

**PITTSFIELD MIDDLE HIGH SCHOOL
EXTENDED LEARNING OPPORTUNITY
HEALTH CARE JOB SHADOW/INTERNSHIP
CONFIDENTIALITY AND SAFETY DOCUMENT**

The following list contains highlights of the HIPAA rules (patient confidentiality) and OSHA standards (safety), which we share with the students prior to signing the PMHS Confidentiality Agreement. The Student and Community Partner, at the start of the job shadow/internship, will complete this document. The Community Partner will maintain original document on site and a copy will be kept with the ELO Coordinator at PMHS.

UNDERSTANDING HIPAA

- I. HIPAA (Health Information Portability and Accountability Act) is a federally mandated program and **is not optional**. Federal Regulations require all individuals who have access to confidential patient information to maintain the confidentiality of all patient information.
- II. HIPAA explicitly refers to protected health information. Protected Health Information (PHI) is *any* information, *in any format*, that could identify an individual patient. This information includes, but is not limited to the patient's name, age, date of birth, gender, address, phone number, attending physician and diagnosis.
- III. A "breach of confidentiality" occurs when someone discusses any information about or regarding a patient with another individual for other than patient care requirements. *EXAMPLE: Discussing the patient's change in condition with the physician or nurse caring for the patient is not a breach. However, discussing the patient's change in condition with a friend, relative or even another nurse not associated with the patient, is a breach of confidentiality.* A breach of confidentiality can result in legal action by the patient, patient's family or guardian against an agency and a specific individual. *EXAMPLE: A patient may file a lawsuit against an individual for any breach of confidentiality; while filing a separate suit against PMHS.*
- IV. Whatever you see or hear during your observation experience needs to stay there. You may discuss your overall experience, but you may not discuss anything personal pertaining to patients. *EXAMPLE: "I was able to follow the nurse around and talk to the patients, she let me listen to a patient's heart and I got to look at some x-rays" would be acceptable statements. What you would not share is, "I got to talk to Mr. Jones after his hernia operation, got to listen to Ms. Smith's heart and got to look at the chest x-ray of the trauma patient who came in that afternoon from the car wreck."* You cannot share what you saw or heard with anyone once your experience is completed. This includes friends, family, teachers, etc.
- V. Any breach of confidentiality could have an adverse affect on your ability to seek employment or perform volunteer work at any health care facility.

CODE OF ETHICS FOR HEALTH CARE JB SHADOW/INTERNSHIP

- I will protect the patient's right of privacy - all information about the patient is confidential.
- Except for the staff involved, I will NEVER mention a patient's name or illness to ANYONE inside or outside of my ELO site.
- I will not read ANY patient paper or record unless specifically authorized to do so by my community partner.
- I will take care not to leave patient papers or records where an unauthorized person could read them.
- When I leave my ELO site, I will leave behind all patient-specific information I have heard or seen.

UNDERSTANDING OSHA AND INFECTION CONTROL

- I. The goal of the Infection Control Program is to reduce the risk of infection for career observers to exposure of infectious bodily fluids or tissue during their observational experience.
- II. Students must maintain the same standards and requirements as care providers with regard to hand washing, following care providers from patient to patient, and at the end of the observation/work experience prior to leaving. This may also require students to wear safety (latex) gloves, goggles, or face masks.
- III. Students may not be placed in clinical observation situations where the risk of contact with bodily fluids is known.

**PITTSFIELD MIDDLE HIGH SCHOOL
CONFIDENTIALITY AGREEMENT AND WAIVER OF LIABILITY
FOR EXTENDED LEARNING OPPORTUNITIES
IN HEALTH CARE RELATED JOB SHADOWS AND INTERNSHIPS**

I wish to participate in a health care job shadow/internship at _____.
I understand that participating in this job shadow/internship will allow me to engage in an experiential learning opportunity which will include observation, informational interviews, and may include hands on experiences. I understand that all I see and hear is confidential and I understand that what I hear and observe will only be discussed between my community partner and myself. I understand that it is imperative that I do not interfere with or disrupt patient care in any way and I will leave the area promptly if asked to do so. I understand my community partner may exclude me from observational or work experiences if it is determined to be in the best interest of my community partner or the care of patients. I understand that this job shadow/internship is completely voluntary on the part of my community partner and the host site and this experience may be terminated at any time if any part of this agreement is not strictly adhered to.

I am aware that there are risks involved in being present in a patient care setting. These risks include, but are not limited to, exposure to common viral and bacterial infections and airborne and bloodborne pathogens. By signing this document, I maintain I have read and understand the policy statements on the confidentiality of patient information as presented in the **Confidentiality and Safety Document** including Understanding HIPPA, Code of Ethics and Understanding OSHA and Infection Control.

Student's Name: _____

Student's Address: _____

Student's Phone: _____ Student's DOB: _____

Student's Email Address: _____

Emergency Contact: _____ Contact's Phone: _____

ELO Site: _____ Community Partner: _____

ELO Date(s): _____ Hours of ELO job shadow/internship: _____

Student's Signature Date

Community Partner's Signature Date

As the parent/guardian of the Student listed above, I hereby give permission for him/her to participate in a health care ELO job shadow/internship experience. I release and hold harmless _____, their employees and assigns from all liability for any injuries, which my child, may incur because of observing or assisting in patient care.

Parent/Guardian's Printed Name Parent/Guardian's Printed Signature Date