

Phone 256-265-8025

Fax 256-265-9417

Web Link to Program Description and Application: <https://www.huntsvillehospital.org/student-programs>

## *Application for the* **Job Shadowing/Observation Program**



### ***Shadowing Paperwork Submission:***

Completed Job Shadowing/Observation Program paperwork should be submitted to either:

- To shadow/ observe a non-provider employee health professional  
CORPORATE UNIVERSITY CONTACT: **Sandra Holden**, t: 256-265-8025, email: [Sandra.Holden@hhsys.org](mailto:Sandra.Holden@hhsys.org).
- To shadow/ observe a physician or provider, **MUST SCHEDULE AN APPOINTMENT** with  
MEDICAL STAFF CONTACT: **Megan Leach**, t: 256-265-8858, email: [Megan.Leach@hhsys.org](mailto:Megan.Leach@hhsys.org)

## Dear Participant,

Thank you for sharing your interest in Huntsville Hospital's Job Shadowing/ Observation Program. The goal of our program is to provide experiential learning opportunities to help you learn about health careers through observation. Although 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; 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. Processing Locations

Participants have different locations to process their application, based on the type of professional they are observing/ shadowing. A map which includes these locations is included in this application.

- **Employed Health Professionals (non-providers)**

To job shadow/ observe a Huntsville Hospital Health System employee health professional that is not a provider, visit Corporate University, 109 Governor's Drive to submit your complete paperwork to **Sandra Holden**, t: 256-265-8025, email: [Sandra.Holden@hhsys.org](mailto:Sandra.Holden@hhsys.org).

- **Physicians, Physician Assistants, & Providers**

To job shadow/ observe a physician, physician assistant, or provider, **applicants must make an appointment** to be processed in the Medical Staff Office, submitting your complete paperwork to **Megan Leach**, t: 256-265-8858, email: [Megan.Leach@hhsys.org](mailto:Megan.Leach@hhsys.org).

### 2. Program Eligibility

Participants must meet the minimum age requirement of 15 years of age, or be at least a High School junior in order to be eligible to participate in the program. Please note, there are areas of the hospital in which the minimum age requirement is higher. Medical professionals are also eligible for the Job Shadowing/ Observation Program with the understanding that the program is an observation only experience and not hands-on delivery of care.

### 3. Shadowing Time

- The Job Shadowing/Observation Program allows a student or medical professional to shadow/observe for a total of up to **12 hours**.
- When shadowing in our facilities, our patients will need to consent to allow the student to enter their patient care area. Due to this requirement, areas with patients that are not alert and able to consent will be off limits for Job Shadowers.
- Students/ professionals who have already identified a non-provider hospital employee willing to host them, may begin once they have submitted: a completed Job Shadowing Application, current TB Skin Test, and picked-up a Shadowing badge at Corporate University. It will be up to them to schedule their Shadowing time with the hospital employee.
- For participants that need assistance in finding an employee match to shadow, this service is limited to the months of **May, June, July, and December**. Shadower placement matching takes **5 working days**, from the time the completed application and TB test are submitted to Corporate University. Please note that the Program **does not match students to physicians, physician assistants (PA), or those health care professionals that are not employees of the hospital**.
- Each Shadowing match between a student and an employee (non-provider) is based on a careful process. Corporate University will make every attempt to provide an experience in one of the three areas of interest submitted by a student on the application. Availability and schedule limitations within our organization also play into determining placement opportunities.

#### 4. **Pre-requisites to Participate**

Prior to beginning a Shadowing experience applicants must submit the following completed paperwork:

- A completed **Job Shadowing/Observation Application** is required to begin. The application form includes several sections that must be complete and signed:
  - A **HIPAA** (Health Insurance Portability and Accountability Act) **Test**
  - A **Affirmation Statement**
  - A **Rules for Participation Form**
  - A **Hold Harmless Form**
  - **COVID 19 Vaccine Record**, if existing
- A **Current, Negative Tuberculin (TB) test** from your doctor or student health center is also required. The test should be **read within a year to be valid**. Please note, the TB Skin test process takes 48 hours between the TB injection and the reading by a physician. Include the certificate of results from your family physician or other primary care provider. For a \$25 fee, the Occupational Health Group is another local resource for TB skin testing (located at 1104 Monroe Street, Huntsville, Alabama, 35801).

#### 5. **Program Fees**

Participants will need to be prepared to pay a badge fee:

- **\$20.00 cash or check deposit** for a Corporate University Program badge
- **\$50.00 cash or check deposit** for a Medical Staff Program badge

Once the experience is over the participant **returns the badge**, and the **deposit will be returned**. Participants will also be expected to pay to park in visitor parking while participating in the Job Shadowing/Observation program. The current **fee to park is \$5.00 per instance**.

All paperwork needs to be submitted to the appropriate hospital contact. For non-physician Shadowing/Observation experiences the contact is **Sandra Holden at Corporate University**; for those with a pre-arranged physician shadowing experience see the special processing note below. Once we receive your complete paperwork the participant can obtain a badge from the Corporate University's administrative office, located in the Dowdle Center at 109 Governor's Drive. Your packet can be faxed to (256) 265-9417, dropped off, or mailed to our office address:

**Attention: Sandra Holden** - c/o Huntsville Hospital's Corporate University, P.O. Box 1167; Huntsville, AL 35807

If you have any questions contact us at (256) 265-8025 or email at [Sandra.Holden@hhsys.org](mailto:Sandra.Holden@hhsys.org). We look forward to helping you explore your career options in healthcare, and hope your experience will be rewarding.

Regards,

*Sandra Holden*

### **Special Processing Instructions for Shadowers with Physicians**

Additional pre-requisites apply for those shadowing / observing a physician, physician assistant or provider; as well as the location for processing the application.

1. The candidate completes processing with **the Medical Staff Office**; and **must call in advance to schedule an appointment** with that office prior to their experience.
2. Candidates must provide a record of current tuberculin testing, flu, and COVID19 vaccinations if in place.
3. The badge deposit fee is **\$50.00** with the Medical Staff Office. This fee is refunded when the badge is returned.
4. **For scheduling and additional questions**, the contact in Medical Staff is **Megan Leach**, email: [Megan.Leach@hhsys.org](mailto:Megan.Leach@hhsys.org), T: 256-265-8858.

**During the pandemic, additional restrictions may apply.**

# Shadowing/Observation Program: Application

<b>Office Use: Completed Requirements:</b>	
<input type="checkbox"/> Affirmation Statement	<input type="checkbox"/> TB Skin Test
<input type="checkbox"/> Waiver	<input type="checkbox"/> HIPAA Test
Today's Date: ___/___/___	
<input type="checkbox"/> TB Skin Test Expires: ___/___/___	
<input type="checkbox"/> Entered in Spreadsheet	<input type="checkbox"/> Scanned
Start Date ___/___/___	
Badge # _____	<input type="checkbox"/> Cash Payment Received

**Name**

(Please print clearly):

(Minimum Age to participate is 15)

**How Old Are You?** Birth date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year

**Participant Type:**  
 Student  
 Non-student observer

**If Non-Student:**  
 Licensed Professional?  
 Employer: \_\_\_\_\_

**If Student, Type:**  
 High school student?  
 College student?

**Name of Current School:** \_\_\_\_\_

**IMMUNIZATIONS:**

Date of last Flu vaccine: \_\_\_/\_\_\_/\_\_\_  
 Have not gotten a flu vaccine

Although not required for participation, shadowers are required to share their COVID19 vaccine status:

Date COVID19 vaccine \_\_\_/\_\_\_/\_\_\_

**Student Email Address:**

Required for processing

**Student Preferred Phone #:** ( )

Required for processing

If Applicant is under the age of 18,

**Name of Parent/Guardian & Relationship:**

**Phone # of Parent/Guardian:** ( )

**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 **12** hours. Corporate University arranges Shadowing matches only during the months of **May, June, July, and December.**

<b>For those requiring a match: days of the week you are available (Circle all that apply to you):</b>	<b>Date/Hours Available:</b>
Monday Tuesday Wednesday Thursday Friday Saturday Sunday	<b>Date:</b> <b>Hours:</b>

What date would you like to start? \_\_\_/\_\_\_/\_\_\_

Name the Health Care profession you are interested in Shadowing/Observing (We do not match to Physicians or Physicians Assistants):

Choice 1.)

Choice 2.)

Choice 3.)

**For \*Pre-Arranged Shadowers:**

If you have already identified a Huntsville Hospital employee who has agreed to host you, please provide:

Employee's Name: \_\_\_\_\_ Unit/Area or Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_ (Phone # is Required information) Email address: \_\_\_\_\_

**Badge Fees:**

All program candidates must check out and wear a program badge during their Job Shadowing/Observation time. **The badge must be returned once the shadowing/observation is completed.** A **\$20.00** (or **\$50.00** for Medical Staff) badge deposit in the form of cash or check is required when checking out the badge. This fee is returned once the candidate returns the badge. Shadower/Observation candidates must be escorted and wear their badge at all times on campus. Badges can be checked out at Corporate University's administrative offices on regular business days, Monday through Thursday 7:30am – 4:30pm and Fridays 7:30am – 2:00pm, located in the Dowdle Center, at 109 Governor's Drive. Or for shadowers with physicians the Medical Staff Office.

**Parking:**

If you are a Shadowing/Observing participant on the Huntsville Hospital campus, you need to plan to park in visitor parking. The fee to park is \$5.00 per instance.

I have read and understand the cover letter & application information.

**Candidate Signature:**

**Date Submitted:**

(Signature verifies that the participant has read the above statement & understands the guidelines for Shadowing/Observation Program.)

## Shadowing/Observation Program: Rules for Participation

Participants have a responsibility to adhere to the Program Rules during their time in the organization. Below are the guidelines for participants.

### Badge:

Participants must wear a Job Shadowing/Observation badge at all times when participating, and return the badge at the end their participation. Badges must be worn above the waist, and easily visible.

### Clothing/ Attire

Participants are expected to demonstrate professionalism and good judgment concerning conduct, make up, clothing, personal hygiene, jewelry, and appearance. Clothing must fit, be clean and pressed, be appropriate for your size, and not drag the floor. We require that you observe the following specific standards regarding personal appearance and neatness while observing in the hospital:

- We encourage participants to wear slacks, khaki pants, or knee length skirts to Program events. Some Shadowing/observation locations may require participants to wear scrubs. Participants will be informed if scrubs are required for their Shadowing area.
- No shorts, blue jeans, work-out sports clothing, or miniskirts are allowed. Pants should not reveal the midriff or back area.
- We encourage participants to wear closed-toe shoes, which are required when in clinical areas.
- No artificial nails are allowed in clinical areas; these nails are known to harbor and grow bacteria and are in conflict with infection control and prevention guidelines.

### Cell Phones and Social Networking

During shadowing, participants are asked to put away their personal cell phones, Bluetooth devices, and other personal technology. Taking photos during time on campus is prohibited. Participants are prohibited to use social media during shadowing.

### No Smoking/ Tobacco Use Campus

We remind participants, Huntsville Hospital is a smoking/tobacco-free campus; no tobacco use is allowed. Also, if you have a smoke/cigarette smell on your person or clothes, you may be sent home to change your clothing and eliminate the smell before returning.

### Exhibiting Signs of Illness

If a participant has a fever of  $\pm 100^{\circ}\text{F}$ , has a positive COVID-19 test, has an upper-respiratory infection, exhibits diarrhea or vomiting; they are not allowed to shadow. If a student has recently had an upper-respiratory illness they may be required to wear a mask while on campus.

**I have read and understand the Rules of Participation. I understand that if I participate in the Job Shadowing/Observation Program I will adhere to this policy, or I will not be allowed to participate.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# HIPAA Foundations 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

- Dispose of PHI ONLY in **approved**, secure trash or shredding bins. PHI should never be disposed of in trash bins in 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 are not permitted to access or disclose PHI of any friend or family member (including your parents, siblings, spouse, children, etc.) You may only obtain/share information that is necessary to perform a legitimate job function.
- 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.

# HIPAA Fundamentals Test

Name \_\_\_\_\_

Date \_\_\_\_\_

- \_\_\_1. HIPAA stands for:
  - a. Health Information Protection Agency Association
  - b. Human Instinct Protection Association Awareness
  - c. Health Insurance Portability and Accountability Act
  
- \_\_\_2. PHI stands for:
  - a. Patient Health Initiatives
  - b. Personal Health Institute
  - c. Protected Health Information
  
- \_\_\_3. The Privacy HIPAA law became effective:
  - a. As soon as everyone in our hospital is trained
  - b. April 2002
  - c. April 2003
  - d. December 2002
  
- \_\_\_4. Patient Information is protected when it is:
  - a. Spoken
  - b. Written
  - c. On the computer
  - d. All of the above
  
- \_\_\_5. If you are in a public area and you see PHI in the trash, you should:
  - a. Report this to a supervisor
  - b. Dispose of it properly
  - c. Show it to a friend
  - d. Both a. & b.
  
- \_\_\_6. The Privacy Officer is responsible for:
  - a. Checking the trash
  - b. Pulling medical records of patients
  - c. Making sure Huntsville Hospital protects patient information
  
- \_\_\_7. You should ask yourself before you view or share patient information:
  - a. Is this a personal friend or a relative not under my care?
  - b. Will anyone see me reading this?
  - c. Do I need this to do my job at Huntsville Hospital?
  
- \_\_\_8. Patient information that I use for my job:
  - a. Isn't important to anyone else
  - b. Should be protected until I have disposed of it properly
  - c. Is the responsibility of my manager
  
- \_\_\_9. If I want to know about a friend that I see in the hospital, I should:
  - a. Look at their medical record
  - b. Ask the nurse
  - c. Ask the individual
  
- \_\_\_10. If you see another person violating the HIPAA Privacy Laws or the HH Policies:
  - a. You should ask them to stop
  - b. Ignore it and mind your own business
  - c. Report it to your manager or the privacy office (256-265-9257)

## Minimal Safety Orientation

For non-Huntsville Hospital Staff, or those here for a short time, the following minimal safety orientation applies:

### 1.) CODE RED – FIRE AND THE IMMEDIATE RESPONSE TO FIRE

**R = RESCUE** - persons in Immediate Danger

**A = ALERT** - others, pull fire Alarm Box & dial x-45555

**C = CONFINE** - close doors to limit oxygen

**E = EXTINGUISH OR EVACUATE** - determined by person discovering the fire

2.) **CODE PINK** – Is called if an infant is missing/ the abduction alarm has been activated. If spotted call Security at 256-264-5555

3.) **CODE AMBER** – is called if a person is missing; and if spotted call Security at 256-264-5555

4.) **CODE GREEN** – is related to the disaster plan being **Alerted** or **Activated**. Check with the leadership for next steps.

5.) **CODE BLACK**– is called if there is a bomb threat; if spotted do not touch, but call security 256-264-5555

6.) **ACTIVE SHOOTER**– Active shooter on campus, call security if spotted 256-264-5555

7.) **SEVERE WEATHER** - Tornado in the medical district. Move all patient and visitors from windows and into the hallways

You should know the location of all the following, in the area of work/observation:

- Emergency Exits
- Fire Extinguishers
- Fire alarm pull stations

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

My signature below verifies that I have read and commit to the Huntsville Hospital requirements for confidentiality of protected health information (PHI). Additionally, I am aware of and will follow hospital policies regarding the Privacy and Security of PHI including the use, disclosure, storage and destruction of PHI. I will only access patient information that I need to do my job at the Hospital. I will not access (via I-Care, WellSoft, Mckesson, 1Chart, etcetera) patient information of family members (i.e. children, spouse, etc), co-workers, or other people that is not required to perform my job.

Confidential Information includes PHI as well as information concerning quality assurance functions, contracts, business arrangements, employee information and propriety information relating to the hospital's finances, operations or future plans as described in Administrative Policy "Confidentiality."

As part of the terms and conditions of my employment or association, I hereby agree and accept that I will not, during my employment (or affiliation) or after it ends, access PHI, or disclose confidential information except as required for my job duties and in accordance with all policies and laws governing disclosure or Release of Information.

I agree that user identification codes and passwords will not be shared. Neither will I make an attempt to learn or use another employee's or associate's passwords. I am responsible for the use and protection of my unique computer log-ins (passwords).

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 a physician, I understand that I assume responsibility for the actions of my employees or office staff to comply with the Security and Privacy of Information Policy.

**Training:** Members of the hospital workforce receive training on security and privacy during New Employee Orientation and during annual required training. Any updates or changes to policies will be communicated via staff meetings, intranet and/or mandatory requirements tests. **Annual Renewal:** I acknowledge that I know where to find policies for Privacy, Confidentiality and Compliance.

**Corporate Compliance:** It is my responsibility to follow policies and regulations as well as State and Federal laws. I understand that I am responsible for knowing the rules and policies that apply to my job. The hospital has a Corporate Compliance program to assist my knowledge of the rules. The hospital also monitors compliance with Federal and State laws and regulations, which includes my use of hospital equipment and information systems. I am not aware of any violations of policies, laws or regulations and agree to report any violations to the Corporate Compliance Officer. Questions about whether actions taken by the hospital are legal should be referred immediately to the appropriate supervisor, or to the Corporate Compliance Officer.

**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.

**Exclusion List or Status:** I confirm that I have not been excluded by the U.S. Government from participating in any governmental program nor, to the best of my knowledge am I under investigation. I agree to notify the Corporate Compliance Officer immediately upon my receiving written or verbal notification that I am proposed for exclusion from any governmental health program.

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**I understand that a violation of this affirmation statement could result in disciplinary action up to and including termination of employment/contract/ association/appointment and a report to my professional regulatory body. Additionally, federal law provides for the imposition of fines and imprisonment pursuant to HIPAA violations.**

PRINT NAME: \_\_\_\_\_

School or Organization Name (if applicable): \_\_\_\_\_

SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE (for minors): 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): \_\_\_\_\_

Parent/ Guardian Name Printed: \_\_\_\_\_

# Shadowing/Observation Program: Campus Map

