



## Mary Lanning Healthcare College Student Job Shadow Request

Mary Lanning Healthcare will allow qualified college students the opportunity to job shadow our healthcare professionals. Students must be enrolled in a formal educational program and be in good academic standing. This is an unpaid observational experience for students. **Requests must be received a minimum of 3 weeks prior to the requested date.**

Name: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Wish not to disclose

Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Advisor: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

Number of college credits completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

### **Parental Consent (required if student under 19 years of age):**

I, \_\_\_\_\_ give my consent for \_\_\_\_\_  
(Parent / Legal Guardian) (Student)

to participate in the Mary Lanning Healthcare (MLH) Job Shadow Program and release the hospital of any liability while my son / daughter is on hospital grounds. In addition, I verify that my son / daughter has the following current immunizations: measles, mumps and rubella (MMR); chicken pox (varicella) or history of the disease; Hepatitis B; and tetanus / diphtheria.

**Note:** MLH may require proof of vaccines if requested by Employee Health department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality Statement:** I, \_\_\_\_\_ pledge to observe appropriate rules of conduct and maintain confidentiality before, during, and after my shadowing experience at Mary Lanning Healthcare (MLH). As a student considering a career as a health care professional, I understand the importance of confidentiality and will uphold the standards within the profession. In addition, I release the hospital of any liability while I am on hospital grounds and I verify that I have the following up to date immunizations: measles, mumps and rubella (MMR); chicken pox (varicella) or history of the disease; Hepatitis B; tetanus / diphtheria.

**Note:** MLH may require proof of vaccines if requested by Employee Health department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number(s): \_\_\_\_\_

**Student Statement:** Please type or write clearly how the shadow experience will assist with the future career planning and what goals you hope to attain from this experience.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to:** Carol Hamik, RN, BSN, MSN, CPN, CPST, LSSGB  
Director of Nurse Recruitment and Clinical Outreach  
Email: [chamik@marylanning.org](mailto:chamik@marylanning.org) Phone: 402-460-5810

Name: \_\_\_\_\_

1. PHI is an acronym for:
  - a. Protected Health Information
  - b. Personal Health Information
  - c. Permitted Health Information
  - d. Primary Health Information
2. PHI is information related to a patient's past, present or future physical and/or mental health or condition.
  - a. True
  - b. False
3. PHI may be:
  - a. Spoken
  - b. Written
  - c. Electronic, such as email, video, photographs and x-rays
  - d. All of the above
4. The major goal of the Privacy Rule is to assure that individual's health information is properly protected while following the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being.
  - a. True
  - b. False
5. Which ensures computer security? (select all that apply)
  - a. Keep your password simple so you don't forget it.
  - b. Log off the computer terminal when you are done, or if you walk away (even if it's only a few moments).
  - b. Ensure information on your computer screen(s) is not visible to people who pass by your area.
  - c. Do not share your user name or password with anyone.
6. You should only view, use, or share PHI when necessary to perform your job duties, but you can access any of the patient's information you want.
  - a. True
  - b. False
7. Example of Privacy Breaches include which of the following:
  - a. Talking in public areas, talking too loudly or talking to the wrong person
  - b. Lost / stolen / improperly disposed of laptops, cell phones, paper/notes
  - c. Email or faxes sent to wrong address, person, or number
  - d. Not logging off computer system or allowing others to access your computer
  - e. All of the above

## Student Observer Confidentiality Statement

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The “Health Insurance Portability and Accountability Act of 1996” (HIPAA) was enacted to protect patient privacy. The rule is based on the premise that all patients have the right to confidential care and it serves to protect the patient’s medical records and other protected health information (PHI). HIPAA regulations define PHI as “any information, whether oral or recorded in any form or medium... created or received by a health care provider regarding the physical or mental health condition of an individual.”

Mary Lanning Healthcare is a trustee of health information. During your experience with us you will directly and indirectly become knowledgeable of patient and hospital information. As an observer at Mary Lanning Healthcare with access to patient information, you agree to maintain the confidentiality of all information that is obtained, including a patient’s medical, financial, and personal information.

During your visit, you may only discuss health information as necessary and with those who have a “need to know”, for purposes of your class or program. You must ask your instructor/supervisor before making any disclosures of information. You may not make any inquiries or attempt to access any health information (whether through files, computers, telephones, etc.) beyond that which involves your work. You will not discuss any health information outside the facility and will take care within the facility to guard against accidental disclosures that occur when conversations are overheard in break areas, restrooms, hallways, etc.

Additionally, you must also abide by confidentiality relative to the business of each department and the hospital in general. The use of discretion in all matters regarding patients, doctors, hospital personnel and the public is imperative. Observers are bound by Mary Lanning Healthcare Policy ADM115.00 Behavioral Code of Conduct.

By signing below, I understand that both Nebraska and Federal Law protect the confidentiality of Protected Health Information and that I will be personally liable for any breach of duty.

Please Print:

Name: \_\_\_\_\_

School: \_\_\_\_\_

Department Observing: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_