



IHCHS Student Forms Packet

for

Student Rotation

Please complete the following forms and return to your Student Placement Coordinator. If you are completing these forms online, please make sure that each item is completed and submitted electronically.

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

Student Profile / Identification

Incomplete packets will be returned

Name (First, Middle Initial, Last) _____

If requesting a computer log-on please provide your date of birth.

Date of Birth: ___/___/___

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

Social Security Number: _____ - _____ - _____

Permanent Address: Street: _____

City: _____ State: _____ Zip: _____

Address while
at School:

(if different from above)

Street: _____

City: _____ State: _____ Zip: _____

School: _____ Major: _____

Course#: _____ Clinical Instructor: _____

Hospital/Unit: _____ From: ___/___/___ To: ___/___/___

Emergency Contact: Name: _____ Phone: (____) _____ - _____

Street: _____

City: _____ State: _____ Zip: _____

NOTE: Upon completion of this profile you will be provided a student ID badge (or a facility identifier if a badge was already created at another IHC location). Student ID badges must be returned at the end of each semester. Please check with the Student Placement Coordinator for ID badge retrieval instructions.

IHC ACCESS and CONFIDENTIALITY Agreement

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

BACKGROUND

- A. **Purpose of This Agreement.** This Agreement explains your duties as a member of IHC's Workforce regarding Confidential Information. Federal and state laws, as well as IHC policies, protect Confidential Information from improper use or disclosure. 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.
- B. **Confidential Information.** "Confidential Information" means data proprietary to IHC, other companies, or other persons, plus any other information that is private and sensitive and that IHC 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, IHC's computer systems, or through your activities at or with IHC. Confidential Information includes, but is not limited to, information relating to the following:
- (1) Patients (e.g., medical records, conversations relating to patient care, demographic information, patient financial information, etc.);
 - (2) Employees (e.g., salaries, employment records, disciplinary actions, etc.);
 - (3) IHC's business (e.g., financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, business communications, proprietary computer programs, source code, proprietary technology, etc.); and
 - (4) 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 IHC policies governing Confidential Information, which include but are not limited to the following terms and duties:
- (a) I will safeguard the privacy and security of Confidential Information;
 - (b) I will use Confidential Information only as needed to perform my legitimate responsibilities as a member of IHC's Workforce. Among other things, this means that 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 IHC's Workforce; or
 - (3) Misuse Confidential Information;
 - (c) I will safeguard, and not disclose, my access code or any other authorization that allows me to access Confidential Information. Among other things, this means that I agree to:
 - (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 or authorization has been misused or disclosed without IHC's permission. (Reports must be made to my supervisor, my facility compliance coordinator, or to the IHC Compliance Hotline at 1-800-442-4845.);
 - (d) I will 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; IHC will not retaliate against anyone who makes such a report.);
 - (e) I will not access, use, or share Confidential Information after termination of my IHC Workforce status; and
 - (f) As a member of IHC's Workforce, I claim no ownership interest in, or other right to, any Confidential Information.
- 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 one or more of the following consequences: dismissal as a member of IHC's Workforce; loss of employment with IHC; termination of my ability to access Confidential Information; legal liability; and reporting to governmental authorities.
 - (c) A violation by me of this Agreement will result in irreparable injury that will entitle IHC to obtain a court order prohibiting me from using Confidential Information in any way other than as permitted by this Agreement; and
 - (d) IHC may terminate my access to Confidential Information if my IHC Workforce status changes, IHC determines that to be in the best interests of IHC, or I violate any provision of this Agreement.
- 3.0 **Continuing Obligations.** I agree that my obligations under this Agreement will continue after termination of my IHC Workforce status.

Name: _____
(Printed)

Date: _____

Signature: _____

Dept/Facility: _____

ANY ATTEMPT TO ALTER THE TERMS OF THIS AGREEMENT WILL RESULT IN TERMINATION OF YOUR ACCESS TO CONFIDENTIAL INFORMATION.

HIPAA Agreement

Education on IHC's Privacy Practices

A Guide for Students Receiving Training at an IHC Facility

Protecting patients' privacy has always been an ethical requirement at IHC. As of April 14, 2003, it is now a federal mandate that medical providers and hospital staff do so. As a student in IHC's facilities, we require that you abide by our privacy practices. If you have questions about IHC's privacy practices, please contact your instructor or IHC'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 IHC

We Do

- Follow IHC 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 IHC'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 IHC for certain purposes and provide a list of these disclosures to a patient on request.
- Provide a patient with the contact information for IHC'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.



INTERMOUNTAIN HEALTH CARE

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



Student Orientation Quiz

1. **The general mission of Intermountain Health Care (IHC) 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, Health Care Services, the Intermountain Region
 - d. Quality, Health Care Services, the Intermountain Region

2. **What are the 4 values of IHC?**
 - 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 IHC 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. IHC 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 IHCHS facilities
 - d. They are never posted

7. **A key to Service Excellence is to make a positive first impression. Which of the following are ways an employee / student can do this.**
 - a. Make eye contact and smile when you greet others
 - b. Don't bother people who look lost
 - c. Discuss patient's 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 IHC facilities?**
- The latest "spiked" hairstyle
 - 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 or use alcohol hand rubs
 - 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. **Workers who _____ are more at risk for developing problems stemming from poor ergonomics:**
- Perform different tasks for different lengths of time
 - Have an improper sitting position
 - Don't bend or twist their wrist a lot
 - Move into different body positions throughout the day
17. **When lifting objects, it is best to keep your feet close together.**
- True
 - False
18. **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
19. **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
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. Continuous Quality Improvement (CQI) has four steps. They are:**
- Evaluate, Listen, Respond, Calculate
 - Review, Ascertain, Understand, Act
 - Plan, Do, Study, Act
 - Outline, Communicate, Negotiate, Fix
- 27. The 2004 National Patient Safety Goals, set by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), 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
- 28. An Event Report is filed if there is an incident. Intermountain Health Care 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
- 29. 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
- 30. 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)