Student Packet: To complete

Thank-you for your interest in Kootenai Health as a clinical site. In this packet you will find several important forms to review, sign, and submit to Kootenai for your student record. They include:

- Kootenai Health Information and Policy overview
- Kootenai Health Policy, Procedure and Protocol (HAM) Guidelines
- Security Agreement
- Ethic Standards Form
- HIPAA/Confidentiality Agreement
- Patient Rights

Print out this packet and complete the following forms. Submit these forms when you receive your Kootenai Student ID badge from Security (In some instances your faculty member may collect these completed forms.)

You will be fully eligible to complete a Kootenai student experience by: 1) Completing a Kootenai Student Application online, 2) Reading through the *Student Packet: For Your Information*, 3) Completing this packet, and 4) Receiving a Kootenai student badge.

For more information, please visit the 'Collegiate Student' page at www.kootenaihealth.org/students.

If you have any questions about the material in this packet, they may be directed to Kootenai Student Services at 208-625-6078 or at kmcstudentservices@kh.org. Thank-you

Kootenai Health's Policy, Procedure and Protocol Guidelines

Because of continual changes, we have found that employee handbooks soon become out dated. Therefore, the most up to date Hospital Administration Manual (HAM) can be found on Kootenai Health's Intranet. The HAM is designed to communicate the policies, procedures, guidelines and protocols for personnel, medical staff, contracted workers, students and volunteers at Kootenai Health. The HAM includes the following:

HAM House Wide Policies (Joint Commission)		Nursing Manuals
• Administration • Communication and Marketing • EC Environment of Care • HR Human Resources • IC Infection Control • IM Information Management • LD Leadership • MM Medication Management • MS Medical Staff	• NR Nursing • PC Provision of Care • PI Performance Improvement • Purchasing • RI Rights and Ethics • SBHC • Van Services • Volunteer Services	• Emergency • Heart Center • ICU-CCU • Monthly Update List • Nursing Documents • OB-PEDS • ONC/NEPH/KCC • Pharmacy • Pharmacy Policies • Radiology • Short Stay • Surgical Services

There are several important things to keep in mind about the Hospital Administration Manual.

- The purpose of the HAM is to provide the availability of hospital documents for all personnel, medical staff, contracted workers, students and volunteers should any questions arise regarding appropriate actions to be taken in given situations. If you have any questions concerning eligibility for a particular benefit, or the applicability of a policy or practice, you should talk to your department Director, Supervisor and/or the Human Resources Department.

- If any modifications are made to any policy without the expressed consent of Administration or the Department Director, then disciplinary action may be taken. Policies located on Kootenai Health's Intranet site will supersede any paper copy. Signed policies in manuals may not be the most current. You should always check the Intranet for the most up-to-date policies.

I acknowledge that it is my responsibility to know how to access the Hospital Administration Manual (HAM) and to refer to its contents when I have a policy question. I have read and understand the purpose of the HAM. I agree that if there is any policy or provision in the HAM that I do not understand, I will seek clarification from my Department Director, Supervisor and/or the Human Resources Department.

_____ _____

Signature Date

KootenaiHealth

Security Agreement for Employees, Students & Contractors
Approved March 2015

The following agreement governs the use of access privileges and electronic information stored and transmitted via the Kootenai Health network or connected devices and does not cover non-electric information that is the responsibility of hospitals, providers or other associates.

The purpose of this agreement is to help you understand your duty regarding confidential information while at Kootenai Health. These are considered the minimum standards to assist in maintaining patient confidentiality. Policies cannot tell what to do in every situation. Protecting confidentiality is everyone's responsibility, which requires an understanding of the issues and sound judgment.

Confidential information includes patient/family member information, employee/volunteer/student information, financial information, medical information or other information relating to place of employment. Patient and personnel information from any source, including paper records, oral communications, audio recordings, and electronic displays, is strictly confidential. Computer access or direct access to any patient/employee information that does not directly relate to the completion of your contract or employee functions will be considered a breach of confidentially and subject to contract cancellation or employment termination. In addition, repeating or in any way relaying such information will also be considered a breach of confidentiality.

I (undersigned) do hereby agree to comply with the following policy while exercising access privileges granted to me.

I agree that I will:

1. Access only the information I need to know to perform my job functions.
2. At all times maintain the confidentiality of all electronic patient health information and/or individually identifiable information that I come in contact with.
3. Not reveal any electronic information that is proprietary or business confidential/organizational to any third-party without express written authorization from the CFO/CIO or designee.
4. Not attempt to access any electronic information to which I have not been granted access authorization, including but not limited to application modules, programs, patient health information and/or individually identifiable information, payroll and personal records.
5. Utilize this access only for business related purposes necessary to performance of my job.
6. Ensure the confidentially, integrity and security of all accesses made by me (remote or otherwise) by not allowing unauthorized persons to utilized business related computer equipment under my control or to otherwise access or view my computer sessions.
7. Safeguard any mobile computing devices under my control by a) maintaining physical hands-on control or b) maintaining sight and c) not leaving unattended or out of sight except as required in the performance of my job or only in a secured facility such as my cubicle, or office or home; d) not leaving unattended in a vehicle, e) not taking offsite to an unsecured facility except as required by my job.
8. Ensure that all data transmissions, involving any device or network (wireless or otherwise) that terminates or originates in my area, use appropriate encryption and are protected with appropriate password protection (if under my control).
9. Not attempt to connect to the Kootenai Health computing network with any device other than those issued and approved by Kootenai Health as a part of my job or except as approved by the CFO/CIO, designee, or hospital policy.
10. Not allow others the use of my password or other access privileges and will not attempt to use the password or access privileges of another.
11. Use and keep my password and all other electronic information (including IP addresses, SSID's or any other type of authorization code I'm given) in strict confidence and report to my supervisor (excepting

MD's) and Information Systems if I suspect that my password or any other individual's password has been compromised in any manner.
12. Change my password or request a new password if I suspect mine has been compromised in any manner.
13. Not use a password that contains a name, a pet's name, any real word or repetitive/consecutive string of characters (too easily guessed) and will use only randomly selected passwords, Meditech passwords are to be 6 alpha and 2 numeric (aaaaaann) in makeup.
14. Only copy or save electronic patient identifiable health information and/or individually identifiable information to Information Systems Manager/CFO/CIO approved drives/locations. Note: NO patient identifiable health information and/or individually identifiable information may be saved to personal computer hard drives or removable media (diskettes, CDs, USB drives, any other removable media). Exceptions to this policy must be approved in advance by CFO/CIO or designee.
15. Handle business related data and electronic information stored on removable media (diskettes, CDs etc.) with the utmost care and sensitivity as it is particularly vulnerable to damage, theft, and other potential loss taking all precautions as referred to in numbers 7, 8, and 9 above related to mobile computing devices.
16. Verify the appropriateness of any printer (selected as the destination for any print output that I am directing to a printer) prior to routing each and every print job that I am in control of.
17. EXIT completely or activate a password protected screen saver, when leaving any workstation or device unattended.
18. Immediately report any known or suspected security violations to Information Systems.
19. Understand that my unique password constitutes my digital signature and that it must be treated as confidential information.
20. Understand that my digital signature authentication privileges will be withdrawn if I allow any other individual to utilize my password to access the system.

This portion of the agreement applies to all users who access email, have a mobile device (private or employer supplied) and use the Kootenai Health network to obtain access to the Internet.

BROWSING

I understand:

1. Software for browsing the Internet such as WWW, Google, etc. is provided to employees primarily for business use.
2. Not to interfere with normal business activities, must not involve solicitation, must not be associated with any for-profit outside business activity, and must not potentially embarrass Kootenai Health.
3. Not to transmit or download material that is obscene, pornographic, threatening, or racially or sexually harassing.
4. Web browsers leave "footprints" providing a trail of all site visits.
5. Only Kootenai Health approved versions of browser software may be used or downloaded. Non-approved versions may contain viruses or other bugs.
6. Any user suspected of misuse might have all transactions and material logged and will be subject to disciplinary action.

MOBILE COMMUNICATION DEVICES:

1. On hospital issued devices, calls to area code 900 are prohibited. Employees who make such calls will pay for any charges associated with the calls and also may be subject to disciplinary action.
2. Do not leave messages containing PHI or other sensitive information on answering machines or voicemail systems.
3. Do not use speakerphones, microphones, loudspeakers, tape recorders, cameras, video recording or similar technologies unless the consent of all parties has been granted.
4. Do not discuss PHI or other sensitive information on speakerphones unless all participating parties ensure that no unauthorized persons are in close proximity such that they might overhear the conversation.
5. PHI may be discussed on cordless phones, and private cellular telephones through PBX and IP-based wireless phones with encryption. Employees are discouraged from discussing PHI on cellular telephones, wireless microphones, walkie-talkies and other unencrypted radio transmissions without voice-line encryption as conversations may be intercepted.
6. Do not use Internet telephone facilities for the transmission of PHI unless they are encrypted.
7. Internal telephone books will not be distributed to third parties without specific authorization of a department manager, as hackers could use telephone books to identify modem numbers and other system-related numbers (e.g. help desk). Contractors, consultants, temporaries and other third parties working for the organization may receive telephone books in order to perform their jobs.

8. Videoconferencing sessions may not be recorded unless communicated in advance to all participants and the recording has prior management approvals.
9. Video conference sessions are to be attended by invited personnel only. Any unauthorized access to a live or recorded video conference is prohibited.
10. Conference bridges may only be activated when needed and will be disabled when not in use.
11. Team Members must immediately notify Security and/or IT if their mobile devices are lost, stolen, accidentally damaged or faulty.
12. Mobile devices cannot be transferred to another employee.
13. Any and all additional accessories, such as holsters, batteries, headsets, etc, must be acquired by the employee at his own expense.

ACCEPTABLE

1. Employees should take reasonable precautions to protect the phone from loss or theft (and report any loss or theft as quickly as possible).
2. Abuse of the cell phone privileges, upon the discretion of the supervisor/director/HR will result in loss of the cell phone stipend.
3. The device must be returned upon employee's termination, if provided by the employer. All employer information must be removed upon termination.
4. Employees wanting to upgrade devices must:
    a. Return the device into IT if provided by the employer.
    b. Must ask the mobile device service provider to "erase" all data on the old device.
    c. Devices should not be given away or given to the provider until verified by IT that all PHI has been removed.
5. Texting falls under the category of "email". The contents are the property of the hospital and may be viewed by the employer at any time (employer furnished device).

EMAIL

I understand:

1. Use of electronic mail services for purposes constituting clear conflict of Kootenai Health interests or in violation of Kootenai Health information security policies is expressly prohibited, as is excessive personal use of email.
2. Electronic mail is provided to employees for business purposes. Limited personal use is acceptable.
3. Use of email to participate in chain letters or moonlighting is not acceptable.
4. The use of email in any way to facilitate the conduct of a private commercial purpose is forbidden. Confidential, Patient Information, or Kootenai Health proprietary information will not be sent by email.
5. Only authorized email software may be used.
6. Kootenai Health or designee reserves the right to review all employee email communications.
7. Kootenai Health or designee may retrieve email messages even through the sender and the reader has deleted them. Such messages may be used in disciplinary actions.

SOCIAL NETWORKING:

Social networking that occurs from any location, on any social network tool, whether on or off campus, during working hours or off hours related to patients and/or their families or Kootenai Health employees is covered under this policy.

ACKNOWLEDGEMENT

Further, I understand that a breach of these policies constitutes grounds for disciplinary or other such actions as may be appropriate including but not limited to termination of employment and/or of my access to Kootenai Health computer systems.

Additionally, I acknowledge that my computer activity may be logged and/or monitored by Kootenai Health for security or other purposes and therefore cannot be considered personal, private or confidential to me. Resulting activity reports may be shared with my employer, law enforcement or other authorities and be the grounds for such actions as may be appropriate.

_____ _____

Signature Date

_____

Name (Please Print First, Middle Initial, Last)

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Ethical Standards

- To provide patient safety, well-being, and comfort to the greatest possible extent.
- To be honest, fair, respectful, confidential and trustworthy in all of my Kootenai Health activities and relationships.
- To adhere to applicable laws, regulations and policies.
- To Identify and prevent conflicts of interest between work and personal affairs.
- To accept responsibility to improve all services.
- To provide a safe work place and to protect the environment.
- To provide equal and fair opportunity to every member of the Kootenai Health community.
- To provide a personal work environment that is free from verbal, physical and sexual harassment.
- To protect Kootenai Health resources and assets.
- To be responsible for and contribute to a culture where ethical conduct is recognized, valued and exemplified by everyone.

How I can support these standards…

1. Strive to do the right thing for the right reason.
2. Understand and apply the components of Kootenai Health's Standards in my day-to-day work.
3. Always obey the law.
4. Maintain the integrity of my coworkers, physicians, agents, consultants and others by helping them to understand Kootenai Health's ethics.
5. Share information only with those who have a need to know.
6. Refuse bribes, kickbacks, and inappropriate referrals.
7. Seek answers to questions and concerns by talking to a supervisor, department director, Kootenai Health's Compliance Officer, a Human Resource Representative or call the Ethics hotline (1-877-631-0019).
8. Know and follow my rights as an employee to pursue any ethical concerns.

My signature indicates that I have reviewed and understand the ethical standards and I will conduct myself and perform my duties in a manner that supports Kootenai Health's ethical standards.

_____ _____

Signature Date

_____

Name (Please Print First, Middle Initial, Last)

Health Information Portability and Accountability Act (HIPPA)

Introduction

In an effort to provide quality patient care, Kootenai Health has always kept a patient's health information confidential. It is a code of ethics that all employees have been trained and expected to uphold. This expectation has become more than an ethical obligation for health care facilities; it is a new federal law. This law is called the Health Insurance Portability and Accountability Act (HIPAA) or the American Recovery and Reinvestment Act (ARRA). The laws protect patient privacy and ensure the security of patient information. The laws also give patients certain rights regarding the access and use of their medical information.

Penalties

There are both civil and criminal penalties for breaking this law. Civil penalties are usually fines for accidentally releasing information. These penalties can result in fines up to $l00 for each violation for each individual. For example, if Kootenai Health accidentally faxed 50 patient records to the wrong place, we would be fined $100 for each record, totaling $5,000. There is a $25,000 limit that can be fined for each civil penalty per year.

Criminal penalties occur when there has been a serious wrongful disclosure of a patient's health information. This could include selling a patient's information, knowingly releasing patient information with harmful intent and gaining information under false circumstances. Criminal penalties can be as high as $250,000 or up to ten years in prison.

Under the new law, employees can now be held personally liable for violations to the law.

Protected Health Information (PHI) and Authorization

What is considered protected health information (PHI)? Basically, PHI is any information about a patient. This includes health information that is transmitted verbally, written and electronically.

Health information may be shared within the hospital or with other business associates without a written authorization from the patient if it is being used for treatment, payment or healthcare operations. For example, we can use PHI in data collection for quality improvement for our facility because that falls under healthcare operations. Or, if a Joint Commission surveyor request a chart, once you have identified that they are who they say they are, you may share that information because it falls under operations. Kootenai Health can use a patient's PHI in order to bill an insurance company for the purpose of payment, as they are also a "covered entity" (i.e. – another healthcare business that is covered by HIPAA).

You generally need a patient's written authorization to disclose their PHI for fundraising, research and marketing. However, discussing treatment and services available for a patient is not considered marketing.

Patient Rights

Patients are provided several rights under the new HIPAA law. These include:

- **Right to notice of privacy practices – Kootenai Health** has a privacy notice that covers all of the patient's rights. It lets them know how their records are used, and whom Kootenai Health will disclose PHI to. At Kootenai Health, patients are given a copy of the privacy notice in Admitting. Patients then sign that they have received this notice. Notice of Privacy Practice for Kootenai Health is also available on the web.

- **Right to an accounting of disclosures –** Patient's have a right to know when and where their confidential information was released beyond use for treatment, payment and healthcare operations. They can obtain this information from the Medical Records Department.

- **Right to access –** Patients have the right to access, inspect or get a copy of their health care record. If a patient of Kootenai Health requests a copy of their record, contact Medical Records, Patient Relations or the House Supervisor. The patient will need to sign an authorization for a written copy of their record.

- **Right to amend –** Patients have a right to request an amendment or change in what was written in their record. This amendment from the patient will then be put in their record with a note of agreement or disagreement from the healthcare provider. Amendments will be done through the Medical Records Department.

- **Right to request restrictions –** Patients have a right to request that the hospital restrict the release of their confidential information. In other words, they can ask that their hospital stay be kept confidential. This means that we will not tell visitors, clergy, etc. that they are at this facility. Patients that make this request at Kootenai Health will have a "C" next to their name on the computer, and they will not be included in the hospital directory. Patients have the right to request additional restrictions on the use of their PHI for payment and healthcare operations. However, the hospital does not have to agree to the request.

- **Right to file a complaint –** A patient has the right to file a complaint if they feel that their privacy rights have been violated. Complaints may be directed, the Privacy Officer at Kootenai Health, or to the Secretary of the Department of Health and Human Services.

- **Right to request alternative communications –** The hospital must accommodate a reasonable request to receive information by alternative means and locations.

- **Right to request an electronic copy of their records.**

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Maintain Confidentiality

There are several things that you can do to maintain a patient's confidentiality. For example:

- When caring for a patient, share only the information that the caregiver needs to know to provide safe care to the patient. We call this the "need to know" basis.
- Do not discuss PHI on a phone where the public can overhear the conversation.
- Avoid discussions about patients in the elevator or cafeteria.
- Do not leave messages on answering machines regarding the patient's condition.
- Avoid paging patients or family members over the PA system.
- Go to a private place and close doors when you need to talk with a patient or their family.
- Do not post computer passwords on walls, monitors or leave in any easily seen place. Do not share your password with anyone else.
- Use the "confidential" cover sheet when you fax PHI. If PHI is faxed to the wrong number, tell the facility that received the PHI to shred it or return it, fill out an incident report for tracking purposes and notify Patient Relations for follow-up.
- Do not send PHI on email unless it is encoded. Our Kootenai Health email is NOT encoded and therefore should not be used to send PHI.
- Keep your computer screen pointed away from the public.
- Always exit a program before leave the computer.
- Keep patient's charts turned upside down at the nursing station or in the bedside chart stand.
- Be sure to shred or throw any papers with PHI on it in a wastebasket away from public access. Do not take home report sheet notes you have written regarding your patients.
- Do not post information about patients on social media outlets (face book, MySpace, etc.)

Exceptions to the Rule

There are a few exceptions to the rule of not giving PHI to other entities for anything other than treatment, payment or operations. The following are potential exceptions:

- Suspected abuse of a child or vulnerable adult. Health care providers are required by law to report suspected abuse in these patients.
- To prevent or control communicable diseases. For example, health care providers are required to report a patient with a case of Hepatitis to the Public Health Department.
- Reporting vital statistics, such as births and deaths.
- Reporting PHI that has been requested by court order.
- To coroners, medical examiners, and funeral directors.
- For organ, eye or tissue donation purposes.
- To an employer if necessary to comply with reporting for work related injuries. This should be released through Medical Records following the receipt of appropriate written request.
- To health oversight agencies authorized by law for inspections, licensing, etc.

Summary

Protecting a patient's private health information is the job of everyone who works at Kootenai Health. So, be sure to keep yourself informed about HIPAA. All of the confidentiality and HIPAA policies and procedures are on the Intranet under "HIPAA." Contact your supervisor, Patient Relations or the HIPAA privacy officer if you have any questions or are concerned that there has been a HIPAA violation.

My Signature indicates that I have reviewed and understand the Health Information Portability and Accountability Act (HIPPA) and will conduct myself and perform my duties in a manner that supports and upholds these standards.

Name/Date: _____

Signature: _____

KOOTENAI HEALTH WORKFORCE

CONFIDENTIALITY AGREEMENT

I_____understand that Kootenai Health has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my employment/assignment/affiliation at Kootenai Health, I may see or hear other Confidential Information such as financial data and operation information that Kootenai Health is obligated to maintain as confidential. As a condition of my employment/assignment/affiliation with Kootenai Health I understand that I must sign and comply with this agreement. By signing this document I understand and agree that:

I will disclose Patient Information and/or Confidential Information only if such disclosure complies with Kootenai Health's policies and is required for the performance of my job. My personal access code(s), user ID(s), access key(s), and password(s) used to access computer systems or other equipment are to be kept confidential at all times. (If applicable)

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor or the HIPAA Privacy Officer for clarification. I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, break rooms, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any patient information in public areas even if specifics such as a patient's name are not used. I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modification, or purging of Patient Information or Confidential Information. Such unauthorized transmission include, but are not limited to removing and/or transferring Patient Information or Confidential Information from Kootenai Heath computer system to unauthorized locations (for instance, home). Upon termination of my employment/assignment/affiliation with Kootenai Health I will immediately return all property (e.g. Keys, documents, ID badges, etc.) to Kootenai Health Human Resources Department.

I agree that my obligations under this agreement regarding Patient Information will continue after the termination of my employment/assignment./affiliation with Kootenai Health and /or suspension, restriction, or loss of privileges, in accordance with Kootenai Health's HIPAA policies, as well as potential personal civil and criminal legal penalties.

I understand that any Confidential Information or Patient Information that I access or view at Kootenai Health does not belong to me.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment.

_____ _____

Signature of employee/physician/student/volunteer Date

_____

Print Your Name