



Shadowing/Internship Program Information/Application Packet

Contact Information:

St. James Hospital

Human Resources Department

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All shadowing/intern candidates must be cleared by the HR Department or Employee Health before starting within the assigned department.

St. James Hospital
Internship/Shadowing Program

Thank you for your interest in St. James Hospital Shadowing/Internship Program. The goal of our program is to provide experiential learning opportunities to help you learn about healthcare careers, as well as learning about the skills different occupations require. 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 during their shadowing/internship experience.

All paperwork must be returned to the Human Resources Department **30 days** prior to the beginning of the clinical experience.

There are a few key facts about the program that you will need to know:

Eligibility

Students must be High School juniors or seniors, or older to be eligible to participate. The minimum age to participate in the program is 16 years of age. Each shadowing schedule is based on a careful matching process between the student's initial request and the department's ability to facilitate a student experience.

Pre-requisites for Participation for all shadow applicants

- Complete Shadowing/Internship Application
- Complete/Sign Health Questionnaire
- Completion of HIPAA (Health Insurance Portability Accountability Act) Test, after reading and understanding the associated materials
- Signed Security and Privacy Affirmation Statement
- Review/Signed Confidentiality Statement and Code of Conduct
- Review/Signed Release and Waiver of Liability Form
- Copy of Immunization Records

The following are required for shadowing experiences affiliated with an educational institution (school/university):

- Copy of School's Liability Insurance for students completing shadowing through school/college
- Affiliation Agreement must be in place prior to shadowing when student is affiliated with a school/college.

The following is required for shadowing experiences lasting longer than 3 days **or** if an applicant answered "yes" to any of the questions on the Health Questionnaire.

- Health Requirements
 1. Submit a Physical Exam (completed within the past 12 months)
 2. Submit PPD (**completed within the past 6 months**)
 3. Submit copy of immunization records
 4. Proof of flu vaccination

Internship

Eligibility

Students must be actively enrolled in a degreed program (college/university). Each Internship schedule is based on a careful matching process between the student's initial request and the department's ability to facilitate a student experience.

Internship and Shadowing Policy Review

- Tobacco Use-Smoking and/or use of tobacco products will not be allowed on the SJH campus including buildings, parking areas, and off site clinics.
- Personal Appearance/Dress Code-As a student you are expected to follow the dress code set forth by SJH. Items not allowed under dress code: denim jeans, shorts, sleeveless tops, sandals or any attire that shows undergarments. Perfume scents should be kept to a minimum.
- St. James Hospital ID badge must be worn above the waist whenever students are representing St. James Hospital. School ID's should also be worn.
- Department managers are responsible for going over department specific policies with all shadowing/intern participants.
- All participants who are in a clinical setting should meet with the clinical educator or designee to complete clinical orientation.

Shadow/Intern Data

Today's Date: _____

Name: _____
Last *First*

Current Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ E-mail Address: _____

Telephone Number:(____) _____ Cell Phone Number: (____) _____

High School student? Name of School: _____

College student? Name of School: _____

Dates of Internship/Shadowing: _____

Total Number of Hours Required:

Name of Instructor/Advisor **and** email address:

Department/Location and Department Manager's name in which you are completing shadowing/internship experience:

Name of Placement Supervisor (Assigned by SJH Department Manager):

In an Emergency Notify:
Name: _____ Phone: (____) _____

Relationship to you: _____ Cell :(____) _____

Intern/Shadowing Participant Health Questionnaire

Personal Health History

Individuals who respond “yes’ to any of the following questions must be cleared by a physician prior to beginning activities at St. James Hospital. All Internships/Shadowing lasting longer than 3 days must submit a recent physical, TB test and copy of immunization records.

I have had contact with an individual:

- 1. With active tuberculosis within the last 12 weeks YES / NO
- 2. With active case of chickenpox with the last 30 days YES / NO
- 3. That has/had a communicable disease within the last 30 days (ie. SARS, Measles, etc.) YES / NO
If yes, please explain: _____

I currently have the following symptoms:

- 1. Persistent, productive cough of 2 weeks or longer YES / NO
- 2. Night sweats YES / NO
- 3. Fever YES / NO
- 4. Open skin lesions YES / NO

List any allergies: _____

Students Signature: _____

Parents Signature: _____
(If under the 18 years of age)

Release and Waiver of Liability Shadowing/Internship

In consideration of an educational shadowing/internship experience at St. James Hospital, the undersigned individual

- Hereby acknowledges that there are dangers and risks of personal injury and illness inherent in observing in a health care setting.
- Hereby acknowledges that St. James Hospital is not responsible for any personal injury, illness or other damages of any kind relating to the Shadowing/Internship experience.
- 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 St. James Hospital.
- Herby 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 St. James Hospital.
- Hereby releases, waives, forever discharges and covenants to hold harmless St. James Hospital, its officers, directors, employees, insurers, and agents of and from all liability for any and 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 St. James Hospital, including any/all loss or damage, claim or demand arising out of the negligence of St. James Hospitals.

All preceding answers in this packet are true to the best of my knowledge and I understand this will become a part of my record. I also understand that any incorrect, incomplete, false, or misleading statement or information by me herein will be considered possible cause for my dismissal from my learning experience. I am aware that if I violate a St. James Hospital rule or regulation, my learning experience may be terminated immediately.

Student's Name (Print)

Student's Signature

Date_____

Parent/Legal Guardian's Name (Print)

Parent/Legal Guardian's Signature
(Required if student is under 18 years of age)

Date_____

Confidentiality Statement

I have read and understand the hospital policy related to Confidential Data and Protected Health Information.

I understand and fully agree with the following:

1. Among the rights of every patient is the right to privacy and every employee has the obligation to respect and protect this right.
2. Confidential and protected health information includes but is not limited to: information pertinent to self, co-workers, neighbors, friends, acquaintances, community members, and family members. All information related to patients seeking care in our system is regarded as strictly confidential.
3. I will review confidential data and protected health information only when there is a defined purpose related to the performance of my job, or when I have been specifically authorized in writing to do so by the patient and his/her physician.
4. Discussion concerning patients and hospital business is never carried on in a public place either inside or outside the institution or system. When it is necessary to discuss confidential data and protected health information, caution must be taken to ensure that only the intended listener can hear.
5. Computer password(s) issued to employees are for individual use only and under no circumstances is to be disclosed or shared with another individual.
6. Confidential data and protected health information must always be cleared from my terminal. I will always sign off upon completion of a task, or when leaving my work station.
7. I will immediately report to management, any unauthorized use, duplication, disclosure, or dissemination of confidential data or protected health information by any person.
8. Confidential data and protected health information will be audited in accordance with the health system audit policy.
9. Any substantiated breach of confidentiality will result in disciplinary action as defined by Health System policy.

* I have received, read and understand the Health Insurance Portability and Accountability Act

Please Print Name

Signature

Date

HIPAA Fundamentals: Awareness Training

Introduction

-At SJH, 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, and lawsuits, etc.

What is HIPAA

-HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a 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 Security Regulations in April 2006.

-Part of our compliance with 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 know. If so, just keep it to yourself.

Dispose of PHI Properly

-Trash and garbage bins are another place that might contain PHI. Be sure to dispose of patients' lists and other documents that contain PHI in non-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 locked vehicle.

The HIPAA Privacy Officer/ HIPAA Security Officer

-At SJH 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, Friend and Family

Situation: You hear about a friend who 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 cannot seek or share patient information for personal reasons. You may only obtain/share information that you need to know in order to do your job.

-You may personally ask the individual you know about their condition, and it is their choice to share with you.

“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 SJH policy.

Respect the Privacy of Patients

Situation: You are working in an area where caregivers are discussing health information with 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 possible other patient information.

-You should keep information in your possession at all times.

-You should make sure that it is protected from other who would not need the information.

-You can turn it over so the information cannot be viewed.

-You should make sure when you are finished with the information, you have disposed of it properly.

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 a intern/shadowing student at SJH.

Shadowing /Internship Program-

Affirmation Statement on Security and Privacy of Information

HIPAA Fundamentals

HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a federal law that was enacted in 2003 which protects Protected Health Information. The law allows for penalties such as fines and /or prison for people caught violating patient privacy.

Protected Health Information, or PHI, is any patient information—whether it is spoken, written, or on the computer. PHI includes health information about patients in the hospital, and it can be as simple as their name. PHI cannot be shared outside of the hospital even if you see the information in a public area like the trash. If you witness PHI being shared, it needs to be reported to the SJH Privacy Officer at 607-324-8742.

Affirmation Statement

I, the undersigned, understand the SJH policy on confidentiality of protected health information, which is in accordance with applicable state or federal law.

I also acknowledge that I am aware of and understand the policies of SJH, and as an integral part of the terms and condition of my association, I hereby agree, pledge and undertake that I will not, at any time during my association with SJH, or after my association ends, access or use protected health information or reveal or disclose to any person within or outside SJH, any protected health information except as my be required in the course of my duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information.

I understand user identification codes and passwords are not to be disclosed (or shared) nor should any attempt be made to learn or use another employee’s code.

*****Interns will not receive any wages and are not considered employees.**

Print Name_____

Affiliation_____

Signature_____

Date_____

Shadowing/Internship Program-HIPAA Fundamentals Test

Name _____ Date _____

-Circle the correct answer-

6. The Privacy Officer is responsible for
 - a. Checking the trash
 - b. Pulling medical records of patients
 - c. Making sure SJH protect patient information
7. You should ask yourself before you view or share patient information:
 - a. Is this a personal friend or relative not under my care?
 - b. Will anyone see me reading this?
 - c. Do I need this to do my job at SJH?
8. Patient information that I use for Internship/Shadowing:
 - a. Isn't import to anyone else
 - b. Should be protected until I have disposed of it properly
 - c. Is the responsibility of my supervisor
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 HIPAA Privacy Laws:
 - a. You should ask them to stop
 - b. Ignore it and mind your own business
 - c. Report to your manager or the Privacy Officer

1. HIPAA stands for:
 - a. Health Information Protection Agency Association
 - b. Human Instinct Protection Association
 - 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. April 2002
 - b. April 2003
 - c. Dec. 2002
 - d. When everyone is trained
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

Affirmation Statement
CODE OF CONDUCT

PURPOSE: The following specifically addresses the Corporate Compliance Code of Conduct. This policy is maintained in addition to other standard Codes of Conduct already in effect. In keeping with the mission and goals of St. James Hospital, directors/trustees, officers, managers, employees, medical staff, house staff, contractors, volunteers, students and others are expected to comply with the following guidelines. Instances of non-compliance are reported in a timely manner. Appropriate, corrective actions are taken up to and including termination of employment for failure to comply to the standards.

We will strive to:

- Deal openly and honestly with fellow employees, customers, contractors, government entities and others.
- Maintain high standards of business and ethical conduct in accordance with applicable Federal, state and local laws and regulations including fraud, waste and abuse.
- Adhere to both the spirit and letter of applicable federal, state and local laws and regulations.
- Practice good faith in transactions occurring during the course of business
- Conduct business dealings in a manner such that St. James Hospital is the beneficiary of such dealings.
- Preserve patient confidentiality unless there is written permission to divulge information, except as required by law.
- Refuse offers, solicitations and payments to induce referrals of the people we serve for an item of service reimbursable by a third party.
- Disclose financial interests/affiliations with outside entities to the Board of Directors as required by the Conflict of Interest Statement.
- Hold vendors to this same Code of Conduct as part of their dealings with St. James Hospital.
- Notify the Compliance Officer of instances of non-compliance.
- Ensure compliance requirements regarding billing are monitored and enforced.
- Use supplies and services in a manner that avoids waste.
- Protect and retain records and documents as required by professional standards, governmental regulations and organizational policies.
- Exercise discretion in the billing of services, regardless of payor source.

All directors/trustees, officers, managers, employees, medical staff, house staff, contractors, volunteers, students and others are informed of this Code of Conduct and sign an Affirmation Statement indicating their adherence to the Code of Conduct. However, this Code of Conduct does not replace sound ethical and professional judgment.

I _____ affirm that on _____, I have read and understand my role in adhering to the Code of Conduct policy at St. James Hospital.

PROGRAM AFFILIATION AGREEMENT

Between

College

And

ST JAMES HOSPITAL

EXHIBIT A

_____, is a student enrolled at the College in its _____ Program and desires to use the facilities of the Site to obtain the required clinical experience for graduation from the program.

As a condition to participate in the _____ Program under the terms and conditions set forth in the Agreement between the College and the Site, the student hereby agrees to:

1. refrain from abuse of behavior-altering substances and declares that he/she is completely free of such use;
2. be familiar with the applicable policies and procedures of the Site and any applicable statutory, regulatory or professional rules or codes and any requirement of any authority having direction or control over the operations of the Site as presented to the student in the orientation program provided by the Site and abide by them;
3. maintain the confidentiality of all individually identifiable health information concerning patients of the site, including but not limited to medical records in any form, and including all data which is protected health information as defined by the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated there under, (HIPAA Privacy Rule);
4. not publish at any time any material relating to his/her clinical experience without the prior written approval of the College and the Site; and

The student further acknowledges that during his/her clinical experience, he/she shall not be an employee of the Site.

Student Name:

Student Signature:

Date: