



Confidentiality

When a patient enters the hospital, they entrust our staff with a variety of information, some of which is very personal. If the patient does not feel they can trust us with their personal information, they will not trust us to care for them. It's vital that there are no barriers to patients receiving the care they need. For this reason, maintaining patient privacy is as important as the medical care we provide at the hospital.

It is the responsibility of every person in the hospital to maintain patient privacy and confidentiality at all times and in all matters. The way we accomplish this is by sharing patient information only with those who are involved with a patient's care. Job shadowing and learning at the hospital offers you the opportunity to spend time on-the-job with a practicing healthcare professional.

In the course of this experience, you will likely over hear and observe confidential patient information. We expect all observers in the hospital to maintain the same level of confidentiality as we expect of our staff. To prepare yourself to meet this expectation and prevent the disclosure of any patient information, review the following statements regarding confidentiality:

- Information concerning the diagnosis, prognosis, condition, care or treatment of patients shall be held in strict confidence.
- The obligation of maintaining and protecting confidentiality extends to the information within patient charts and records.
- Under no circumstances shall any patient information obtained during this experience be discussed with anyone.
- Privileged information regarding any employee or information regarding hospital business arrangements shall be held in total confidence.
- All non-employees shall be required to sign confidentiality statements upon the first association with the hospital.
- Any violation of confidentiality will result in immediate termination of the shadow experience and the notification of your school.
- It is a breach of confidentiality to share information you have learned in the course of shadowing with family members, friends, or anyone outside the hospital.
- It is your responsibility to maintain the confidentiality of all matters learned while participating in the Job Shadowing Program.

Remember... what you see here, what you hear here, must stay here when you leave here!



Shadow Expectations

All job shadow observers are held to the following expectations during their time at the hospital:

- Check in 15 minutes early with the volunteer at the Avera McKennan Front Desk in the main lobby to finalize the application process
- Come dressed appropriately, according to the outlined dress code on the Dress and Participation Standards form
- Bring any forms or materials from your school or program, if applicable
- Bring questions to discuss with the health care professional you will job shadow
- Do not carry a cell phone or other personal electronic device during the job shadow experience as they are disruptive to medical equipment
- At no time will you perform direct patient care (clinical skills)
- Use proper infection control procedures and perform hand hygiene while in the hospital
- It is due to our staff and patients that you have this opportunity to job shadow – give them the respect they deserve
- Ask questions at appropriate times during the job shadow experience
- The staff person you job shadow with is your supervisor while you are at the hospital – report to them in all cases
- Patients have the right to not have an observer in their room – respect this right and stay flexible if a patient is uncomfortable having you observe with them
- Always respect and maintain patient confidentiality, both during your job shadow and after you leave the hospital
- Contact Education Services @ 605-322-8950 prior to your scheduled time if you are not able to attend

Refer to the Dress and Participation Standards Form for more information and guidelines.

The Education Services staff are here to support you through this process. Do not hesitate to ask questions if you are unsure of any part of your job shadow experience at Avera McKennan Hospital & University Health Center.



Job Shadow Dress and Participation Standards

Purpose: To reflect the organization's commitment to professional excellence by establishing reasonable appearance expectations and guidelines for participation.

Policy: To ensure that Avera McKennan Hospital's professional reputations are maintained in part by the image observers present to patients, families, medical staff, and the general public during their participation in the Job Shadow program.

Procedure: It is both important and expected that all observers will do their part in projecting and promoting a positive, business-like image and atmosphere by adhering to the following:

STANDARDS

1. Good judgment and common sense should be practiced in determining dress and appearance, as well as personal grooming habits.
2. Clothing shall meet a business-casual dress code, and will be clean, neat, and appropriate in size at all times. Conservative business clothing is recommended for both ladies and gentleman. Dresses, skirts, and shorts must be modest in length (no more than a few inches above the knee).
3. Appropriate hospital identification is to be worn visibly at all times. ID must be worn close to the face.
4. Shoes and socks or nylons must be worn at all times and must be clean and appropriate for the work area. Any part of the foot or leg not covered by shoes or clothing must be covered with nylons or socks.
5. Comfortable shoes are recommended and clean tennis shoes are acceptable. Open-toed shoes are not allowed for safety reasons.
6. Baseball caps, tee shirts with logos, sleeveless dresses or blouses, tube tops, shorts, see-through, provocative, or revealing clothing, stirrup pants, jeans, denim of any color, and spandex are a few examples of unacceptable attire for the hospital environment.
7. Jewelry should not be excessive and should always be worn in good taste. Facial jewelry, including tongue jewelry is prohibited.
8. Tattoos that are visible to the public must be covered.
9. Hair must be neat, clean and appropriately secured if shoulder-length or longer. Beards and mustaches must be kept clean and neatly trimmed.
10. Fingernails are not to extend beyond the fingertip for safety and sanitary reasons. Artificial nails are prohibited for anyone with patient contact.
11. Cell phones and other personal electronic devices are not to be carried or used while participating in the Job Shadow Program.
12. Patient care will be performed by trained and licensed healthcare professionals at Avera McKennan Hospital, not job shadow observers.

Non-compliance with Standards: Students who are dressed and/or groomed inappropriately will be sent home. Students who fail to adhere to Dress and Participation Standards shall be subject to disciplinary action, up to and including dismissal from the Job Shadow Program.

By my signature below, I confirm that I have read, understand and agree to adhere to the conditions of the above Standards for continued participation in Avera's Job Shadow Program.

Name: _____ Date: _____

Signature: _____ School/Organization (if applicable): _____

Parent/Guardian Signature (if student is under 18): _____



Education Services Job Shadow Consent (if student is under 18)

My son/daughter, _____, has my permission to participate in Avera McKennan's Job Shadow program. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what will be expected of him/her.

Participation in these programs will include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I do hereby release Avera McKennan Hospital and University Health Center and their staff and sponsors from any responsibilities of injury or accident as a result of the Job Shadow Program. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as parent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at Avera McKennan Hospital.

I also understand that it is my responsibility to find or provide transportation for my child to and from his or her assignment if my child is unable to drive him or herself. I understand that my child is expected to notify the appropriate person, in advance, if they are unable to report at the prearranged time and that several absences or failure to comply with program standards may disqualify them from participating in Avera McKennan Hospital programs in the future.

Parent /Guardian (please print) - Relationship

Signature of Parent/Guardian

Date

Address of Parent/Guardian

Mailing Address (if different)

Daytime Phone Home Work

Evening Phone Home Work

EMERGENCY CONTACT INFORMATION:

Name (if other than contact above) / Relationship

Phone Number



Avera McKennan Shadow Program CONFIDENTIALITY AGREEMENT and HIPAA EDUCATION CERTIFICATION

IMPORTANT: Please read all sections. If you have any questions, please ask before signing.

1. Confidentiality of Patient Information

I understand and acknowledge that: (i) services provided to patients are private and confidential; (ii) to enable such services to be performed, patients provide personal information with the expectation that it will be kept confidential and used only by authorized persons as necessary; (iii) all personally identifiable information provided by patients or regarding medical services provided to patients, in whatever form such information may exist, including oral, written, printed, photographic and electronic formats (collectively, the "Confidential Information") is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure; and (iv) in the course of my employment/affiliation with Avera McKennan, I may be given access to certain Confidential Information.

2. Disclosure, Use and Access

I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including but not limited to co-workers, friends and family members). I understand that this obligation remains in full force during the entire term of my employment/affiliation and continues in effect after such employment/affiliation terminates.

3. Confidentiality Policy

I agree that I will comply with confidentiality policies that apply to me as a result of my employment/affiliation.

4. Return of Confidential Information

Upon the termination of my employment/affiliation for any reason, or at any other time upon request, I agree to promptly return to Avera McKennan or my employer all copies of confidential information then in my possession or control (including all printed and electronic copies), unless retention is specifically required by law or regulation.

5. Periodic Certification

I understand that I may be required to periodically certify that I have complied in all respects with this Agreement, and I agree to so certify when requested.

6. Remedies

I understand and acknowledge that: (i) the restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients, Avera McKennan and my employer (if different from Avera McKennan and (ii) my failure to comply with this Agreement in any respect could cause irreparable harm to patients, Avera McKennan and my employer for which there may be no adequate legal remedy. I therefore understand that Avera McKennan or my employer may prevent me from violating this Agreement by any legal means available, in addition to disciplinary measures, which may result in accordance with applicable policies and collective bargaining agreements.

I have completed the required HIPAA Privacy Rule Education.

- I do not have any questions related to the requirements of the HIPAA Privacy Rule or Hospital's privacy practices.

Please check education method used:

- Avera McKennan Job Shadow Website

Name: _____
(Please Print)

Observer Signature: _____ Date: _____



Waiver Agreement

Definition

Job Shadow Observer: An individual that reports to Avera McKennan Hospital and University Center for four hours and has no direct patient contact. The individual may be part of a formal program already established by the hospital or he/she may have requested an opportunity to observe a health care professional in order to pursue his/her interest in the healthcare field. The individual must be at least sixteen (16) years of age or hold a junior or senior status in high school.

Orientation Requirements

Patient Confidentiality

- Information I see and hear about patient identity and conditions is considered confidential and is not to be discussed outside my shadow experience. Any violation of patient or hospital confidentiality will result in dismissal from the experience.

Infection Control Requirements

- I will have no physical contact with patients, supplies or equipment or patient specimens.
- I am aware that lack of proper hand washing is the leading cause of the spread of infections. I will exercise the proper techniques of hand washing and practice proper hand washing procedures throughout my observational experience. I will wash my hands before and after meal breaks and personal care breaks.

Safety Requirements

- I will obey all safety requirements of the hospital including fire, security and emergency phone numbers.

Job Shadow Orientation Training

- I will complete the online job shadow orientation documents prior to the job shadow experience.

As a job shadow observer, I agree:

- To comply with Avera McKennan's policies and procedures.
- To follow Avera McKennan's dress code during my experience.
- To observe only and not touch, manage, counsel or have therapeutic interaction with patients or patients' family members.
- To hold Avera McKennan or any of its employees, agents or officers harmless in the event of an incident, injury or illness.
- That I am not an employee of Avera McKennan and am not entitled to worker's compensation benefits.

I understand that:

- Information I see and hear about patient identity and conditions is considered confidential and is not to be discussed outside my job shadow experience. Any violation of patient or hospital confidentiality will result in dismissal from the experience.
- Avera McKennan may take immediate corrective action in any situation in which my behavior or performance adversely affects the best interests of the facility or clients. The action may include, but not limited to, my removal from the facility and the experience.
- Avera McKennan is not responsible for lost or stolen personal belongings.
- If I need emergency medical care, Avera McKennan is not responsible for cost involved with follow-up care of hospitalization.
- I will contact Education Services at 322-8950 if I suspect I might be ill and cancel my job shadow experience.

Shadow Student/Individual (Please Print) _____

Parent/Guardian signature (if under 18) _____

Shadow Student/Individual (Signature) _____

Phone _____

Email address _____

Age _____

Department Desired _____

OFFICE USE ONLY:
 School _____ Date of Observation _____
 Department Observed _____
 Date Dept Contacted _____ Dept Contacted _____