

Dear Participant,

Thank you for sharing your interest in Prairie Lakes Healthcare System's Job Shadowing Program! The goal of our program is to provide experiential learning opportunities to help you learn about various careers in healthcare, as well as learning about the skills different health occupations require. As a program participant, you will have the opportunity to see the day-to-day work of professionals in the healthcare field and workplace. Program participants are **not** permitted to take part in hands-on patient care. This is an observational experience only. Our program is open to anyone over the age of 16.

\*Please note, our Job Shadowing Program does not arrange physician shadowing opportunities\*

Do not bring anything in with you that you do not really need (such as : purses or backpacks, items such as books, magazines, journals, chewing gum)

Smoking/vapes are not allowed on site as we are a smoke-free facility.

Be sure to eat well on the day of your shadowing experience.

Report to the Human Resources Department unless otherwise instructed the morning of your shadowing.

Do not come in if you feel ill, have a fever of 100.4 or more, or have a contagious disease. Call or email the program contact to let them know you will not be coming in.

Be sure to wash your hands at the beginning of the experience, frequently during the shadowing, and before leaving the hospital.

Do not enter a room marked isolation. They will have colored cards beside the door and will say Contract, Airborne, Droplet, or Protective. Do not transport specimens. Do not touch blood, body fluids or any questionable substance. If you accidentally do, wash the area, and report it IMMEDIATELY. Do not remove trash or dirty linen from patient rooms. Do not take any potentially contaminated items.

Once you have completed your packet, please send it to the Shadowing Program contact, Allie Norfleet. Your information can be faxed to 605-882-7720, dropped off at the Human Resources Office, or mailed to the following address:

Prairie Lakes Healthcare System  
c/o Shadowing Program/Human Resources  
401 9th Ave NW  
Watertown, South Dakota 57201

If you have any questions, feel free to contact us by phone at (605) 882-6745 or email at [allison.norfleet@prairielakes.com](mailto:allison.norfleet@prairielakes.com). Once we have your completed paperwork, we can schedule your shadowing hours. We look forward to helping you explore your career options in healthcare and hope your experience will be rewarding.

Regards,

Allie Norfleet  
Human Resources

**Job Shadowing Application (Please Print Clearly)**

**Participant's Name:** \_\_\_\_\_ **Age (Must be 16+)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

\_\_\_\_\_ **High school student**      **Name of School:**

\_\_\_\_\_ **College student**      **Name of School:**

\_\_\_\_\_ **Non-student participant**

**Purpose for experience:**

\_\_\_\_\_ **School Requirement**      \_\_\_\_\_ **Pre-Entrance Requirement for Professional Program**

\_\_\_\_\_ **Business Reasons**      \_\_\_\_\_ **Possible Career Choice**

\_\_\_\_\_ **Other**

**Instructor:**

**For the applicants who are under 18, parent/guardian permission:**

**I give my permission for** \_\_\_\_\_ **to shadow an employee of Prairie Lakes Healthcare System on** \_\_\_\_\_.

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date Signed*

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Schedule Preference:** Please include the days of the week, the dates, and hours you would be available to shadow.

*Participants may shadow in an area for up to 8 hours.*

**Career/ Job Shadowing Interests:**

**Choice 1.)**

**Choice 2.)**

**Choice 3.)**

**For Those Pre-Arranged:**

If you have already talked to a physician or employee who agreed to allow you to shadow, please give us:

Physician or Employee's Name:

Unit/area or Specialty:

*Shadowing participants must be escorted at all times.  
All Students will park in the west parking lot on Skyline Drive.*

## **Dress Policy**

Prairie Lakes Healthcare System's Job Shadowing participants have a responsibility to adhere to the hospital's dress policy. We require that you observe the following specific standards regarding personal appearance and neatness while shadowing in the hospital:

**Shirts and Blouses** – Professional business shirts, polo-style shirts, button-down shirts, and sweaters are allowed. No lingerie or spaghetti straps, tank tops, cut-off sleeves, racer back tops, or revealing/plunging necklines are allowed. Short or cropped shirts are not allowed. Hoodies or sweatshirts are not allowed. Cleavage must be covered. No see-through clothing or clothing with indented armholes.

**Sleeves** – Clinical personnel must wear shirts and dresses with sleeves. Non-clinical personnel may wear sleeveless shirts or dresses if they are in good taste and undergarments are covered.

**Pants** – Dress slacks, khakis, dressy capris that hang below the knee are allowed. No denim jeans, bike shorts, leggings, sweatpants, jogging pants, or skorts are allowed. Pants with holes are not allowed.

**Shoes** – Business professional shoes, loafers, dressy peep toe shoes are permitted in non-patient care areas. In patient care areas, closed-toe athletic shoes are permitted and should coordinate with uniforms.

**Fingernails** – Those who have direct contact with patients, who transport patients, or who will be in the Food Nutrition Department are not permitted to wear artificial nails. Artificial nails are discouraged in non-patient care areas.

**Perfume, Aftershave, and Lotions** – No strong, heavy scents or fragrances are allowed. All scents are discouraged.

## HIPAA Fundamentals Training

### Introduction

- At Prairie Lakes Healthcare System, privacy of patient information has always been considered a basic right.
- What can happen when protected health information is inadvertently exposed? Personal harm to individuals, embarrassment, community mistrust, lawsuits, etc.

### What is HIPAA?

- HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a relatively new federal law that protects Protected Health Information, or PHI.
- The law allows for penalties such as fines and/or prison for people caught violating patient privacy.
- HIPAA Privacy Regulations became effective in April 2003 and the Security Regulation in April 2006.
- Part of our compliance with the HIPAA law is to provide the required awareness training for employees and workforce members.

### Protected Health Information

- Protected Health Information (PHI) is about patient information – whether it is spoken, written, or on the computer. It includes health information about our patients. It can be information as simple as their name.
  - Certainly, we can share PHI when it is part of our job to do so, but beyond that you may have broken the law if you share patient information.

### Need to Know

- An effective way to determine if you should share patient data is to ask yourself... “Do I or others need this information to do the job?” Use this little test before you look at patient information or share it with others.
  - Sometimes you may inadvertently hear or see information that you do not need to know. If so, just keep it to yourself.

### Dispose of PHI Properly

- Trash and garbage bins are another place that might contain PHI. Be sure to dispose of patient lists and other documents that contain PHI in non-public areas.
- If you see PHI in the trash in public areas, notify the supervisor immediately.
- If you transport PHI, make sure it is secure when not in your sight, such as a locked vehicle.

### The Privacy Officer

- At PLHS we have a person responsible for ensuring that privacy is maintained – The Privacy Officer. However, no one person can know if we have a possible threat in every area of such a large organization.
- Each of us must do our part to protect patient information. You should always report possible privacy problems to the manager in your area or to the Privacy Officer.

### Co-Workers, Friends, and Family

Situation: You hear about a friend that has had surgery, so you call a nurse on that floor to find out the details.

- Friends and co-workers deserve the right to privacy just like any other patient. You cannot seek or share patient information for personal reasons. You may only obtain/share information that you need to know to do your job.
- You may personally ask the individual you know about their condition, and it is their choice what to share with you.
- You may also ask their permission to share their information with a common friend, but you should never do this without their permission.

### “Don’t be Curious.”

Situation: You like to look at the patient directory or surgery schedule daily to see if you know anyone.

- This is not within the scope of your job at this hospital.
- You are in violation of HIPAA laws and Prairie Lakes Healthcare System policies.

### Respect the Privacy of Patients

Situation: You are working in an area where caregivers are discussing health information with a patient, a family member, or another caregiver.

- You can ask if you need to leave the area.
- You may quickly finish your task and leave.
- You must keep any health information you overhear to yourself.

### **Protect information in your Possession**

Situation: In the process of doing your job, you use a list that contains patient names and possibly other patient information.

- You should always keep the information in your possession.
- You should make sure that it is protected from others who would not need the information.
- You can turn it over so the information cannot be viewed.
- You should make sure when you are finished with the information that you have disposed of it properly.
- Your supervisor may give you instructions for disposal of PHI.

### **HIPAA Fundamentals Test**

This completes the fundamental overview of the HIPAA regulations. You now know and are responsible for what is required of you as a Job Shadowing/Observation Program Participant

- HIPAA laws also require that we keep a record to show that you have been trained in patient privacy.

## **HIPAA Fundamentals Test**

1. HIPAA stands for:
  - a. Health Information Protection Agency Association
  - b. Human Instinct Protection Association Awareness
  - c. Health Insurance Portability and Accountability Act
2. PHI stands for:
  - a. Patient Health Initiatives
  - b. Personal Health Institute
  - c. Protected Health Information
3. The Privacy HIPAA law became effective:
  - a. As soon as everyone in our hospital is trained.
  - b. April 2002
  - c. April 2003
  - d. December 2002
4. Patient Information is protected when it is:
  - a. Spoken
  - b. Written
  - c. On the computer
  - d. All of the above
5. If you are in a public area and you see PHI in the trash, you should:
  - a. Report this to a supervisor.
  - b. Dispose of it properly.
  - c. Show it to a friend.
  - d. Both a.& b.
6. The Privacy Officer is responsible for:
  - a. Checking the trash.
  - b. Pulling medical records of patients.
  - c. Making sure PLHS protects patient information.
7. You should ask yourself before you view or share patient information:
  - a. Is this a personal friend or a relative not under my care?
  - b. Will anyone see me reading this?
  - c. Do I need this to do my job at PLHS Hospital?

8. Patient information that I use for my job:
  - a. Is not important to anyone else.
  - b. Should be protected until I have disposed of it properly.
  - c. Is the responsibility of my manager.
9. If I want to know about a friend that I see in the hospital, I should:
  - a. Look at their medical record.
  - b. Ask the nurse.
  - c. Ask the individual.
10. If you see another person violating the HIPAA Privacy Laws or the HH Policies:
  - a. You should ask them to stop.
  - b. Ignore it and mind your own business.
  - c. Report it to your manager or the privacy office.

## **Affirmation Statement on Security & Privacy of Information**

**Affirmation Statement:** I, the undersigned, have read and understand the Prairie Lakes Healthcare System policy on confidentiality of protected health information as described in the HIPAA Fundamentals Policy, which is in accordance with applicable state or federal law.

I also acknowledge that I am aware of and understand the policies of Prairie Lakes Healthcare System regarding the security of protected health information including the policies relating to the use, collection, disclosure, storage, and destruction of protected health information. This protection includes proprietary information.

In consideration of my job shadowing/observation program or association with Prairie Lakes Healthcare System, and as an integral part of the terms and conditions of my association, I hereby agree, pledge and undertake that I will not at any time, access or use protected health information, or reveal or disclose to any persons within or outside Prairie Lakes Healthcare System, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information. I understand that user identification codes and passwords are not to be disclosed (or shared), nor should any attempt be made to learn or use another code.

**Corporate Compliance:** It is the responsibility of all and those associated with Prairie Lakes Healthcare System to uphold all applicable laws and regulations. Develop an awareness of the legal requirements and restrictions applicable to their respective positions and duties. The hospital has a corporate compliance program to further such awareness and to monitor and promote compliance with such laws and regulations. I am not aware of any violations of applicable laws or regulations and agree to report any violations to the Corporate Compliance Officer. Any questions about the legality or propriety of actions undertaken on or behalf of the Hospital should be referred immediately to the appropriate supervisory personnel, or to the Corporate Compliance Officer.

**Excluded Party Status:** I affirm that I am not an excluded party from participating in Federal health programs, nor am I under investigation which may lead to such sanctions.

**Computer Applications:** I further understand that I may be provided access to certain hardware and software applications, some of which may be proprietary to their respective vendors. I agree to keep the hardware and software applications confidential, to not disclose to third parties, and to use such hardware and software applications only for the benefit of Prairie Lakes Healthcare System.

I understand that violation of this affirmation statement could result in disciplinary action up to and including termination of Job Shadowing/Observation contract/ association/appointment, the imposition of fines pursuant to HIPAA, and a report to my professional regulatory body.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## RELEASE OF PATIENT INFORMATION/CONFIDENTIALITY

### PURPOSE:

1. To meet internal and external requests for patient health information (PHI), including medical records while maintaining patient confidentiality.

### POLICY:

1. Health care professionals, whether medical staff or hospital employees, are bound by both ethics and regulations to respect and protect the patients they care for. Cooperation is essential to balance the patient's right to privacy and well-being with the public's right to know. The right to privacy must be afforded to all patients regardless of their social, economic, or moral qualities.
2. Confidential information to which employees have access is to be used only in the course of their job, whether it concerns patients, their families, or hospital employees. Information about the diagnosis, treatment of care of a patient or an employee is confidential. Release of such information without proper authorization may be cause for immediate dismissal.
3. All users of computerized patient information must sign a Computer User Agreement Form ([G-0070a](#))
4. PHI can be shared with healthcare providers to assure continuum of care.
5. Staff will verify the identity of requestors.

### PROCEDURE:

1. All medical records are the property of the hospital. The information contained therein belongs to the patient and can be released only after gaining proper authorization, except in rare emergent situations, and subject to the following provisions:
  - 1.1 After any patient's discharge, the hospital is no longer in a position to disclose information about the patient to the media. All media inquiries should be directed at the patient.
2. Confidential information requires a signed patient authorization to be released (see attachment A), except as required by law, statute, regulation or properly issued court orders. Verbal authorization shall be secured from the patient or guardian (after proper identification has been secured, i.e., Social Security number, birth date, etc.), before releasing any confidential information for other than the sole purpose of patient treatment. See also [P-108](#)
  - 2.1 Verbal authorization may be necessary if a written authorization cannot be obtained. If unable to secure the patient's signature and the guardian is not immediately available, hospital staff may obtain verbal permission by calling the guardian. In these cases, two staff members should take part in the telephone conversation; one to secure the authorization and one to witness the conversation. Evidence of the verbal authorization shall be noted in the permanent medical record, signed, and witnessed by both staff members. A written authorization shall be sent to the guardian for signature and return to the hospital.
  - 2.2 When patient cannot sign:
    - 2.2.1 If the patient is an unemancipated minor, signature must be gained from the parent or guardian.
    - 2.2.2 If the patient is incompetent, signature must be gained from the guardian or power of attorney.
    - 2.2.3 If the patient is deceased, the order of signature preference is: Power of attorney, executor, adult spouse, children, parent, siblings.



- 2.3 Should there at any time be doubt as to the legitimacy of any request, access to any information may be denied until the request is further clarified. Questions shall be referred to the Director of Health Information and Business Office.
3. Medical records shall be removed from the hospital property only in accordance with court order, search warrant, subpoena or as may be required by statute.
  - 3.1 No person shall remove a medical record from the Health Information Department after closing hours. All requests for records after closing hours shall be made through the nursing service, only the house supervisor or designee shall remove records after hours.
4. If a personal representative of a deceased patient has not been appointed, the following surviving family members, in the priority listed, have a right to copies of the patient's medical record to the same extent as the patient would have the right to copies of the medical record while still alive.
  - 4.1 The spouse, if not legally separated at the time of patient's death;
  - 4.2 An adult child;
  - 4.3 A parent;
  - 4.4 An adult sibling;
  - 4.5 A grandparent or an adult grandchild
  - 4.6 An adult aunt or uncle, or an adult niece or nephew
  - 4.7 The hospital may request proof of family members' relationship to the deceased patient.
5. Physicians: Any physician who is a member of the medical staff of Prairie Lakes Hospital may have access to any medical record of any patient whom he is now treating or has treated in the hospital, in his office or has seen in consultation. This includes access to computerized information.
  - 5.1 If the physician is not caring for the patient, written authorization must be gained from the patient.
  - 5.2 Physicians may use patient information as part of Medical Staff Quality Improvement.
  - 5.3 Physicians may use patient information for research purposes but shall exclude patient identification.

### **Confidentiality Policy**

When a patient enters the facility, Prairie Lakes Healthcare System assumes an obligation to keep in confidence all that pertains to that patient. Every individual in any capacity at Prairie Lakes Healthcare System shares this responsibility.

Federal and state statutes require our patient records and other patient information to be treated as confidential. Persons accessing and/or using this information for purposes other than in the performance of assigned responsibilities in the administration of Prairie Lakes Healthcare System programs may be acting in violation of the law.

Persons in training at Prairie Lakes Healthcare System for educational purposes are not to selectively recommend any physician or treatment to a patient/resident/family member.

The use of automated systems within Prairie Lakes Healthcare System has added another dimension in the safeguarding of confidential material. Any person who is authorized to access the computerized patient record will be issued a confidential password. The use of another person's password is considered unauthorized accessing of the patient record.

Any knowledge of a breach of confidentiality is to be reported to your immediate supervisor who will be responsible for advising the Director of the division involved. This information will then be presented to the Director of Human Resources for review.

Breach in confidentiality by any person in training at Prairie Lakes Healthcare System regarding information about patients, past or present employees will be cause for immediate termination of the training session and disciplinary action.

I have read and understand the above statements. My signature below indicates that I have been educated and trained in the importance of confidentiality.

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Signature

Date