



JOB SHADOW PROCESS

Prior to job shadow arrival, please return this completed, signed consent form to Human Resources with necessary documentation (hr-mmc@mhc.net, fax to 231.935.7191, or in person). The individual job shadowing will observe a professional and ask questions about their career. This is a "hands off experience" with no assistance in patient care or productive work. At no time will job shadows be allowed to interfere with patient care. Job shadows require the approval of the department manager. Individuals interested in OR observation opportunities should work directly OR Manager/Resource Clinician. OR Observations are subject to Policy 081.002.

*Name: _____

*Area of interest in medical field _____

*Email and phone: _____

*Job Shadow Start Date & Time: _____ End Date & Time: _____

*Department shadowing in: _____

*Employee you will be shadowing: _____

*Department Manager Signature (Approval): _____

Dress Code:

- Closed heel shoes or clean tennis shoes •Slacks (no jeans) •Shirt with a collar (or a skirt/dress) •Long hair should be contained •No fragrances.

Confidentiality/Liability:

Job shadow must complete the Site Visit Confidentiality Agreement and Release and Waiver of Liability prior to arrival date.

ADDITIONAL REQUIREMENTS FOR JOB SHADOWS EXCEEDING 8 HOURS TOTAL TO A MAX OF 16 HOURS:

- A two-step TB test is REQUIRED for any job shadow exceeding eight hour's total. Student is responsible for arranging and providing TB test results PRIOR TO beginning the job shadow. Results must be no older than 12 months. Two-step TB test requires a minimum of three days for completion.
- Flu vaccines are mandatory for job shadows between November 1 and March 31. Job Shadow is responsible for the vaccination and providing the proof. No vaccine is required from April 1 to October 31.

Print Name: _____

Signature: _____ Date: _____



MUNSON MEDICAL CENTER

MUNSON HEALTHCARE

Release and Waiver of Liability

In consideration of an educational experience at Munson Medical Center, the undersigned individual:

- Hereby acknowledges that there are dangers and risks of personal injury or illness inherent in observing the care and treatment of patients, in exposure to bodily fluids and other specimens, and otherwise.
- Hereby acknowledges that Munson Medical Center is not responsible for any personal injury, illness, or other damage of any kind relating to my experience or exposure to patients, bodily fluids or other specimens.
- Hereby acknowledges that any bodily or personal injury, illness or other damages of any kind arising out of or related to the educational experience will not be covered by workers compensation insurance or any other insurance coverage provided to Munson Medical Center.
- Hereby assumes full responsibility for any risk of bodily or personal injury, illness, or other damages of any kind arising out of or related in any way to the educational experience at Munson Medical Center, including any risks caused by the negligence of Munson Medical Center.
- Hereby releases, waives, forever discharges and covenants to hold harmless Munson Medical Center, its officers, directors, employees, insurers, and agents of and from all liability for any all loss or damage, and any claim or demand on account of personal or bodily injury arising out of or related in any way to the educational experience at Munson Medical Center, including any/all loss or damage, claim or demand arising out of the negligence of Munson Medical Center.

Student Name (Print)

Student Signature

Date

Parent/Legal Guardian's Name (Print)

Parent/Legal Guardian's Signature
(required if student is under 18)

Date

Confidentiality Agreement

It is the policy of Munson Healthcare and its affiliates (called “Munson” in this Agreement) that all employees, medical staff, students, volunteers, vendors, and any others who are permitted access, shall **protect and respect the privacy, confidentiality and security of all confidential information (“CI”).**

CI includes: 1) patient information (such as medical records, billing records, and conversations about patients), and 2) confidential business information of Munson (such as information concerning employees, physicians, hospital contracts, financial operations, quality improvement, peer review, utilization reports, risk management information, survey results, and research).

I understand and agree to only access, use or disclose CI for job related purposes, and will limit access, use or disclosure to the minimal amount necessary to perform my job.

Further, I agree that:

1. I will protect the privacy and security of Munson information, including the electronic medical record (EMR) in accordance with all Munson policies.
2. I will not access the EMR out of curiosity or concern (for example where a patient is a family member, friend, child, ex-spouse, co-worker, neighbor or VIP), but only for a job related need.
3. I will not visit patients socially, for non- work related reasons, without first obtaining their permission.
4. I will complete all required privacy and security training and annual HIPAA Healthstream training.
5. I will not maintain CI on a personal mobile device that is not encrypted and/or password protected.
6. I will not send CI by email unless properly encrypted.
7. I will not share passwords or allow EMR access to a computer under my login credentials.
8. I will not enter a restricted area in hospital without an official job related need or authorization.
9. I will not dispose of any paper or media with identifiable CI on it in the regular trash, but will use shredders, confidential bins or Information Systems to destroy materials.
10. I will immediately report to my supervisor any suspected privacy or security breach, or privacy error made in the course of normal scope of work.
11. I will safeguard all Munson and personal equipment from theft and improper use.
12. I understand that any Munson device may be audited, including access to medical records, use of email and websites, and, that there is no expectation of privacy.
13. I understand that I am responsible for complying with all Munson privacy and security policies.
14. I understand that all privacy breaches are investigated, documented and reported and that disciplinary consequences apply, up to and including termination. Civil fines or criminal penalties may also apply.
15. I understand that my duty to maintain the confidentiality of information as described here remains in effect even after leaving the Hospital.

I have read and understand the information noted above.

Your Signature _____ Date _____

Print your Name _____ Employee ID _____

Please see attached sheet for examples of privacy breaches/ Please note the examples are not all inclusive. There are other examples.



Confidentiality Agreement

HIPAA Privacy Protected Health Information (PHI) includes:

Patient name, address, DOB, social security number, all content of the medical record, medications etc.

Munson Policy adds additional disciplinary consequences for privacy violations involving mental health records, substance abuse records, HIV status and other sensitive PHI.

Confidential Information is not to be shared inappropriately at work or away from work, via email, text, page, written format, social media, photos, video, verbal disclosure, fax or other.

Examples of Privacy Breaches:

- Using the EMR to keep track of medical problems and care of estranged family members.
- Using the EMR to check on patients you used to care for but are now discharged or moved to another floor.
- Announcing patient name or diagnosis loudly in a lobby area.
- Verbal disclosure of lab results to others who are interested, but who have no job related need to know.
- Visiting a patient on a restricted unit, such as Maternity, without their permission.
- Visiting a co-worker who is hospitalized, without their permission.
- Borrowing someone's password to access records or lending someone your password.
- Accessing a computer that is logged on under another's password.
- Disposing anything with a patient name on it in regular trash.
- Mailing or giving Discharge Instructions or medications to the wrong patient.
- Faxing PHI without FAX COVER SHEET and/or to the wrong Fax number.
- Asking patients or visitors invasive questions such as "Why are you here?" or "What surgery are you having?"
- Accessing charts of ex -husbands or ex- girlfriends, etc, out of curiosity or concern, or to use in custody battle.
- Accessing chart to see why your co-worker is in the emergency department.
- Disclosing patient presence in hospital after they had "opted out" of facility directory.
- Leaving paper charts or census sheets open and unattended. Leaving PHI in hall, restroom or library.
- Talking about your patients in a public place like the cafeteria or hair-dressers, or grocery store.
- Sending wrong H&P home with patient.
- Talking about medical information in front of patient's family without the patient's permission.