Monday – Friday.

Parking:

If you are Shadowing on the Huntsville Hospital campus, Shadower parking is behind the Governors Medical Tower located at the intersection of Gallatin Street and Longwood Drive. By not following the parking guidelines you are subject to a \$50.00 for 1st offense and \$250.00 for 2nd offense, parking fine.

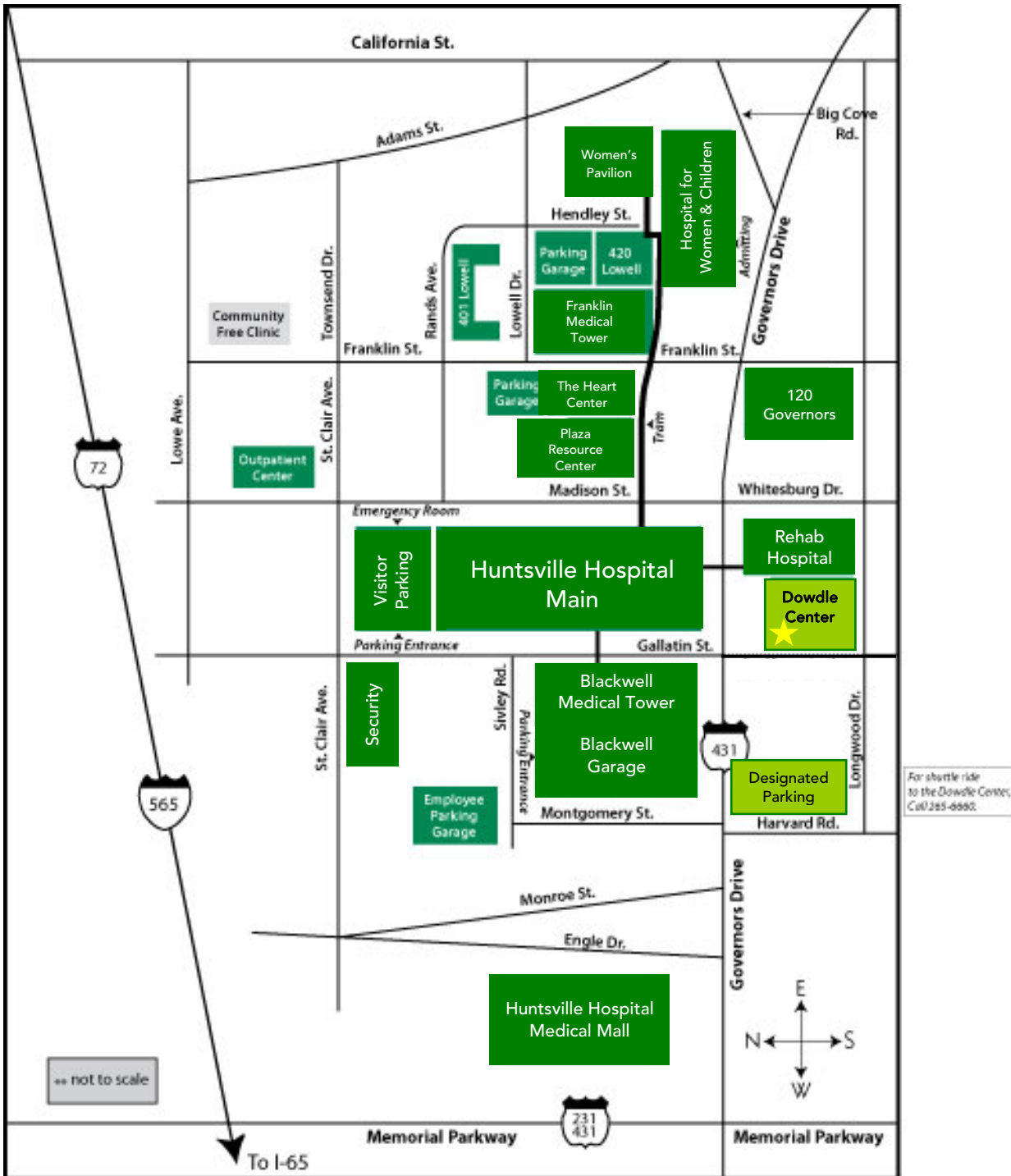
I have read and understand the Participant Cover Letter and Application information.

Candidate Signature: _____

Date: _____

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

Shadowing/Observation Program – Campus Map



Shadowing/Observation Program – Dress and Appearance Policy

Huntsville Hospital's Job Shadowers/Observers have a responsibility to adhere to the hospital's dress policy. Therefore, your attire, grooming, and personal hygiene are critically important. We require that you observe the following specific standards regarding personal appearance and neatness while shadowing/observing in the hospital:

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** – Shadowers in clinical areas must wear shirts and dresses with sleeves. Non-clinical Shadowers may wear sleeveless shirts or dresses as long as they are in good taste and undergarments are covered.
- **Pants** – No stirrup pants, blue jeans, bike shorts, leggings, sweat pants, jogging pants, and skorts are allowed.
- **Hair** - No distracting extremes in hair styling, dyeing, bleaching, or coloring are allowed.
- **Hosiery** – Shadowers in clinical areas must wear complementary socks or hosiery. Non-clinical Shadowers 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. The required shoes for individuals may differ between clinical and non-clinical Shadowers. Athletic shoes must coordinate with uniforms and be predominantly white. Shoes should match or complement the uniform or outfit. Open-toed shoes are acceptable in non-clinical areas. Shoe heels cannot be more than three inches high. Flip flops and stiletto heels are not permitted.

Jewelry/ Adornment

- **Fingernails** - Shadowers who have direct contact with patients, who transport patients, or who will be in the Food Nutrition Department are not permitted to wear artificial nails. Artificial nails include acrylic/gel overlays, acrylic/gel nails, wraps, tips, and nail strengthener or hardener that is not removable by acetone. Artificial nails are discouraged in non-patient care areas, but they are permitted. Individuals 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** - Applicant should wear clothing that covers tattoos.

The Employee Dress and Appearance Policy applies to Job Shadowers/Observers who are wearing a hospital badge or are badged in to the hospital. Candidates may be required to wear scrubs or special attire for certain areas.

HIPAA Fundamentals 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.

Shadowing/Observation 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)

Shadowing/Observation Program – Affirmation Statement on Security & Privacy of Information

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 disciplinary action up to and including termination of employment/contract/ association/appointment, the imposition of fines pursuant to HIPAA, and a report to my professional regulatory body.

PRINT NAME: _____

School or Organization Name (if applicable): _____

SIGNATURE: X _____ DATE: _____

WITNESS SIGNATURE: X _____ DATE: _____

The Healthcare Authority of the City of Huntsville d/b/a Huntsville Hospital

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in Huntsville Hospital's Job Shadowing, Medical Venturing, or Internship or other Healthcare Observation Program (hereafter referred to as "the Program"), I hereby release, waive, discharge and covenant not to sue Huntsville Hospital, its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted, while in transit to or from the premises, or in any place or places connected with the Program.

2. I am fully aware of risks and hazards connected with being on the premises and participating in the Program, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Program, and I hereby elect to voluntarily participate in the Program, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Program, whether caused by the negligence of releasees or otherwise.

3. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Program, whether caused by the negligence of any or all of the releasees, or otherwise.

4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
- C. I, my parent or guardian is at least eighteen (18) years of age and fully competent;
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand and seal this ___ day of _____, _____

Participant Signature: _____

Name Printed: _____

Parent or Guardian Signature (if participant is under 18 years of age): _____

Name Printed: _____

Witness: _____

Witness Name Printed: _____