

Demographic Form – Student

Date: _____

Student Information

(Please Print)

Last Name	First Name	MI
-----------	------------	----

E-mail address

School/Organization	Degree Program
---------------------	----------------

Expected Date(s) of ShadowPlease return completed forms to Melissa Potts at mpotts@dchosp.org*People you know. Healthcare you trust.*

Student/Job Shadow Healthcare

All students/job shadows doing a rotation at Daviness Community Hospital understand that their training/observation is unpaid. The students are not considered employees of DCH and workers' compensation is not available. Students are individually responsible for any and all care they may need due to any illness or injury arising out of, resulting from, or occurring in connection with their training/observation.

I have read the above statement on student health care and have had any questions answered. I understand its meaning and will abide by the requirements stated therein.

Student's/Job Shadow's Name:

Signature

Date

CONFIDENTIALITY STATEMENT

It is the policy of Daviness Community Hospital (DCH) that users (i.e., employees, medical staff, students, and volunteers,) shall respect and preserve the privacy, confidentiality and security of confidential information.

As a user of information at DCH you may develop, use or maintain (1) patient information (for health care, quality improvement, peer review, education, billing, reimbursement, administration, research or for other approved purposes), (2) Personnel information (for employment, payroll, or other business purposes), or (3) confidential business information of DCH and/or third parties, including third-party software and other licensed products or processes. This information from any source and in any form, including, but not limited to, paper record, oral communication, audio recording, and electronic display, is strictly confidential. Access to confidential information is permitted only on a need to know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure, or request.

DCH has established HIPAA Tiers for determining the level of corrective action based on the violation. Those are as follows:

Tier 1 Violation-Verbal Counseling

Tier 2 Violation-Written Warning and/or Suspension

Tier 3 Violation-Termination

Unauthorized use or release of confidential information may also subject the violator to personal, civil, and/or criminal liability and legal penalties.

I have received and understand the HIPAA Sanctions Policy and agree to comply with the terms of the above statement.

Name: _____
(Please print)

Department: _____

Signature: _____ Date: _____

People you know. Healthcare you trust.

Disciplinary Guidelines for HIPAA Violations

TIER 1-Verbal Counseling

Examples of Tier 1 Violations:

- Leaving confidential information in areas outside of your work area
- Disposing of confidential information in a non-approved container, such as a trash can
- Inadvertently routing confidential information to wrong recipient
- Release of confidential information without a consent
- Being away from your desk while you are logged into an application
- Accessing your own medical records or those of your minor child
- Not reporting violation to supervisor, HIPAA or Compliance officer, or Hotline

TIER 2-Written Warning and/or Suspension

Examples of Tier 2 Violations:

- Second offense of Tier 1 violation
- Unauthorized reading of patient account information (electronic or paper)
- Unauthorized reading of patient's chart (electronic or paper)
- Discussing confidential information in a public area such as a waiting room or elevator

TIER 3- Termination

Examples of Tier 3 Violations:

- Third Offense of Tier 1 violation
- Second Offense of Tier 2 violation
- Accessing information that you do not "need-to-know" for the proper execution of your job duties
- Actively seeking and/or discussing information with coworkers that is considered confidential patient health information that does not fall into your "need-to know" for the execution of your job duties.
- Public disclosure of confidential information outside the workplace
- Sharing passwords or access to secured applications with others
- Obtaining PHI under false pretenses
- Using and/or disclosing PHI for commercial advantage, personal gain, or malicious harm

The above are to be regarded as "Guidelines" when determining the level of corrective action. Those responsible should consider: 1) the effect on the aggrieved party 2) the effect on the hospital's reputation. 3) Whether or not malicious intent is a factor.

People you know. Healthcare you trust.