

Student Forms Packet

for

Student Rotation

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

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

Student Profile / Identification

Incomplete packets will be returned

Full Name (First, Middle Initial, Last) _____

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

Currently employed by Intermountain Healthcare? Yes No

If yes, employee number (if known): _____

Previous name(s) if any: _____

E-mail: _____ **Phone:** (____) _____ - _____

Permanent Address: Street: _____

City: _____ State: _____ Zip: _____

Address

while at School: Street: _____

(if different from above) City: _____ State: _____ Zip: _____

School: _____ **Major:** _____

Course Number: _____ **School Instructor:** _____

Hospital/Unit: _____ **From:** ____/____/____ **To:** ____/____/____

Intermountain Healthcare Preceptor *(if known):* _____

Emergency Contact: Name: _____

Phone: (____) _____ - _____

Street: _____

City: _____ State: _____ Zip: _____

If requesting a computer log-on, please provide the following information:

- Have you been a student at Intermountain Healthcare before? Yes No

- If yes, what was your user name? _____

- Previous name(s) if any: _____

- Previous college and student type (if different): _____

- Last four digits of your social security number: _____

(complete number helpful, but optional)

NOTE: Upon completion of this profile you will be provided a student ID badge. Student ID badges must be returned at the end of each semester. Please check with the Student Placement Coordinator for ID badge retrieval instructions.



Intermountain
Healthcare

ACCESS and CONFIDENTIALITY Agreement

(Workforce Agreement. Select One: Employee; Volunteer; Student; Other (specify: _____))

BACKGROUND

- 1.0 **Purpose of This Agreement.** This Agreement explains your duties as a member of Intermountain’s Workforce regarding Confidential Information. Federal and state laws, as well as Intermountain Healthcare policies, protect Confidential Information. 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.
- 2.0 **Confidential Information.** “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 of or have access to some or all of this Confidential Information through oral communications, paper documents, Intermountain’s computer systems, or through your activities at or with Intermountain. Confidential Information includes, but is not limited to, information relating to the following:
 - A. Patients (e.g., medical records, conversations, admittance information, patient financial information, etc.);
 - B. Employees (e.g., salaries, employment records, disciplinary actions, etc.);
 - C. Intermountain’s business (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. Third-party information (e.g., computer programs, client and vendor proprietary information, source code, proprietary technology, etc.).

AGREEMENT

- 1.0 **My Duties.** To qualify to access or use Confidential Information, I agree to comply with the laws and Intermountain Healthcare policies governing Confidential Information. My principle duties regarding Confidential Information include, but are not limited to, the following. By signing this Agreement I promise to:
 - A. Safeguard the privacy and security of Confidential Information;
 - B. Use Confidential Information only as needed to perform my legitimate responsibilities as a member of Intermountain Healthcare’s Workforce. This means, among other things, I will not:
 - (1) Access Confidential Information for which I 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 my responsibilities as a member of Intermountain’s Workforce; or
 - (3) Misuse Confidential Information;
 - C. Safeguard, and not disclose, my access code or any other authorization that allows me to access Confidential Information. This means, among other things, I will:
 - (1) Accept responsibility for all activities undertaken using my access code and other authorization; and
 - (2) Report any suspicion or knowledge I have that my access code, authorization, or any Confidential Information has been misused or disclosed without Intermountain’s permission. (I will report to my supervisor, my facility compliance coordinator, or to the Intermountain Compliance Hotline at 1-800-442-4845.);
 - D. Report activities by any individual or entity that I suspect may compromise the confidentiality of Confidential Information. (Reports made in good faith about suspect activities, as well as the names of the individuals reporting the activities, will be held in confidence to the extent permitted by law.);
 - E. Not use or share Confidential Information after termination of my Intermountain Workforce status; and
 - F. Claim no right or ownership interest in any Confidential Information referred to in this Agreement.
- 2.0 **Violation of Duty – Change of Status.** I agree that:
 - A. I am responsible for my noncompliance with this Agreement;
 - B. If I violate any provision of this Agreement, I will be subject to discipline, including but not limited to, dismissal as a member of Intermountain’s Workforce, loss of employment with Intermountain Healthcare, termination of my ability to access Confidential Information, legal liability.
 - C. Any violation by me of any provision of this Agreement, either while I am employed or after I am employed, will cause irreparable injury Intermountain that would not be adequately compensable in monetary damages alone or through other legal remedies, and will entitle Intermountain to preliminary and permanent injunctive relief, a temporary restraining order, and other equitable relief in addition to damages and other legal remedies; and
 - D. Intermountain may terminate my access to Confidential Information if my Intermountain Workforce status changes, Intermountain determines that to be in the best interests of Intermountain’s mission, or I violate any provision of this Agreement.
- 3.0 **Continuing Obligations.** I understand that my obligations under this Agreement will continue after termination of my Intermountain Workforce status.

Name: _____
(Printed)

Date: _____

Signature: _____

Dept/Facility: _____

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.



_____	_____
Student Name (printed)	Signature
_____	_____
Date Reviewed	School Affiliation

Student Orientation Quiz

1. **The general mission of Intermountain Healthcare (“IHCHS”) 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 IHCHS?**
 - 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 IHCHS students are expected to act _____.
 - a. Stoically
 - b. Quickly
 - c. Knowledgeable
 - d. Professionally

5. **The IHCHS 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 IHCHS carry out this commitment. Which statement best defines patient’s rights?**
 - a. IHCHS 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 IHCHS. 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?**
- The arts
 - Costumes worn by various nationalities
 - Values, beliefs and practices shared by a group of people
 - Ancient civilizations
9. **Language is a very common cultural barrier. How should you communicate to a person who doesn't speak English?**
- Utilize a family member
 - Use hand signals
 - Speak louder
 - Use a trained, medical interpreter
10. **Which one of the following items is inappropriate for students to wear in IHCHS facilities?**
- More than two ear piercings in each ear
 - Short, clean fingernails
 - A name badge
 - Clean, wrinkle-free clothes
11. **The best completion of the statement: "Safety is _____ concern" would be:**
- The Safety Committee's
 - Everyone's
 - Employee Health's
 - The Security Department's
12. **You should contact Security:**
- For assistance in carrying large lunch orders to your area
 - To escort employees or visitors to housing or vehicles
 - To report a disagreement you have with your instructor
 - All of the above
13. **A student's responsibility in an emergency "code" situation is to:**
- Jump in and help- don't let the code team push you around
 - Call your instructor and ask them what to do in that specific code situation
 - Recognize the emergency and respond appropriately according to the facility specific requirements
 - Stay out of the way and if the code team asks for something, don't give it to them
14. **What is one common thing you can do to prevent the spread of infections?**
- Wash your hands with soap and water or sanitize your hands with an alcohol-based hand rub
 - Wear gloves at all times
 - Wear PPE at all times
 - Only care for one patient
15. **"Red Bags," which are for Infectious waste should be used when:**
- The waste looks really offensive
 - More than 2 tablespoons of blood or other body fluids may be squeezed or crushed out of the container they are presently in
 - There are no other receptacles available and no time to get to one
 - 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.**
- True
 - False
- 17. Which of the following are activities in which you should protect your back:**
- Moving a patient from the bed to a wheelchair
 - Reaching for an object
 - Getting up from a chair
 - All of the above
- 18. Compliance means:**
- Doing what makes the customer happy, regardless of policy
 - Upholding the directives of the corporation and report discrepancies when observed
 - State rules written by the government to regulate patients
 - All of the above
- 19. IHCHS expects students to maintain high ethical standards in the performance of their responsibilities. Which of the following statements best describe IHCHS' commitment to these standards:**
- We are committed to a healing experience
 - We perform our jobs with honesty and integrity
 - We speak up with concerns about compliance and ethical issues
 - 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:**
- Go immediately to the ER and they will treat you without payment
 - Contact your family and go to an ER that is not in your assigned area
 - Contact the Workman's Compensation office
 - 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:**
- Written to protect only those patients who attend AA meetings
 - Laws and regulations for the use and release of private health information
 - Written to provide a checklist for patients to protect their identifiable health information
 - All of the above are HIPAA requirements
- 22. A good question to ask yourself before looking at patient information might be?**
- Does this person live in my neighborhood?
 - Do I need this information to perform patient care?
 - Would the newspaper like to know about this information?
 - 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:**
- The patient's name and knowledge of the information that is to be released
 - A student should never independently release information to a requesting party
 - The patient's name and diagnosis
 - 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 2008 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 Hospital System (IHCHS) 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 sexual harassment, a student should contact:**
- The Human Resources Department
 - The Risk Management Department
 - Other Students in their area
 - The Facilities' Sexual Harassment Victims Team (SHVT)