

Student Forms Packet

for

Extended Observational Experience

Please complete the following forms and return to your Student Placement Coordinator.

- A. Student Profile
- B. Access and Confidentiality Agreement
- C. HIPAA Agreement
- D. Student Orientation Quiz

Student Profile / Identification

Incomplete packets will be returned

Full Legal Name (First, Middle Initial, Last) _____

Preferred First Name (if different from legal name): _____ **Suffix** (if any): _____

Date of Birth: ____/____/____ **Gender:** Male Female

Last Four Digits of your Social Security Number: _____ (for student identification)

Currently Employed by Intermountain Healthcare? Yes No

If yes, what is your user name: _____

Employee number (if known): _____

E-mail: _____ **Phone:** _____ - _____ - _____

Permanent Address: Street: _____

City: _____ State: _____ Zip: _____

Emergency Contact: Name: _____

Phone: _____ - _____ - _____

School: _____ **Program:** _____

School Instructor: _____ **Estimated Graduation Date:** _____

Facility: _____

(Intermountain hospital, clinic or other assigned service area)

Hospital Department(s): _____

Observation Dates: Start: ____/____/____ **End:** ____/____/____

Total hours required for this observation: _____

Completion of pre-requisite testing: Immunizations 2-step TB

NOTE: Upon completion of this profile you will be provided a student ID badge. Student ID badges must be returned at the end of your observational experience or each semester if your experience extends over several weeks. Please check with the Student Placement Coordinator for ID badge retrieval instructions.

If you are also an employee of Intermountain, your employee ID badge should not be worn while you are functioning as a student.

Intermountain Healthcare
ACCESS and CONFIDENTIALITY AGREEMENT

SECTION 1.0 Purpose and Definition

- 1.1 **Purpose of This Agreement.** Federal and state laws, as well as Intermountain’s policies, protect Confidential Information, assure that it remains confidential, and permit it to be used for appropriate purposes. Those laws and policies assure that Confidential Information, which is sensitive and valuable, remains confidential. They also permit you to use Confidential Information only as necessary to accomplish legitimate and approved purposes. You need access to Confidential Information because you have one of the following roles:
- A. An Intermountain workforce member, which includes volunteers (“Workforce Member”); or
 - B. An Intermountain-affiliated or Intermountain-credentialed provider (“Provider”); or
 - C. A vendor or agent of IHC Health Services, Inc. (“Vendor” or “Agent”).
- 1.2 **Definition.** “Confidential Information” means: data proprietary to Intermountain, other companies, or other persons, plus any other information that is private and sensitive and which Intermountain has a duty to protect. You may learn or access Confidential Information through oral communications, paper documents, computer systems, or through your activities at or with Intermountain. Examples of Confidential Information include the following information which is maintained by, or obtained from, Intermountain:
- A. An individual’s demographic, employment, or health information;
 - B. Peer-review information;
 - C. Intermountain’s business information, (e.g., financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.); and
 - D. Intermountain, or a third-party’s, information (e.g., computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)

SECTION 2.0 Your Duties Under this Agreement

- 2.1 **Principle Duties.** To qualify to access or use Confidential Information, you will comply with the laws and Intermountain policies governing Confidential Information. Your principle duties regarding Confidential Information include, but are not limited to, the following:
- A. Safeguard the privacy and security of Confidential Information;
 - B. Use Confidential Information only as needed to perform your legitimate and Intermountain approved responsibilities. This means, among other things, that you will not:
 - (1) Access Confidential Information for which you have no legitimate need to know;
 - (2) Divulge, copy, release, sell, loan, revise, alter, or destroy any Confidential Information except as properly authorized within the scope of your legitimate and Intermountain approved responsibilities; or
 - (3) Misuse Confidential Information;
 - C. Safeguard, and not disclose, your access code or any other authorization that allows you to access Confidential Information. This means, among other things, that you will:
 - (1) Accept responsibility for all activities undertaken using your access code and other authorization; and
 - (2) Report any suspicion or knowledge that your access code, authorization, or any Confidential Information has been misused or disclosed without Intermountain’s permission. (Report this suspicion or knowledge to the Intermountain Compliance Hotline at 1-800-442-4845; or, if you are a member of Intermountain’s Workforce, to your supervisor or facility compliance coordinator);
 - D. Not remove Confidential Information from an Intermountain facility unless necessary for your legitimate and Intermountain-approved responsibilities. (If removal of Confidential Information from an Intermountain facility is necessary, you will use reasonable and appropriate physical and technical safeguards – such as encrypting electronic Confidential Information.);
 - E. Report activities by any individual or entity that you suspect may compromise the confidentiality of Confidential Information. (To the extent permitted by law, Intermountain will hold in confidence reports that are made in good faith about suspect activities, as well as the names of the individuals reporting the activities.);
 - F. Not use or share Confidential Information after termination of your role triggering the requirement to sign this Agreement. (For example, if you are a Workforce Member, when you leave Intermountain’s employment; if you are a Provider, when you lose your privileges at an Intermountain facility or your privileges to access Confidential Information; and if you are a Vendor or Agent, when you finish your assignment or project with Intermountain or when your company stops doing business with Intermountain, whichever is first.); and
 - G. Claim no right or ownership interest in any Confidential Information referred to in this Agreement.

SECTION 3.0 Violation of Duty – Change of Status

- 3.1 **Responsibility.** You are responsible for your noncompliance with this Agreement.
- 3.2 **Discipline.** If you violate any provision of this Agreement, you will be subject to discipline, including but not limited to the following:
- A. If you are a Workforce Member, to dismissal as a member of Intermountain’s Workforce, loss of employment with Intermountain, termination of your ability to access Confidential Information, and legal liability.
 - B. If you are a Provider, a Vendor, or an Agent, to discipline, including revocation of your ability to access or use Confidential Information, and legal liability.
- 3.3 **Relief.** Any violation by you of any provision of this Agreement will cause irreparable injury to Intermountain that would not be adequately compensable in monetary damages alone through other legal remedies, and will entitle Intermountain to the following:
- A. If you are a Workforce Member, or a Vendor or Agent, to preliminary and permanent injunctive relief, a temporary restraining order, and other equitable relief in addition to damages and other legal remedies; or
 - B. If you are a Provider, to a court order prohibiting your use of Confidential Information except as permitted by this Agreement, and Intermountain may also seek other remedies; and
- 3.4 **Authority.** Intermountain may terminate your access to Confidential Information if your status as a Workforce Member, Provider, Vendor or Agent changes, if Intermountain determines that to be in the best interest of Intermountain’s mission, or if you violate any provision of this Agreement.

SECTION 4.0 Continuing Obligations. Your obligations under this Agreement continue after termination of your status as a Workforce Member, Provider, Vendor or Agent.

Printed Name: _____

Signature: _____

Date: _____

HIPAA Agreement

Education on Intermountain Healthcare's Privacy Practices

A Guide for Students Receiving Training at an Intermountain Healthcare Facility

Protecting patients' privacy has always been an ethical requirement at Intermountain Healthcare. As of April 14, 2003, it is now a federal mandate that medical providers and hospital staff do so. As a student in Intermountain Healthcare's facilities, we require that you abide by our privacy practices. If you have questions about Intermountain Healthcare's privacy practices, please contact your instructor or Intermountain Healthcare's Corporate Compliance Hotline at 1-800-442-4845.

Handling Protected Health Information

Protected Health Information includes all medical, billing, and payment records that identify patients. Paper records, electronic records, and oral communication can all contain protected health information. Failure to properly protect patient information may result in:

- Verbal or written warnings
- Suspension or expulsion from your educational institution
- Legal liability for yourself, your educational institution, and/or Intermountain Healthcare

We Do

- Follow Intermountain Healthcare procedures for the release of protected health information.
- Limit the sharing of protected health information by taking precautions such as not having conversations about a patient in a hallway or other public area.
- Keep medical, billing, and payment records in secure areas.
- Ask questions when we are not sure if it is appropriate to release information.

We Don't

- Share patient information unless it is for legitimate business or patient care purposes.
- Share more health information than is appropriate for the situation.
- Share passwords.
- Use data that identifies a specific patient in a presentation.

Patients' Rights

Federal regulations define specific patient rights.

We Do

- Provide each patient with Intermountain Healthcare's Notice of Privacy Practices that explains how we may use and share protected health information and the patient's rights.
- Allow patients to inspect and obtain a copy of their health information as permitted by law.
- Allow patients/ to request additions or corrections to their health information.
- Track occasions when we share protected health information outside of Intermountain Healthcare for certain purposes and provide a list of these disclosures to a patient on request.
- Provide a patient with the contact information for Intermountain Healthcare's Privacy Office and/or the U.S. Department of Health and Human Services when an individual wishes to file a complaint.

We Don't

- Take action against a patient who files a complaint with us or the U.S. Department of Health and Human Services.



<hr/>	
Student Name (printed)	Signature
<hr/>	
Date Reviewed	School Affiliation

Student Orientation Quiz

1. The general mission of Intermountain Healthcare is: _____ in the provision of _____ in the communities in _____.
 - a. Quality, Surgical Services, Salt Lake City
 - b. Excellence, Surgical Services, Salt Lake City
 - c. Excellence, Healthcare Services, the Intermountain Region
 - d. Quality, Healthcare Services, the Intermountain Region
2. What are the 4 values of Intermountain Healthcare?
 - a. Mutual respect, Accountability, Trust, Professionalism
 - b. Cultural diversity, Trust, Excellence, Recognition
 - c. Recognition, Accountability, Cultural Diversity, Excellence
 - d. Mutual respect, Accountability, Trust, Excellence
3. If a student notices a breach of the mission, vision and values, the method of lodging a concern is:
 - a. Tell your instructor
 - b. Call the Student Hotline
 - c. Tell your preceptor
 - d. Talk to patients / clients
4. Complete the following statement:
All Intermountain students are expected to act _____.
 - a. Stoically
 - b. Quickly
 - c. Knowledgeable
 - d. Professionally
5. The Intermountain Patient Rights and Responsibilities document outlines the rights afforded to each person who is a patient in our facilities. As a student, you have the responsibility to help Intermountain carry out this commitment. Which statement best defines patient's rights?
 - a. Intermountain will provide an environment of trust
 - b. All patients can feel comfortable and confident with the sensitive care they receive
 - c. Quality care will be given regardless of race, color, religion, sex, age, national origin, physical or mental disability, veteran status, and/or the ability to pay
 - d. All of the above
6. Patients Rights and Responsibilities will be posted:
 - a. Near the restroom
 - b. In binders stored in drawers
 - c. Throughout all Intermountain Healthcare facilities
 - d. They are never posted
7. Clinical excellence is the cornerstone of our service at Intermountain Healthcare. We believe that our commitment to clinical quality can be elevated even more by:
 - a. Creating an extraordinary healing environment
 - b. Asking lots of questions
 - c. Discussing patient problems with anyone who cares
 - d. All of the above

8. **We have an obligation to be respectful and sensitive to another's belief system (co-workers, patients, families). What is Culture?**
 - a. The arts
 - b. Costumes worn by various nationalities
 - c. Values, beliefs and practices shared by a group of people
 - d. Ancient civilizations

9. **Language is a very common cultural barrier. How should you communicate to a person who doesn't speak English?**
 - a. Utilize a family member
 - b. Use hand signals
 - c. Speak louder
 - d. Use a trained, Intermountain Healthcare medical interpreter

10. **Which one of the following items is inappropriate for students to wear in Intermountain facilities?**
 - a. More than two ear piercings in each ear
 - b. Short, clean fingernails
 - c. A name badge
 - d. Clean, wrinkle-free clothes

11. **The best completion of the statement: "Safety is _____ concern" would be:**
 - a. The Safety Committee's
 - b. Everyone's
 - c. Employee Health's
 - d. The Security Department's

12. **A student's responsibility in an emergency "code" situation is to:**
 - a. Jump in and help- don't let the code team push you around
 - b. Call your instructor and ask them what to do in that specific code situation
 - c. Recognize the emergency and respond appropriately according to the facility specific requirements
 - d. Stay out of the way and if the code team asks for something, don't give it to them

13. **RACER is an acronym used in fire prevention. It means:**
 - a. Relocate; Alarm; Contain; Extinguish; Review
 - b. Rescue; Alarm; Contain; Extinguish; Relocate
 - c. Remember; Alert; Contain; Examine; Relocate
 - d. Rescue; Arm; Commit; Exit; Review

14. **What is one common thing you can do to prevent the spread of infections?**
 - a. Wash your hands with soap and water or sanitize your hands with an alcohol-based hand rub
 - b. Wear gloves at all times
 - c. Wear PPE at all times
 - d. Only care for one patient

15. **"Red Bags," which are for Infectious waste should be used when:**
 - a. The waste looks really offensive
 - b. If blood or other body fluids can be squeezed or crushed out of the container
 - c. There are no other receptacles available and no time to get to one
 - d. There is a chance of the contaminate getting on your clothes or hands

16. **When lifting objects, it is best to keep your feet close together.**
 - a. True
 - b. False

17. **Which of the following are activities in which you should protect your back:**
 - a. Moving a patient from the bed to a wheelchair
 - b. Reaching for an object
 - c. Getting up from a chair
 - d. All of the above

18. **Compliance means:**
 - a. Doing what makes the customer happy, regardless of policy
 - b. Upholding the directives of the corporation and report discrepancies when observed
 - c. State rules written by the government to regulate patients
 - d. All of the above

19. **Intermountain expects students to maintain high ethical standards in the performance of their responsibilities. Which of the following statements best describe Intermountain's commitment to these standards:**
 - a. We are committed to a healing experience
 - b. We perform our jobs with honesty and integrity
 - c. We speak up with concerns about compliance and ethical issues
 - d. All of the above

20. **In your role as a student, while you are transferring a patient to another department you accidentally run over your foot with a stretcher. You think your toe is broken. You should:**
 - a. Go immediately to the ER and they will treat you without payment
 - b. Contact your family and go to an ER that is not in your assigned area
 - c. Contact the Workman's Compensation office
 - d. Report to your instructor, who can help you determine how the school and your own insurance will cover the costs of caring for your foot

21. **HIPAA requirements are:**
 - a. Written to protect only those patients who attend AA meetings
 - b. A law and regulation covering, among other things, the use and release of patient's health information
 - c. Written to provide a checklist for patients to protect their identifiable health information
 - d. All of the above

22. **A good question to ask yourself before looking at patient information might be?**
 - a. Does this person live in my neighborhood?
 - b. Do I need this information to perform patient care?
 - c. Would the newspaper like to know about this information?
 - d. Does anybody really care about this?

23. **In order to release information to a party you do not know, a student needs to verify the individual's identity by asking for:**
 - a. The patient's name and knowledge of the information that is to be released
 - b. A student should never independently release information to a requesting party
 - c. The patient's name and diagnosis
 - d. The patient's name, physician and diagnosis

24. Which one of the following is an additional step to protect a patient's privacy:
- Close room doors when discussing treatments and administering procedures
 - Try to build a relationship with their family members
 - Stay logged in to computer terminals on which you have viewed electronic medical records
 - Throw patient-identifiable information in the trash can whole, don't shred or destroy it
25. "PPE" stands for:
- Personal Protective Equipment
 - Peripheral Protective Engagement
 - Positive Protective Equipment
 - Pre-sterilized Powdered Emergent
26. The National Patient Safety Goals, set by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission), include which of the following:
- Improve the Accuracy of Patient Identification
 - Use Event Reports in an effective manner
 - Implement the P.R.O.P. protocol throughout the system
 - Improve the use of fire extinguishers in emergency situations
27. An Event Report is filed if there is an incident. Intermountain Healthcare defines an incident as:
- An event that is not consistent with the normal, routine operation of a department, which may have potential for injury and/or property damage
 - An occurrence in which an individual is unduly harmed, at no fault of their own, in the course of being hospitalized or using an IHCHS facility
 - An unfortunate event that leads to loss of functioning, experience of pain or discomfort, or loss of money/valuables, that did not need to occur while an individual is in route to the facility
 - Any occurrence in which the patient is not completely satisfied with the treatment, which they received by hospital personnel
28. Event Reports would be filed for which circumstance below:
- Breach of department policy, patient injury, delays dealing with anesthesia / surgery / delivery
 - Behavioral actions and attitudes dealing with AWOL, AMA, violent / agitated behavior or communication problems
 - Falls of patients and/or visitors
 - All of the above
29. To report harassment, a student should contact:
- The Human Resources Department
 - The Risk Management Department
 - Other Students in their area
 - The Facilities' Harassment Victims Team (HVT)

Student Name (print): _____

Date: _____

Student Signature: _____

School: _____