

Job Shadow/Healthcare Observer Tip Sheet

Human Resources

Healthcare Observations are intended as a time limited arrangement to allow persons to observe clinical or non-clinical staff for education purposes. **The following must be complete before the observation event can be scheduled:**

- Review/sign/return the fact sheet entitled HIPAA Training Observers/Vendors.
- Review/sign/return the Confidentiality and Non-Disclosure Agreement.
- Obtain signature and return the Mentor Agreement (mandatory if you are observing a physician or you have already arranged with an employee to shadow).
- Signed Parental Consent form if you are less than 18 years old.
- Produce evidence of the following immunizations:
 - IGRA TB testing (QuantiFERON Gold—this is a blood test).

OR

- An annual TB test (PPD) is required, otherwise a 2-step* PPD is required. If there is documentation of a negative PPD within the past 12 months, only 1 PPD is required. If there is a positive PPD test reactor, documentation of negative chest x-ray is required.
 - ▶ *A 2-step* PPD is where 1 PPD is done and checked within 48 to 72 hours and a second is done 1 week following the first. (For example, first PPD is given on Monday, checked within 48 to 72 hours, the second PPD is given the following Monday and checked within 48 to 72 hours)*
- Documentation of 2 doses of MMR vaccine or documentation of positive antibody titers.
- Documentation of Tdap (tetanus, diphtheria and pertussis) vaccine, unless Td (tetanus and diphtheria toxoids) vaccine has been received within the past 2 years or less.
- Documentation of positive history of chickenpox, or positive antibody titer; if negative history and/or titer, 2 doses of varivax vaccine is required.
- Documentation of seasonal flu vaccine.
- Documentation of COVID-19 vaccination, or signed exemption.
- Hepatitis B Vaccine or signed Frederick Health declination. **Hepatitis vaccine is the only exception for non-clinical placements.**

Key Points

- Arrive on time to the designated location.
- Observers do not participate in patient care in any manner.
- Dress should be appropriate to the setting and/or as specified when scheduled.
- Observers should not carry cell phones or other electronic personal devices during the experience.
- Observers are not allowed to enter isolation rooms.
- Observation experiences are not allowed or will be suspended in the event of type of incident such as a disaster, or if the observer has evidence of any illness such as cough, fever, etc.
- Once all requirements are met, the observation experience will be scheduled.
- Observers are expected to be respectful of patients, staff, and others they encounter and follow appropriate Standards of Behavior.
- Patients have the right to refuse having an observer in their room; respect this right and remain flexible if a patient is uncomfortable having you observe.

HIPAA Training Observers/Vendors

HIPAA is a Federal law with 3 Key Areas:

- Privacy of Protected Health Information (PHI)
- Security of electronically stored health care data
- Electronic transaction standards (financial billing standards)

Protected Health Information (PHI)

- PHI includes demographic information such as **Name, address, phone, date of birth, Social Security Number**, and any other information that could identify the individual.
- PHI can be used for treatment, payment, and operations only without authorization from the patient.

Mum's the Word

- Keep conversations out of elevators, cafeteria, and individuals not involved in the treatment of the patient.
- Do not view, share, or discuss PHI without a need to know, or unless it is for the following: treatment, payment, or operations.

Key Patient Rights

- **Notice of Privacy Practice** – document outlining ways patient information can be used, shared, and disclosed by law.
- **Request Restriction** – Patient may request a restriction such as “confidential status” no information given out to visitors.
- **Access to PHI** – Patient may request a copy of their medical record, refer patient to Health Information Management (HIM).
- **Amendment to PHI** – A patient requests a change in their medical record due to incorrect/inaccurate data. Refer to Privacy Officer.
- **Accounting of the uses/disclosures of PHI** – A patient request a listing of disclosures of PHI made by the Organization. Exceptions: treatment, payment and operations, and applicable laws.
- Right to file a complaint privacy complaints are investigated by the Privacy Officer.

All Patient Rights have corresponding policies; you may request a copy of any policy or contact the Privacy Officer, Cathleen Casagrande (240-566-3877) for any questions/concerns.

Frederick Health Expectations

- We take privacy seriously and our patients expect our organization to demonstrate this commitment.
- As a Vendor/Observer, you are expected to comply with our Confidentiality Agreement. Any inappropriate sharing, copying, or disclosing of PHI will result in the termination of your experience at Frederick Health.

I have reviewed the above information and agree to comply with its contents.

Confidentiality and Non-Disclosure Agreement: Non-Computer Access Version

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Organizational information that may include, but is not limited to, financial, patient identifiable and, employee identifiable, from any source or in any form may be considered confidential. Information's confidentiality and integrity are to be preserved and its availability maintained. The value and sensitivity of information is protected by law and by the strict policies of Frederick Health.

The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity to accomplish Frederick Health's organizational mission.

1. I will not access or request any information I have no responsibilities for. In addition, I will not access any other confidential information, including personnel, billing, financial, health or other private information I do not need to perform the duties assigned me by Frederick Health.
2. I will not to disclose or communicate any Confidential Information to any person whatsoever, except in connection with the performance of my assigned duties.
3. I will not copy or reproduce, in whole or in part, or permit any other person to copy or reproduce, in whole or in part, any Confidential Information other than in the regular course of Frederick Health business;
4. I will comply with all policies and procedures about the confidentiality of information.
5. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless there is a need to know basis or unless I am otherwise required by law to do so.
6. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship, unless specifically waived in writing by the authorized party.

I further understand and agree that my failure to fulfill any of the obligations set forth in this Confidentiality Agreement or my violation of any terms of this Agreement may result in my being subjected to: 1) Volunteer opportunities would be terminated for the individual, in accordance with Frederick Health's policies and procedures, 2) termination of the individual and/or contract, 3) appropriate legal action and/or 4) other action as deemed appropriate by Administration.

NAME (PLEASE PRINT)

DATE

SIGNATURE

DEPARTMENT

If I have any questions about Frederick Health's HIPAA Compliance Program or other Privacy/ Security Concerns, I understand that I should call at x203877.

Mentor Agreement

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STUDENT NAME

NAME OF MENTORING STAFF/PHYSICIAN

I have been in communication with the above person, who would like to do an observation experience with me on this date or dates: _____.

I agree to act as their mentor while they are at Frederick Health. As such, I assume responsibility for directing this individual in their interactions with patients and staff.

I will be responsible for:

- Obtaining observation consent from patients for this person
- Facilitating this individual's learning objectives
- Encouraging his/her adherence to Frederick Health behavior standards
- Helping him/her maintain patient confidentiality

I realize that Frederick Health has a process for allowing observers, which includes necessary vaccinations, appropriate dress, and prior notification of units where observational activities will take place (among other requirements). I understand that permission for this observation experience will not be granted until the individual to be mentored has satisfied these requirements.

SIGNATURE OF MENTOR

DATE

SIGNATURE OF STUDENT

DATE

Parental Consent Form

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If observer is under 18 years of age, parent/guardian must complete.

Permission is granted for my son/daughter:

- To participate in a job shadowing experience with Frederick Health
- To be provided emergency medical care if injured while participating in the Job Shadow Program.

OBSERVER NAME

PARENT/GUARDIAN'S NAME (PLEASE PRINT)

PARENT/GUARDIAN'S SIGNATURE

DATE