



Welcome to Fillmore County Hospital's Shadow Program! Whether it be nurses, physicians, therapists, pharmacists, lab techs, x-ray techs or healthcare administration that you choose to shadow, our goal is to encourage our young community to enter into the healthcare field where there are drastic shortages, especially in our rural areas.

As a student, you are here to *observe* healthcare workers in their day to day duties and during this observation you will be exposed to protected health information (PHI). You may be wondering why this is so important to mention. Health Insurance Portability and Accountability Act (HIPAA) is a Federal law which regulates uses and disclosures of patient identifiable health information. This law affects Fillmore County Hospital's policies and procedures regarding the privacy and security of patient health information.

Although you will only be here at short time, you shall be governed as members of Fillmore County Hospital's "workforce" for HIPAA purposes. As defined by HIPAA, workforce means an employee, volunteer, trainees, and other persons whose conduct, is the performance of work for a covered entity, and is under the control of the covered entity, whether or not they are paid by the covered entity. It is therefore understood that Fillmore County Hospital "**workforce**" shall maintain and safeguard the privacy, security and confidentiality of all individually identifiable health information, in accordance with applicable provisions of HIPAA, and in accordance with all applicable Federal, State and Local statutes, regulations and policies regarding the confidentiality of patient health information.

Although you are under the direction of your school, you are expected and required to follow Fillmore County Hospital's policies and procedures. You will be instructed regarding HIPAA compliance prior to on-site observation conducted at Fillmore County Hospital

You will not use or disclose any protected health information for purposes other than treatment, payment or for Fillmore County Hospital healthcare operations, except with patients' specific written authorization. Therefore, **no protected health information is to be removed from Fillmore County Hospital for educational purposes. (such as case studies/reports/conversations), except with patient's specific written authorization or per request to the health information department to copy and de-identify identifying patient features.** You shall access, use and disclose protected health information of Fillmore County Hospital only as permitted under Fillmore County Hospital HIPAA Privacy Policies and Procedures and shall be subject to sanction upon violation, including immediate removal from Fillmore County Hospital's on-site observation.

ALL patient information is considered protected. The fact that the patient is here is considered protected health information, therefore, students shall not state to family/friends/school faculty that such person is at FCH or what patient is here for.

Any information obtained through the Shadow Program will be strictly used at FCH only. The use of patient identifying information within the classroom will require a signed Authorization from the patient prior to use. Student's can obtain an Authorization Form from Fillmore County Hospital's Privacy Officer for use/disclosure of patient's information.

Failure to keep this information confidential will be the responsibility of the student. However the student will be held responsible for confidentiality of Fillmore County Hospital patient health information. If student is found to have used or disclosed patient information inappropriately, Fillmore County Hospital has the right to end shadowing session immediately. Appropriate person(s) will be notified of violation and request for documentation of violation maintained. Further "shadowing" will not be conducted. State and Federal civil and criminal offenses may also apply which include up to \$250,000 fine and up to 10 years in prison.

The attached student Confidentiality Agreement is required to be signed prior to observation, by signing you agree to follow Fillmore County Hospital's policies and procedures and will maintain and safeguard all patient identifiable health information.

If you have any questions, please feel free to contact me at any time.

Abby Stewart, Compliance & Privacy Officer
T: 402.759.3167 Ext 204 | F: 402.759.3505

trusted hearts touching lives



CONFIDENTIALITY AGREEMENT

- This Agreement between Fillmore County Hospital and employee (including non-paid staff, i.e. medical students or volunteers), or contracted agent, **[print name]** _____ hereby acknowledges that the records and documents containing health information are subject to strict confidentiality requirements imposed by state and federal law.
- I acknowledge that Fillmore County Hospital's Privacy Officer or my supervisor has reviewed with me the appropriate provisions of the HIPAA Federal Laws and applicable State of Nebraska privacy laws. I understand that for further explanation I will review the policies and procedures regarding HIPAA and will apply the policies and procedures to my job duties.
- I agree to respect and abide by Federal and State laws pertaining to the confidentiality of patient identifiable health information, (medical, personal and financial) obtained by or at Fillmore County Hospital.
- I agree to adhere to Fillmore County Hospital policies and procedures adopted to comply with the Health Insurance Portability and Accountability Act of 1996 [HIPAA] governing the privacy and security of protected health information.
- I hereby agree that I will not use, disseminate or otherwise distribute confidential records or documents containing health information either by paper, oral or electronic means other than in performance of the specific job roles I am authorized to perform. Fillmore County Hospital may subject me to disciplinary action and immediate termination.
- I may also face further disciplinary action in accordance with the State and Federal laws that protect the confidentiality of health information and that I will be personally liable for any breach of these duties and may also be held criminally liable under the HIPAA privacy regulations for intentional and malicious release of identifiable health information.
- If I believe someone has compromised or broken Fillmore County Hospital HIPAA policies and procedures, I will immediately contact my supervisor, CEO, Privacy Officer or another Corporate Compliance committee member. I understand that I may follow the Corporate Compliance complaint process to file concerns, complaints or violations. I understand nothing will be held against me for filing complaints or reporting violations.
- I have been provided with the Fillmore County Hospital Notice of Privacy Rights and Practices so that I understand how we may use or disclose patient information and the responsibilities of Fillmore County Hospital employees/staff regarding HIPAA privacy and patient privacy rights.

Student Signature

Date

Parent/Guardian Signature

Date

Instructor Signature

Date

What department/who do you wish to shadow and when?

Name of School

FILLMORE COUNTY HOSPITAL
(402) 759-3167 • 1900 F STREET • GENEVA, NE 68361 • www.myfch.org

Fillmore County Hospital is an Equal Opportunity Provider and Employer.



February 9, 2021

Instructor

RE: Student Shadow Program

Thank you for allowing your students to participate in our Student Shadowing Program here at Fillmore County Hospital.

Enclosed you will find a student **Confidentiality Agreement** that must be signed by the student, their parent/guardian and the instructor/teacher, please have the student return this form to me or their hospital supervisor upon their scheduled shadowing date.

Prior to their shadowing experience, students are expected to understand and comply with all Healthcare Compliance laws and regulations just as the rest of our workforce are expected and required to do. HIPAA is a Federal Law imposed to protect the privacy of our patients and under this law, this education is required. Since high school students are only involved for a few hours, extensive training is not required, as this would take up more time than the student would spend shadowing. Our only requirement is that they be instructed to patient privacy. While students may be obtaining highly confidential patient health information it is expected that patient information not be further shared for classroom purposes or during friendly conversation. This law and other Healthcare Compliance laws and regulations are not to be taken lightly, infraction penalties could be enforced to those who do not comply.

If you have any questions, please feel free to contact me at any time.

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