Dear Career Shadower Applicant:

Thank you for your interest in shadowing at St. Mary’s Medical Center. We are excited to work with you to provide you with a positive student experience in the area of Healthcare.

To qualify as a Career Shadower you must be at least 16 years old and spend less than 50 hours in a calendar year observing in a unit or department for the purpose of gaining knowledge of a specified profession. Our expectation, upon receipt of your application, is that you have already secured a Healthcare Professional who will act as your Host or Sponsor and who will guide you through the application process.

As a condition of your request, you must comply with our health requirements and complete the application process before you are allowed to begin your shadowing experience on campus. This entails the completion of reviewing HIPAA education and confidentiality, submission of your health records for all immunizations including the requirement of TB testing and annual influenza preventative. All these measures are taken to protect you as a Career Shadower as well as protecting our patients from preventable infections. While your shadowing experience may expose you to areas of the hospital that perform patient care, as a Career Shadower, you are not permitted to have patient contact.

Please review all the information that accompanies this packet and complete all items that are requested and return them to your Host or Sponsor. Please note that submitting your application is not approval for your shadowing experience to begin. You will be notified if you have been approved and what the next steps are to begin your Career Shadower experience.

We look forward to working with you!
Continuing Medical Education (CME) Department

Name__________________________________________ Date____________________________
Preceptor___________________________________________Dept________________________
School/University _____________________________ Program:__________________________
Graduation:________________________________________
Rotation/Observation period (dates):________________________

Guideline of Requirements for Participants (please check appropriate participation):

___Recognized Healthcare Professional Program (RHPP)  Medical Student, Nurse Practitioner or Physician Assistant
___Active Participant Student Intern (other medical related programs allowing patient contact)
___Observer Student Intern  (academic requirement) no patient contact allowed

____HIPAA Acknowledgement signed
____Confidentiality Agreement signed
____IDRM Security Form
____Copy of School ID or valid Driver’s License
____Charity Care Log Tracking Form

___Career Shadowing – age 16+ and < 50 hours per calendar year - no patient contact allowed

____Career Shadowing Application
____Review of Self-Directed Orientation Guide and Self-Study Test answer sheet
____Review of HIPAA Training Slides and HIPAA Acknowledgement signed
____Confidentiality Agreement Signed
____Copy of School ID or valid Driver’s License
____Charity Care Log Tracking Form

Documentation Requirements for Immunizations (All Students provide evidence of compliance):

___Vaccination / Immunization Records  (complete immunization records required1)

____MMR (2) or lab titers for Rubeola, Mumps and Rubella to prove immunity
____Hepatitis B series (if applicable)
____Tdap
____Chicken Pox vaccine (2), lab filter or doctor documented diagnosis
____TB skin test (2-step), QFT gold or negative chest x-ray (within last 12 months)
____Flu shot (Required for everyone between the periods of September to March)

Please return all signed documents and health records to our office as quickly as possible. You or your Sponsor/Host must confirm if you have been approved by contacting our office at least 10 working days prior to the start of your experience. Once approved, you will be notified of the next steps necessary to obtain appropriate identification. Phone: 812.485.4468  Fax: 812.485.6496

1 Applicants/requests will be declined without current evidence of compliance
2 Charity Care Log Tracking Forms must be returned at the end of your experience along with your security badge – failure to return either item may disqualify you from future rotations/observations.
CAREER SHADOWING APPLICATION
Continuing Medical Education

Name (Please Print):_________________________________ DOB³ ____-____-_____
(First)          (MI)                (Last)

Mailing Address:______________________________________________________________

Telephone:__________________________ Cell: ________________________________

Emergency Contact: ________________________________
(Name, Relationship and Phone Number)

Educational Experience:
Are you currently enrolled at a college/university/technical school?
Yes_____ No_____  
If yes, what is your Healthcare Professional Program? MD DO PA NP

Name and address of high school/college/university/technical school:
________________________________________________________________________
________________________________________________________________________

Submit proof of current enrollment (i.e transcripts, letter of recommendation from advisor)

Course of Study_____________________ Expected date of graduation___________

Academic Advisor and contact info:
________________________________________________________________________
________________________________________________________________________

CAREER SHADOWING INFORMATION:
Date(s)/Duration of Proposed Career Shadowing______________________________

The purpose/objective of this Career Shadowing experience is:____________________
________________________________________________________________________
________________________________________________________________________
I have contacted a St. Mary’s professional staff member and/or medical staff member who is agreeable to serve as my Sponsor during my Career Shadowing experience. Your Preceptor/Sponsor/Host is responsible for your visit and must insure you are compliant with all requirements for this clinical experience.

Yes_____________ No_____________

Preceptor or Hosts name: _____________________________
(Name/Credentials)

____________________________________________________
(Address/Phone Number)

**IMMUNIZATION RECORDS:**
Please submit up-to-date immunization records and proof that you have had tuberculosis screening within the last year and seasonal influenza. For a complete list of all required immunizations – please refer to the check list on page 1 of your packet.

**STATEMENT OF UNDERSTANDING:**
I have read and understand the information in the Career Shadowing Packet and agree to abide by all St. Mary’s Medical Center’s policies and procedures. I understand that if I am approved to participate in the Career Shadowing program I will not be permitted to provide direct patient care or participate in any patient procedures. **My role will be that of an observer only for no more than 8 hours in a single day and no more than 50 hours for a year.**

In addition, I understand patients may exercise their right to not participate in the Career Shadowing program.

I understand that participation in this program is voluntary and that St. Mary’s Medical Center is not responsible for any expenses incurred during, or as a result of, my participation in the Pre-Vocational Job Shadowing program. **Submission of this request is not considered approval to shadow. All applications must be reviewed and approved before you are allowed in patient care areas.**

1 We currently do not accept applicants under the age of 16 unless you are a student in a credit course and your school has a clinical affiliation agreement in place.

Signature________________________________________

Date________________________________________

**This Section for Academy Use Only**

Approved for Participation Yes___________ No____________

Explain____________________________________________________

____________________________________________________

____________________________________________________
CAREER SHADOWING ADDENDUM

As a student, please follow the guidelines listed below. You are expected to be professional and follow hospital guidelines that include:

1. Wear the St. Mary’s ID badge at all times, and wear it appropriately above the waist.

2. When possible, wear the student ID in front or on top of the St. Mary’s ID badge, and wear it appropriately above the waist.

3. Follow the Hospital Dress Code for professionalism. Contact your Preceptor or Sponsoring Host Department for specifics.

4. Dress code guidelines of approved attire include:
   a. Khaki pants or slacks in neutral or dark color
   b. Collar shirt or polo shirt in a solid neutral or dark color
   c. White or mostly white tennis shoes; black or mostly black tennis shoes
   d. Hair clean and neatly groomed

5. Flu season vaccination is required starting in September and documentation must be provided to this office if you are actively shadowing at that time.

6. Remain in the presence of your preceptor at all times unless directed by your preceptor to do otherwise (ex: Lunch, break or Emergency)

7. If at any time a patient exercises their right not to participate in the Career Shadowing program, please yourself politely. Participation in the program is voluntary and patient’s rights must be respected.

8. If the St. Mary’s ID badge is lost or misplaced – you must contact Security or this office immediately. You will be charged a fee for replacement.

9. At the end of the shadowing rotation, all St. Mary’s issued ID must be returned to the CME office, the Security office or placed in the secured drop box next to the CME office door.

As a student, your shadowing experience and personal safety is important to us and we make every effort to ensure your safety as well as our patients.

Please make sure you know your preceptor’s contact information and notify them immediately if you are delayed, must cancel or are unable to locate your shadowing assignment location.
Self-Directed Orientation Guide for Students and Contingent Workers

Developed by:
The St. Mary’s Medical Center
Student/Volunteer Core Orientation Committee and St. Mary’s Staff Development
Revised: January 2014
St. Mary’s Health System is part of Ascension Health, the nation's largest Catholic and largest nonprofit health system. Ascension Health serves patients through a network of hospitals and related health facilities providing acute care services, long-term care, community health services, psychiatric, rehabilitation and residential care.

Formed in 1999 and sponsored by four provinces of the Daughters of Charity, the Sisters of St. Joseph of Nazareth and the Sisters of St. Joseph of Carondelet, Ascension Health is committed to caring for those who are most in need in the communities we serve.

**St. Mary’s Health System**

When the people of Evansville, Indiana, sought the help of the Daughters of Charity to open a hospital in 1872, they could not have imagined the growth and complexity of healthcare in this new millennium. St. Mary's has always valued its history and the mission of care they set forth from that moment forward.

- What started as St. Mary’s Hospital, has grown to become a local health system that includes several healthcare organizations who deliver a wide range of medical services to the community.

**Our Mission, Vision and Values**

**OUR MISSION STATEMENT**
Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and words.

**OUR VISION STATEMENT**
We envision a strong, vibrant, Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of the laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

**OUR VALUES – WE ARE CALLED TO:**

- **SERVICE OF THE POOR**
  Generosity of spirit, for persons most in need
- **REVERENCE**
  Respect and compassion for the dignity and diversity of life
- **INTEGRITY**
  Inspiring trust through personal leadership
General Safety

Wear your Name Tag at all times. It should be worn on the upper half of your body, facing forward. Your school ID should be worn in front of St. Mary’s issued ID badge.

1. Plan for Your Job Safety
   - Ask questions and ask for help.
   - Keep focused on what you are doing.
   - Be aware of your surroundings and others around you.
   - Don’t eat, drink, or apply cosmetics in areas where you may have contact with chemicals, or blood and body fluids.

2. Practice Good Housekeeping
   - Don’t prop open fire doors or obstruct automatic fire doors from closing.
   - Look out for and avoid wet or slippery areas. Be sure spills are cleaned up promptly.
   - Dispose of trash and other debris promptly, and in proper containers.
   - Treat all equipment with care. Report malfunctioning equipment promptly.
   - Report all health and safety hazards immediately.

3. Be Aware of Safety Risks
   - Always be aware of the safety risks in a healthcare facility. Make an effort to limit those risks to protect co-workers, visitors, patients, and yourself.

   Not appreciating the risks - not paying attention during training, not staying focused on the task at hand, not asking for help, not paying attention to surroundings, trying to do too many things at once, taking shortcuts or not following proper procedures.

   Reckless or “know-it-all” attitude - thinking safety isn’t important, that it doesn’t apply to you, or that safety is someone else’s job.

   A safe attitude means you recognize and appreciate risks, you are aware of potential accidents before they happen, and you make sure that they don’t!
What To Do If You Become Injured

Report all accidents, injuries, and/or exposures promptly to your supervisor, clinical instructor or preceptor.

Receive Proper Evaluation, Treatment, And Follow-Up As Needed.
- Employee Health Services can administer first aid or recommend treatment.
- Serious injuries should be directed to the Emergency Department.

Additionally, for students:
- In the event of accidental injury or exposure to disease, students should contact your instructor or preceptor.
- The instructor may contact Employee Health Services.
- Responsibility for follow-up rests with the student.
- The cost incurred is the responsibility of the injured/exposed individual

Infection Control

Handwashing/Decontamination
Handwashing/decontamination is the single most important factor in controlling transmission of organisms. Hands should be washed after eating, after using the restroom, after using a tissue, and before and after any patient contact. The Centers for Disease Control and Prevention has issued recommendations for handwashing and the use of alcohol-based rubs to decontaminate hands.

If hands are visibly dirty or contaminated with proteinaceous materials or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.

If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described below. Alternatively, hands can be washed with antimicrobial soap and water in the clinical situations described below.

Alcohol-based hand rub technique
Apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow manufacturer’s recommendations regarding the volume of product to use.

Soap and water technique
Wet hands first with water; apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
Emergency Preparedness

Levels of Response

**Be Prepared To Act Quickly, Correctly And Calmly:**
- Know how to recognize and initiate emergency alarms.
- Know what to do in an emergency, including assisting patients, evacuation routes, where fire extinguishers, fire hoses and fire pull stations are located, how to use a fire extinguisher, the institution’s emergency phone number, whom to call, etc.

**Emergency Codes**

For a TRUE life threatening or imminent danger of harm dial “2222.” There are several emergency codes which will be called over the hospital’s paging system to notify staff of emergency situations.

These are:
- “Fire Alarm/Drill Plan” – fire, or fire related situation (see Departmental plan)
- “Code Blue” – cardiac arrest
- “Severe Weather” – Tornado or severe weather
- “Mass Casualty” – (see Disaster Plan and Dept. plan)
- “Code L” – Bomb Threat
- “Amber Alert” – Infant or Child abduction (see Departmental plan)
- “Homeland Security Response Plan” – Terrorism/WMD
- “HazMat Decon Plan” – Hazardous Material Dispersion/Spill
- “Patient Elopement” – Missing patient
- “Helicopter Down” – Helicopter related accident or incident
- “All Clear” – this is an “all clear” signal for a previously called code

IN THE EVENT OF A DISASTER, PLEASE FOLLOW THE DIRECTION OF YOUR PRECEPTOR.

**Fire Safety**

Your Responsibilities In A Fire Emergency

Everyone has a role and responsibility in the event of a fire emergency, which may involve the rescue patients and others, assisting with moving them to safety, sounding the alarm, or just staying out of the way of firefighters and other designated emergency response personnel. ALL HEALTHCARE WORKERS must know the institution’s Fire Emergency Plan, the location of fire pull/call boxes, the location of emergency exits in their immediate area, the location of and how to use a fire extinguisher, places of safe refuge and evacuation procedures, and must comply with the Institution’s “No Smoking” policy.
Fire Emergency Plans

The R.A.C.E. protocol
“R.A.C.E.” stands for Rescue, Alarm, Confine/Contain and Extinguish.
Each of these actions must be accomplished while responding to a fire emergency at any location throughout the Institution.

“R”- RESCUE: Individuals not capable of self-preservation (i.e. patients, injured healthcare workers, employees or visitors) must be rescued from the immediate area of fire origin. This action must be taken within the first few seconds of the start of a fire. Rescuing patients is every healthcare worker’s primary concern and is usually performed simultaneously with activating the alarm (A).
After removing anyone in immediate danger, remove all other patients/visitors in this order:

• Ambulatory patients may walk to safety on their own with supervision.
• Rescue/remove semi-ambulatory patients
• Rescue/remove critically ill patients

NEVER attempt to enter a room where a fire is contained without FIRST checking to see if the door is warm or hot to the touch. NEVER open a door if it is hot to the touch.

Evacuation-
Patients will only be evacuated with specific instruction from designated institution and/or fire personnel.

Horizontal evacuation: which is the type of evacuation used first, consists of moving patients down the corridor, through at least one set of fire doors to safe area

Vertical evacuation: consists of moving patients down the stairs to a lower level of safety and ultimately out of the building.
• NEVER use elevators to evacuate a fire area.
• Evacuate ambulatory patients before non-ambulatory patients.
• Move patient charts with patients.

“A”- ALARM: Should you see smoke or flames, use the fire emergency call box or pull station. Dial the institution’s emergency number “55” and give the page operator your name, the phone number you are calling from, exact location (building, floor and room or office number), and state what you are reporting (sight or smell of smoke, or sight of fire and location).

If you discover smoke or flames in an occupied patient room, call out to a co-worker to call the emergency number and activate the fire call box/pull station while you rescue the patient. Whenever you hear a fire alert, listen for the building location of the fire emergency. If the fire emergency is in your building listen for further announcements and:
• Do not use elevators. Only use the stairs.
• Close all doors. Reassure all patients, and visitors. If you need to re-open a door, make sure it closes and latches securely behind you.
• Listen for the all-clear code “Green”. You may then resume your normal activity.
“C”- CONFINCE/CONTAIN: Fire, smoke and toxic combustion products must be confined to the area where the fire started as much as possible. Closing doors and windows can prevent the smoke from spreading, cut off the flow of oxygen to the fire and save lives. Confine the fire as long as no one is in danger. Never open a door if it is hot to the touch. Keep fire doors closed and automatically closing fire doors, corridors and stairwells free of obstructions.

“E”- EXTINGUISH: Handheld fire extinguishers (of the appropriate classification for the type of hazard likely to occur in the area) are located throughout the Institution. The most commonly used fire extinguisher is the ABC type and it can be used for most types of fires. If a specialty extinguisher is required in a particular area, you will be oriented to its use. Never use water on grease or electrical fires.

You should attempt to extinguish only small, contained fires (no larger than a waste basket), where your safety is assured, you have an escape route behind you, and a staff member or other healthcare worker is available to assist. The rescuing of those in immediate danger, sounding the alarm, and confining fire and smoke should be accomplished by other staff members or healthcare workers. Even if you extinguish the fire, the fire should still be reported by dialing the institution emergency number and sounding the alarm, thereby completing the R.A.C.E. protocol.

P.A.S.S. for Fire Extinguisher Use
All fire extinguishers are labeled with the name or type of extinguisher, display in picture format the type of fire it will extinguish, and include operating instructions. All fire extinguishers operate in the same way- “P.A.S.S.” (Pull, Aim, Squeeze and Sweep)

“P”- PULL:
Pull the pin from the fire extinguisher handle at the top of the fire extinguisher. (Remember not to squeeze handles when removing the pin.)

“A”- AIM:
Take 3 steps back and then aim the horn or hose at the base of the fire, not at the smoke or flames. You want to be about 8 to 10 feet away from the fire.

“S”- SQUEEZE:
Squeeze the top handle to the bottom handle to discharge the extinguishing agent.

“S”- SWEEP:
Sweep the nozzle from side to side across base of the fire.

Fire Alarms And Drills
Whenever you hear a fire alert you will not know if it is a drill or a true fire emergency. Therefore, you must treat it as a fire emergency somewhere in the facility and act appropriately. In the event of a true fire emergency, you must be prepared.
KNOW THE LOCATION OF:
• Fire Emergency Call Box/Pull Station
• Fire Extinguishers
• Evacuation Route
• Department Fire Plan

Workplace Violence: Recognizing Danger

How To Protect Yourself
Know what to do if violence seems likely and how to protect yourself:
• get help if you feel unsafe while dealing with anyone; excuse yourself from the scene, and notify your supervisor, clinical instructor or preceptor immediately; **contact security by dialing 2222 for life threatening events or imminent danger.**
• report all incidents, (threats, unusual behavior) to your supervisor, clinical instructor or preceptor immediately;
• report poor lighting;
• report unauthorized personnel;
• lock up personal belongings;
• don’t carry (and show) a lot of cash;
• don’t wear a lot of jewelry;
• prominently wear your ID badge;
• request a Security escort to your car;
• use the “buddy system”; never walk alone; and
• be alert to overemotional patients, visitors, staff and healthcare workers who make threats or show extreme anger.

Sexual Harassment

Sexual harassment can occur in a variety of circumstances. It is important to understand the following key points:
• The victim as well as the harasser may be a woman or a man.
• The victim does not have to be of the opposite sex.
• The harasser can be the victim’s supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
• The victim does not have to be the person harassed but could be anyone affected by the offensive conduct.

St. Mary’s has policies prohibiting sexual harassment.

*Any issues should be promptly reported to your preceptor or Human Resources*
**Corporate Compliance**

St. Mary’s corporate compliance program is a program of policies and procedures designed to educate our organization’s staff about requirements to comply with various laws, regulations, and internal policies. Its intent is to avoid compliance violations through staff education and training, monitoring, auditing, and providing a confidential reporting procedure for employees who have suggestions or want to report a suspected violation.

**Privacy and Confidentiality of Information**

**CONFIDENTIALITY OF INFORMATION**

In keeping with various laws, regulations, professional ethical guidelines and the *Ethical and Religious Directives for Catholic Health Care Services*, Ascension Health associates must maintain the confidentiality of medical records and other patient information. Associates are also expected to keep confidential information about other associates and the proprietary business practices of the organization.

All healthcare facilities have policies and procedures concerning access to and release of confidential information, including patient medical records, employment records, financial data, and other information. St. Mary’s has specific policies defining what information is considered confidential and specific procedures for handling such information. It is important to review St. Mary’s policies on confidentiality of hospital records, privacy practices, confidentiality and disclosure of medical records, and workstation/computer security. You will have access to patient information and may have access to information about medical staff, employees, individual performance, unusual events, and other confidential information. You should never disclose personal information to anyone who does not have a specific, job-related “need to know.”

**HIPAA**

Federal rules on privacy, which took effect on April 14, 2003, established national standards for privacy of medical information. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), specific federal rules, in addition to state law, govern the use and release of a patient’s individually identifiable personal health information. The regulations protect medical records and other individually identifiable health information, including paper records, electronic records, and oral communications of medical information. State laws establishing additional protections for medical record confidentiality and disclosure remain in effect. More restrictive federal and state laws concerning release of certain records, including behavioral health, substance abuse, and alcohol abuse treatment, also remain in effect. Hospitals and other healthcare facilities are allowed to use and disclose health information for treatment, payment, and healthcare operations. However, release of medical information should be limited to the minimum necessary information.

Under HIPAA, hospitals and other healthcare facilities must take specific steps to protect the confidentiality and disclosure of identifiable protected health information. Some key provisions of the privacy regulations include:
• Notice of privacy practices: Hospitals must provide written notice to patients about the use and disclosure of personal health information and rights under the privacy rules. Patients are asked to acknowledge receipt of the notice.

• Appointment of privacy officer: Healthcare facilities must appoint an administrator who is responsible for ensuring compliance with the regulations.

• Administrative policies and procedures: Hospitals must have written policies concerning access to medical information, how medical records will be protected and disclosed, and how medical information will be used.

• Employee training: All employees, medical staff and students must be trained to follow privacy procedures and must be notified that appropriate disciplinary action will be taken for violations of privacy policies.

• Limits on use of personal medical information: HIPAA sets limits on the use of identifiable health information, including restrictions on certain marketing, research, and other uses.

• Access to medical records: Patients (or a patient’s legal healthcare representative) may review medical records, obtain copies, and request amendments of medical information. Healthcare facilities must provide an accounting of certain disclosures of medical information, upon request by the patient.

• The federal government will investigate complaints about violations of the privacy rule provisions, and may impose penalties.

Hospitals may maintain a directory of patient information, which includes:
• The patient’s name
• The patient’s location in the facility
• The patient’s condition, described in general terms that do not communicate specific information about the patient
• The patient’s religious affiliation (which may be released only to clergy)

Patients must be given the opportunity to refuse listing in the directory, and to restrict use or release of information contained in the directory. A patient may “opt out” of inclusion in the directory. If the patient is listed in the directory, then family, friends, and others may be provided limited information about the patient. No information may be provided unless the request is by patient name.

Breach Notification
The Health Information Technology for Economic and Clinical Health (HITECH) act was signed into law in 2009. One of HITECH’s goals was to strengthen Federal privacy and security laws to protect individuals’ health information from misuse as the health care sector increases use of Health Information Technology.

HITECH Improves and Expands Existing HIPAA Privacy and Security Rules by:
• Establishing a breach notification requirement for health information that is not encrypted or otherwise made unreadable. It requires that St. Mary’s notify patients if there is an unauthorized disclosure or use of their health information.
• Strengthening the requirement that providers obtain patient’s authorization before using their health information for marketing and fundraising activities.
• Increasing the penalties for violations and providing greater resources for enforcement and oversight activities.
• Ensuring Business Associates, entities that work on providers’ behalf, are subject to the same privacy and security rules as providers.
HITECH’s requirements re-emphasize the importance of associates reporting all actual and potential breaches in a timely manner. Examples of possible breaches include:

- Faxing PHI to the incorrect number;
- Disposing of treatment sheets containing PHI in the regular trash;
- Looking through patient files in order to learn of a friend’s treatment.

**Guidelines for Privacy and Confidentiality**

**General Awareness**

- Understand the hospital's policies on what information is confidential.
- Never discuss patient information outside of the workplace.
- Do not discuss patient information in hallways, elevators, and other public areas where others may overhear.

**Computer and Printer Security**

- Never share your password with anyone.
- Do not leave confidential information displaying on an unattended computer screen.
- Promptly remove printouts of confidential material from the printer.
- Dispose of ANY printed material that contains protected health information.

**Fax Machine Security**

- Confirm all fax numbers before sending any confidential information.
- Always use a cover sheet stating that the information being sent is confidential.

**Telephone Security**

- Follow established policies about what patient information can be given over the phone.
- Do not leave confidential information on answering machines or voice mail systems.

**E-mail/Network Security**

- Passwords should never be shared or exchanged.
- Do not forward messages containing confidential patient information.

The HIPAA regulations require that hospitals minimize the risk protected health information (PHI) will be disclosed to individuals who do not have a “need to know”. This includes PHI in any form.

Report any possible/actual breaches to the St. Mary’s HIPAA Privacy/Security Officer, Michael S. Klueh, VP, Regulatory Compliance, Risk & Accreditation/CRO.
Patients’ Rights And Responsibilities

Recognizing the dignity and vulnerability of each person as a patient, St. Mary’s Medical Center has developed a list of patient rights and responsibilities. Each patient receives this information upon admission in addition to being posted throughout the hospital.

Reporting Concerns:
A copy of the Ascension Health Standards of Conduct brochure, which is a guide outlining the expectations regarding ethical business behavior for all Partners is available upon request. A confidential Values Line at (800) 707-2198 is available to anyone who wishes to report any violations or suspected noncompliance of these Standards.

Anyone who has a concern about the care, or wishes to discuss an ethical issue related to treatment, or if they wish to file a complaint or grievance concerning care, they are encouraged to call the Patient Relations Representative at (812) 485-4860, or the 24-Hour Care Line at (812) 485-1234.

Additionally, a patient or family member may contact the Indiana State Department of Health (ISDH) to report any concerns at 317 233-1325; TTY 317 233-5577; Address: 2 North Meridian Street, Indianapolis, Indiana, 46204. The Email Address for ISDH is: comments@isdh.state.in.us

Complaints concerning any healthcare organization accredited by the Joint Commission on Accreditation of Health Care Organizations (TJC) may also be reported by calling 800 994-6610; or Email: complaint@jointcommission.org or by mailing a complaint to:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

A copy of St. Mary’s Medical Center’s Patients’ Rights & Responsibilities Policy is also available to anyone who requests one.

Ethics

Ethics guide each of our lives daily. Ethics refer to customs, morality, and standards of conduct of a given profession or group. At St. Mary’s Medical Center, we are guided by the Ethical and Religious Directives (ERD) for Catholic Healthcare Services, fourth edition. In addition to the “ERDs”, individuals bring to our Catholic Health Care Ministry personal ethics that guide our lives. The Joint Commission for Healthcare Accreditation (TJC) also provides standards for Organizational Ethics and Individual Rights and Responsibilities.

If you have questions regarding the processes for Medical Ethics Consultation, please contact your preceptor for clarification.
Self-Directed Orientation Guide
Self-Study Test

1. As a Volunteer or Student at St. Mary’s, you also represent the organization of St. Mary’s and should be familiar with the Mission, Vision and Values. One of the St. Mary’s Values is **Reverence**. What does the value of Reverence mean?

   a. Making sure that you always refer to yourself in conversations
   b. Practicing respect and compassion for the dignity and diversity of life
   c. Being very quiet and reserved
   d. Not showing a sense of humor

2. St. Mary’s promotes a Culture of Safety and depends upon everyone recognizing and promptly reporting safety risks before accidents or harm happens. True or False

3. What should you do if you become injured?

   a. Report immediately all injuries to your supervisor, clinical instructor or preceptor
   b. Wait and see if your injury improves
   c. Call your family physician
   d. Contact your supervisor within 72 hours

4. Hand washing is the single most important factor in controlling transmission of organisms. When should you wash your hands?

   a. Once a day after being in the hospital
   b. Only if I have patient contact
   c. Before eating, after using the restroom, after using a tissue, before or after pt. contact,
   d. If my hands look dirty

5. I can use alcohol-based hand rub to clean my hands if my hands are not visibly dirty. True or False

6. As a Student or Volunteer, in a Disaster or Emergency Situation you should follow the direction of your supervisor, instructor or preceptor. It still is very important that you be familiar with Fire Safety procedures as you may be called upon to assist. Which of the following would you follow?

   a. Never open a door if it is hot to the touch.
   b. Never use elevators to evacuate a fire area
   c. Call 22 to report a fire and help locate the fire extinguisher
   d. Use the fire emergency call box should you see smoke or flames
   e. All of the above
7. In today’s environment, the potential for Workplace Violence is a reality. But you can help protect yourself by practicing the following safe practices:
   a. Wear your most expensive jewelry and leave your car unlocked
   b. Try and handle by yourself, a patient, visitor or staff member who begins to make threats or show extreme anger
   c. Call 2222 if someone becomes threatening or violent
   d. Lock up all personal belongings and don’t carry a lot of cash
   e. c and d

8. Whenever you are in the hospital as a Student or Volunteer, you should wear your name badge:
   a. Anywhere that it is most comfortable
   b. On your belt loop
   c. Don’t have to wear it—just have in your pocket
   d. On the upper half of your body, facing forward

9. If you feel that you have been sexually harassed or intimidated in any manner you should feel safe in immediately reporting this to your preceptor, supervisor, instructor or contact Human Resources

   True or False

10. As you have learned, it is very important that the privacy and confidentiality of our patients is protected and includes:
    a. Talking to your friends about the patient you saw from your Church
    b. Never discuss patient information outside of the workplace

11. How can you or anyone report concerns about St. Mary’s?
    a. Contact the confidential Values Line at 800-707-2198
    b. Contact the Patient Relations Representative at 812-485-4860 or the 24 hour Care Line at 812-485-1234
    c. Contact the Indiana State Department of Health at 317-233-1325
    d. Contact The Joint Commission at 800-994-6610
    e. Any or all of the above

12. St. Mary’s appreciates your interest in St. Mary’s and your willingness to follow the policies and procedures that help keep patients, family, staff, visitors, students and volunteers safe. If you have questions or suggestions for improvement, please let us know.
    TRUE!
Health Insurance Portability and Accountability Act

HIPAA Education for Volunteers and Students

Objectives of Education

• Understand the basics of HIPAA Privacy and Security Rules
• Define Protected Health Information
• Understand the Notice of Privacy Practices
• Define Minimum Necessary
• Understand how HIPAA affects the day to day activities of volunteers
• Understand the risk of non-compliance
• Know who to contact for additional information
Health Insurance Portability and Accountability Act (HIPAA)

Purpose of HIPAA:
- Ensure continuation of health insurance benefits
- Reduce fraud and abuse in healthcare
- Improve the efficiency and effectiveness of the healthcare system
- Protect the privacy and security of all health information.

Protected Health Information

HIPAA applies to any healthcare information maintained either on paper or electronically, that could be used to individually identify a patient.
- Examples: Patient’s name, address, social security number, date of birth

HIPAA applies to any information that
HIPAA Privacy Rule

• It gives patients control over their health information.
• It sets boundaries on use and release of health records.
• It establishes appropriate safeguard requirements that health care providers must achieve to protect the privacy of health information.
• It holds violators accountable with civil and criminal penalties.

HIPAA Privacy General Rule

Healthcare providers may use and disclose protected health information (PHI) without a patient’s authorization for:

• **Treatment**: Sharing information with physicians, nursing homes, home health agencies
• **Payment**: Providing information to insurance companies.
• **Healthcare Operations**: Using patient information for St. Mary’s business purposes (quality reviews, staff education, or to identify additional services needed in the community).
Minimum Necessary Standard

The “need to know” rule states protected health information should only be used or disclosed as necessary to perform your job duties.

Accessing patient information that you do not need to perform your job duties is a violation of St. Mary’s HIPAA policies.

Examples: accessing information of co-workers, family members, friends, or your own information.

HIPAA Security

• All system activities are subject to monitoring.
• Employees are responsible for all activities initiated from their user ids.
• Passwords are the front line protection:
  – Select strong passwords:
    • Eight characters in length
    • Upper and lower case characters
    • Base ten digits (0-9)
    • Non-alphabetic characters (!, $, #)
    • Should not be based on personal information
  – Maintain the security of password:
    • Do not write down your password
    • Do not share your password
Recent Changes to HIPAA

Health Information Technology for Economic and Clinical Health (HITECH) strengthened privacy and security laws to protect health information from misuse as the health care sector increases use of information technology.

Changes include:

• Breach notification requirements
  Examples of possible breaches include:
  – Faxing PHI to the incorrect number;
  – Mailing statements or a medical report to the incorrect patient;
  – An employee who is not authorized to access PHI looks through patient files in order to learn of a friend’s treatment.

• Increased penalties for violations
• Individual employees accountability for violations

What can you do?

• Review St. Mary’s HIPAA policies related to your duties.
• Speak in low tones and be aware of people in your surroundings. Do not discuss patients in elevators, hallways, cafeteria, or with friends or family.
• Do not share patient information on personal internet sites (facebook, myspace, etc).
• Select strong passwords.
• Log off computers when not in use and do not leave computers displaying PHI unattended.
• Verify publicity indicators.
• Verify fax numbers.
• Only access information that you need to know in order to perform your job duties.
Points to Remember

• Each employee/volunteer has a personal responsibility to understand and adhere to SMMC policies and procedures to maintain confidentiality.
• HIPAA regulations require that we minimize the risk that protected health information (PHI) will be disclosed to individuals who do not have a need to know.
• All activities on SMMC information systems are subject to monitoring. Users are responsible for all activities occurring on their user ids.
• Report possible/actual breaches such as faxing to the incorrect number, co-workers inappropriately accessing patient information, improper disposal of PHI.
• HIPAA Privacy & Security Officer, Michael S. Klueh at 485-6550, privacyofficer@stmarys.org

HIPAA Resources

St. Mary’s HIPAA Policies
• HIPAA Administrative Policy
• Protected Health Information Policy
• Uses and Disclosures of Protected Health Information for Facility Directory Purposes

St. Mary’s Compliance, Risk & Accreditation Services Department at 485-6500

Office of Civil Rights website
http://www.hhs.gov/ocr/privacy/
ACKNOWLEDGMENT OF HIPAA TRAINING BY
EMPLOYEE/STUDENT/VOLUNTEER/CONTRACTOR

1. I understand that St. Mary’s Medical Center has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information.

2. I am aware that, as part of the organization’s responsibilities described in the paragraph above, St. Mary’s Medical Center provides privacy training to its staff.

3. I acknowledge that I have received HIPAA Privacy and Security training provided by St. Mary’s Medical Center.

4. I certify that I am familiar with St. Mary’s Medical Center’s policies and procedures regarding the privacy of health information, and I agree to follow those policies and procedures.

5. I agree to attend future HIPAA training sessions, as and when requested by St. Mary’s Medical Center.

6. I further agree that I will report promptly any known or suspected violations of the St. Mary’s Medical Center’s policies and procedures regarding the privacy of health information to the organization’s Privacy Official or designee.

Print Name: _________________________________________________________________

Title/Dept. __________________________________________________________________

Signature: ___________________________ Date: ___________________
CONFIDENTIALITY AGREEMENT

Students/Temporary Employees/Job Shadowing PARTICIPANTS

St. Mary’s Medical Center has a legal and ethical responsibility to protect the privacy of all patients and to take appropriate safeguards to protect their health information. I understand that in the course of my Career Shadowing experience I may come into contact with confidential patient information. This information includes verbal communication, documented material such as that found in medical records as well as computerized information available in healthcare computer systems. I understand that such information must be maintained in the strictest confidence.

I hereby agree that I will not at any time during or after my experience at St. Mary’s Medical Center disclose any patient information to any person or use patient information, other than as necessary in the course of my Career Shadowing experience. I also agree to protect this information by using appropriate safeguards including but not limited to, speaking in a lowered voice, avoiding conversations in public areas, and disposing of material containing confidential information in appropriate receptacles.

I agree to adhere to St. Mary’s Medical Center’s HIPAA policies 100.418 Protected Health Information and 100.419 HIPAA Administrative Policy (Will be provided upon request)

___________________________________      ________________
Signature                      Date
Report of Community and Charity Based Care
Student Log for: __________________________

Return in house mail or by Fax to CME office. 812-485-6496

<table>
<thead>
<tr>
<th>Clinical or Shadowing Date</th>
<th>Name of Physician or Preceptor / Initials</th>
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Total Hours: 

Students who choose to do Career Job Shadowing are restricted to no more than 8 hours/day and no more than 50 hours/year. All Students obtaining hours must submit this log at the end of each rotation.

Student Signature __________________________ Date _____________