

On, _____ 20_____, I will be doing CNA clinicals for educational purposes required for completion of the certified nurse aide training program. I understand that I will see, hear and/or otherwise have access to confidential health care information and other privileged documents. As such, I understand and agree that I must review and adhere to the guidelines listed below.

INTRODUCTION:

- HIPAA is the Health Insurance Portability & Accountability Act of 1996
- HIPAA required Congress to enact comprehensive privacy law; if not done by August of 1999, the Department of Health and Human Services (HHS) was required to address this.
- The Department of Health and Human Services published the Privacy regulation in December 2000 with an effective date of April 14, 2003.

WHO MUST COMPLY?

- All Covered Entities (CE), which includes health plans, health care clearinghouses, and those healthcare providers who conduct financial and administrative transactions electronically. This includes the entity where I will be spending time.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

- Individually identifiable health information
- Transmitted or maintained in any form or medium
- This includes patient records in printed or electronic format or oral communication

THIS WOULD INCLUDE ANY INFORMATION INCLUDING DEMOGRAPHIC INFORMATION THAT:

- Is collected from an individual
- Is created or received by a covered entity
- Relates to the past, present, or future physical or mental health condition of an individual
- Relates to the provision of health care to an individual
- Relates to the past, present, or future payment for the provision of health care to an individual
- Identifies the individual where there is reasonable basis to believe that the information can be used to identify the individual

WHAT AREAS DO THE PRIVACY RULES AFFECT?

- Any and all areas that deal with PHI
- It does not matter that you do not directly care for patients
- It includes testing results, research, and billing records that contain health information
- Students, trainees, volunteers and other persons who have access to PHI are affected
- It includes what you store on computers, desks, files, off-site storage, disks, etc.
- It affects what you say, to whom it is said and what information you are providing.

WHAT ARE THE MINIMUM NECESSARY REQUIREMENTS?

- HIPAA requires that you take reasonable steps to limit the use, disclosure of, and requests for PHI to the *minimum* necessary to accomplish the intended purpose.
- What PHI is *reasonably* necessary is determined on a case by case basis by the CE.
- This does not apply to disclosures for treatment purposes, but to payment, health care operations and research.

WHAT HAPPENS IF YOU VIOLATE THE PRIVACY RULE?

- Civil penalties
- Criminal penalties —
 - Knowing release of PHI — may result in jail time and/or penalties
 - Access to PHI under false pretenses — may result in jail time and/or penalties
 - Releasing PHI with intent to sell, transfer-or use for commercial advantage — may result in jail time and/or penalties

By signing below, I represent that I have read the attachments and understand that I am obligated to maintain the protection of patient privacy and other confidential matters at the Avera Education & Staffing Solutions’ clinical site. Any confidential health care information that I may see, hear or otherwise access cannot be disclosed.

I hereby certify that I have read this document and am aware of confidentiality requirements expected of me.

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STUDENT NAME PRINTED

STUDENT SIGNATURE

DATE

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PARENT NAME PRINTED

PARENT SIGNATURE

DATE

PLEASE PRINT OR TYPE

FIRST, MIDDLE, LAST NAME	DATE OF BIRTH	PHONE NUMBER

This form, immunization records, and TB test results must be emailed to: AveraSolutions@Avera.org

***Students who fail to provide up-to-date immunization records and current TB tests results WILL NOT be permitted to attend the 8-Hour Skills Review and/or 16-Hour Clinicals.*

[Every effort should be made to provide required documentation within 10 days of registration.](#)

***TB testing and Immunization expenses are the responsibility of the student.*

1. TUBERCULOSIS:

All Avera CNA Online Training Students are required to have the Quantiferon –TB Gold blood test. Results must be dated within 12 months prior to clinicals. If you do not have current results, contact your healthcare provider for testing.

QUANTIFERON – TB GOLD BLOODTEST

DATE:

RESULTS:

2. REQUIRED IMMUNIZATIONS:

All Avera CNA Online Training Students are required to have the following immunizations.

a. CHICKEN POX - Have you had chicken pox (Varicella)? YES NO

If NO, have you received two Varicella vaccines? 1ST IMMUNIZATION DATE: 2ND DATE:

→ If you have not had chicken pox or been vaccinated, you will need to provide proof of immunity through titer testing. Contact your healthcare provider for testing.

b. MEASLES, MUMPS AND RUBELLA

Individuals born after 1957 need to provide documentation of 2 Measles, Mumps & Rubella (MMR) immunizations.

MMR #1 DATE: MMR #2 DATE:

c. Tdap

(tetanus with pertussis vaccination) Tdap DATE:

d. INFLUENZA VACCINATION

Students participating in clinicals during the months of October to March must provide proof of having received the flu vaccination for the current flu season.

FLU DATE:

e. COVID-19 VACCINE (Recommended but not required. Please provide documentation if vaccinated.)

NAME OF VACCINE	VACCINE #1	VACCINE #2

f. HEPATITIS B - Have you ever received immunization against Hepatitis B? YES NO

→ **NOTE: It is not required but recommended to begin the Hepatitis B series.** "I understand that due to potential exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B virus (HBV) infection. It is recommended to be vaccinated with Hepatitis B vaccine."

STUDENT SIGNATURE	PARENT SIGNATURE (IF STUDENT IS UNDER 18)