Mary Lanning Healthcare
High School Job Shadowing Request

High school students 16 years of age (preferably enrolled in college credit courses) are invited to request a career exploration experience.

Name *(please print clearly)*:_____

Gender *(please select one)*: ☐ Male ☐ Female ☐ Wish not to disclose

Birth Month:_____ Year:_____ Current grade level *(please select one)*: ☐ 10 ☐ 11 ☐ 12

Address:_____
City State Zip

Home Phone:_____ Email:_____

High School:_____ School Phone:_____

Address:_____

City:_____ State:_____ Zip:_____

*Shadowing Date and Time Requested:_____

Note: Your Date / Time requested must be <u>at least</u> three weeks away from the date you submit this form.

MLH's Job Shadow Program is designed for career exploration in the area of greatest interest to the applicant.

Please select **<u>one</u>** area of interest: ☐ Nursing ☐ Cardiopulmonary ☐ Laboratory ☐ Radiology
☐ Pharmacy ☐ Physical Therapy ☐ Other:_____

Parental Consent:

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_____

Emergency Contact Number:_____

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

Signature:_____ Date_____

<u>Please return this form to</u>: **Areial McNeil**, RN, BSN, CPN, CPSTI
Career Pathway Coordinator
Email: areial.mcneil@marylanning.org **Phone:** 402-984-7879

Student Job Shadow
HIPAA Quiz

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

Mary Lanning
HEALTHCARE

Student Observer Confidentiality Statement

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:_____