

SECTION 1: JOB SHADOWING/OBSERVER INFORMATION

Job Observer Name: _____

Email: _____ Phone Number: _____

Address: _____

School/organization: _____

Observation date(s): From _____ To _____

Age Requirement: Under eighteen (18) years of age, but over sixteen (16) years of age
 Over eighteen (18) years of age

Reason for Shadowing/Observation:

- _____ Community Program
(Includes high school student programs, career day, adult tours, pediatric/adolescent program, and National "Take Your Child to Work Day")
- _____ Prospective Hire
(Includes applicants, internal transfers, prospective employees, health care inquiries – outside program of study, and PSI – First Physician Group)
- _____ Physician Request
(Includes requests for observation for a licensed health care provider rounding with staff, requests for non- professional observer to round with staff, Health Care Career Club program, and Operating Room observations)
- _____ Student Vocational Instruction Program (V.I.P.)
(Includes requests for observation for a licensed health care provider rounding with staff, requests for non-professional observer to round with staff, Health Care Career Club program, and Operating Room observations)
- _____ Other Reason for Observation (please list)

SECTION 2: DEPARTMENT SPONSOR INFORMATION

Department Sponsor Name: _____

Email: _____ Phone Number: _____

Department/Unit where observation will occur: _____

Location of Observation Experience: _____

During your shadowing/observation to our facility, efforts will be made to prevent incidental disclosure of protected health information (PHI); however, in observing activities that use PHI, you may unintentionally see clinical, financial, and/or demographic information belonging to our patients. You must hold such information in strict confidence. If you are directly observing a specific case, the attending physician and/or Nurse Manager will be responsible for assuming that the patient is informed and authorizes your observation to their care/treatment.

You can assist this hosting facility in preventing incidental disclosures by:

- Staying within the department or work areas included in the site visit/observation;
- Standing an appropriate distance from computer screens which contain PHI (i.e., allowing you to view the process, but not enabling you to read patient information);
- Avoiding areas where patient-specific information is discussed and could be overheard, unless so authorized by specific patient;
- Using test patient data for up-close review of application screens;
- Reporting to the Privacy Officer opportunities to further enhance the protection of PHI during site visits/observation.

Your participation is important for community service and is often important for introduction of health care to potential career choices. Shadowing/Observation is invaluable to the improvement of healthcare operations and educational opportunities.

PARTICIPANT AGREEMENT

I understand the importance of maintaining patient privacy and confidentiality and I agree to hold in confidence any protected health information directly via patient authorization incidentally disclosed to me during my participation in this site visit/observation. I agree to assist CHI Saint Joseph Health in preventing incidental disclosures by following the guidelines listed above. Further, I understand that intentional violations of patient confidentiality will result in a report to the Office of Civil Rights and may subject me to my employer's/school's disciplinary policies, civil and/or criminal liability.

Job Shadower/Observer Signature _____ Date _____

Job Shadower/Observer Printed Name _____ Time: _____

Job Sponsor Coordinator Signature _____ Date _____

Department Printed Name _____

Required: Signature of parent or legally authorized representative if Job Shadower/Observer is under eighteen (18) years of age

Parent/Representative Signature _____ Date _____

Parent/Representative Printed Name _____ Time: _____

CHI Saint Joseph Health has agreed to allow selected persons to participate in job shadowing/observation. In consideration of CHI Saint Joseph Health's allowing individuals the opportunity for job shadowing/observation at CHI Saint Joseph Health, the individual hereby agrees to the following:

Release/Indemnification. The individual agrees to and hereby does release, indemnify and hold harmless CHI Saint Joseph Health, its members, directors, officers, employees and representatives from any and all responsibility and obligation, and agrees not to hold CHI Saint Joseph Health liable for any or all injuries, losses, damages or expenses which may occur as a result of any act or omission of CHI Saint Joseph Health, its members, directors, officers, employees or representatives, or which may arise from the individual's participation in the job observation/shadowing program at CHI Saint Joseph Health.

Illness. The individual hereby forever releases and shall discharge all claims and causes of action whatsoever, present and future, against CHI Saint Joseph Health its directors, officer, employees and agents, related to or arising out of any illness, disease or health condition the individual may contract, develop or come into contact with while on the premises of CHI Saint Joseph Health.

Medical Treatment. CHI Saint Joseph Health shall provide or refer to outpatient treatment to individuals while in the facility for job observation/shadowing in case of an accident or illness. However, in no circumstances shall CHI Saint Joseph Health bear the cost of the emergency outpatient treatment.

Hospital Policy. The individual agrees to conform to all policies and procedures including those relating to safety, patient care and non-discrimination. These policies and procedures include all standards covered by CommonSpirit Health's Standards of Conduct, The Joint Commission, and Occupational Safety and Health Administration (OSHA) requirements.

Influenza Vaccination. The individual agrees to provide documentation of current influenza vaccination or approved Medical or Religious exemption.

COVID-19 Vaccination. The individual agrees to provide documentation of current COVID-19 vaccination or approved Medical or Religious exemption.

I have completed all of the required elements to participate in this experience. I have read and agree to abide by CHI Saint Joseph Health's guidelines for job shadowing/observation and all terms of this agreement.

Job Shadower/Observer Signature _____ Date _____

Job Shadower/Observer Printed Name _____ Time: _____

Job Sponsor Coordinator Signature _____ Date _____

Department Printed Name _____

Required: Signature of parent or legally authorized representative if Job Shadower/Observer is under eighteen (18) years of age

Parent/Representative Signature _____ Date _____

Parent/Representative Printed Name _____ Time: _____

Health Insurance Portability and Accountability Act (HIPAA) of 1996

HIPAA is a federal law imposed on all health care organizations. Title II of HIPAA deals specifically with the privacy and security of patient health information that is stored, collected by, or transmitted between providers.

Protected Health Information (PHI)

Protected health information or PHI is any information in the medical record (or designated record set) that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment. PHI includes, but is not limited to: Names, Geographic location, Phone Numbers, Social security numbers, Health plan beneficiary numbers, Account numbers, Device identifiers, and full face photographic images.

Minimum Necessary

Minimum necessary is determined on a need-to-know basis, and is limited to the health information required to accomplish the intended purpose of the use or disclosures or request. CHI Saint Joseph Health workforce members may not access either through out information systems or paper chart the medical and/or demographic information of family members, friends, or other individuals for personal or other non-work-related purposes, even if written or oral patient authorization has been given.

Handling PHI – Send Secure. Store Secure. Shred Secure. Be Secure.

Send Secure. When faxing PHI, use a coversheet. When emailing PHI, use #secure# in the subject to encrypt the email. **Store Secure.** Keep PHI turned over when unattended. Keep files cabinets and limit access rooms locked.

Shred Secure. Dispose of PHI in approved Cintas shred bins, not trash receptacles or recycle bins.

Be Secure. Speak softly when discussing PHI. Keep medical records and other documents out of public view.

Reporting Privacy Violations

Contact your Division Privacy Officer with any questions or concerns about HIPAA Privacy:

Jared Sommers, MPH, CHC
Division Director Corporate Responsibility Officer
Office Phone: 859-313-4718
jared.sommers@commonspirit.org

Protecting Patient Privacy

The privacy of our patients before, during and after their visit to any CHI Saint Joseph Health facility is highly important. Safeguarding patient privacy is a fundamental duty of all staff, contractors, volunteers and vendors of CHI Saint Joseph Health.

PRIVACY DOs

- Do remember that PHI is any information that can be used to identify a patient
- Do remember that PHI is confidential and should not be discussed with individuals or acquaintances outside of CHI Saint Joseph Health and/or are not involved in the patient's care
- Do speak quietly when discussing PHI with authorized individuals
- Do ask patients if it is okay to discuss their PHI when visitors are present
- Do dispose of PHI in approved Cintas shred bins
- Do use a fax coversheet when sending PHI via fax
- Do use #secure# in the subject line when sending PHI via email
- Do log off or lock your computer when away from your workstation
- Do contact your Department Sponsor or the Privacy Officer with any questions or concerns

PRIVACY DON'Ts

- Don't attempt to view or gain access to the medical information of family or friends
- Don't share PHI with individuals or acquaintances outside of CHI Saint Joseph Health and/or are not involved in the patient's care
- Don't post or discuss PHI on social media sites (i.e. Facebook, Twitter, Instagram, Tumblr)
- Don't take pictures or video of patients and/or staff members of CHI Saint Joseph Health
- Don't throw PHI away in the trash receptacle or recycle bin – use an approved Cintas shred bin
- Don't leave PHI lying in public view – turn over or put away unattended PHI
- Don't leave information about a patient on voicemail or an answering machine
- Don't use mobile devices (i.e. cell phones) to send PHI
- Don't discuss PHI in public areas where others can overhear