

Job Shadow/Observation Request Form

Form must be submitted 30 days prior to the shadow/observation request dates (submission does not guarantee placement). Processing may take up to 15 days. To cancel your job shadow/observation, e-mail students@regmedctr.org or call 563-927-7578. Individual departments will determine if it can be rescheduled.

Student Information

Name		Birth Date	
Address		City	ST
E-mail		Phone	

Outreach Contact

School		Contact	
E-mail		Phone	

Emergency Contact

Name		Relationship	
E-mail		Phone	

Department or Area of Interest

Department you would like to shadow/observe (choose from drop down).

	If other, list here.	
--	----------------------	--

If you have been in contact with an RMC employee regarding shadowing/observing, provide name and department.

--

Provide a minimum of three shadow/observation date possibilities.

1)		2)		3)		4)		5)	
----	--	----	--	----	--	----	--	----	--

Type a 150-200 word statement explaining why you are interested and what you hope to gain in shadowing/observing.

--

Waiver and Release of Liability

I am a student at/employed by:

--

By checking the boxes below I am verifying that I meet its criteria.

- I received the influenza vaccination for the current season on

--
- I did not receive the influenza vaccination for the current season due to;
 ___ Medical contraindications
 ___ Other
- I'm aware that I must feel well and be in good health while I am job shadowing.
- In consideration of being permitted to attend RMC and/or one of its associated clinics in an educational capacity, I do hereby indemnify and hold harmless RMC (including its employees and agents collectively) from and against any and all manner of fines, claims, demands, suits, damages and causes of action (including attorney's fees and reasonable costs) arising from or incident to my willful acts or omission.

Student Signature	Date	Preceptor Signature	Date
Parent/Guardian Signature <i>Required for students under 18</i>	Date	Medical Services or Human Resources Signature	Date

Confidentiality and Security Agreement

I understand that Regional Medical Center (RMC) in which or for whom I work, volunteer, or provide services, has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of our patients' health information. Additionally, RMC must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems, and management information (collectively, with patient identifiable health information, "Confidential Information").

In the course of my employment/assignment at Regional Medical Center, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with RMC privacy and security policies, which are available in the individual departments, and on the intranet. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

I WILL NOT

- Disclose or discuss any Confidential Information with others, including friends and family, who do not have a need to know it.
- Divulge, copy, release, sell, loan or destroy any Confidential Information except as properly authorized.
- Discuss Confidential Information where others can overhear the conversation even if the patient's name is not used.
- Connect to unauthorized networks through the systems or devices.
- Make any unauthorized transmissions, inquires, modifications, or purging of Confidential Information.
- Access or use systems or devices that I am not officially authorized to access
- Demonstrate the operation or function of systems or devices to unauthorized users.
- Use tools or techniques to break/exploit security measures.
- Share/disclose User-Ids or passwords.

I WILL

- Practice good workstation security measures such as locking my computer when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.
- Use only my officially assigned User-ID and password.
- Practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved standards.
- Use only approved licensed software.
- Use a device with virus protection software.
- Notify my direct supervisor, appropriate Information Services or (Privacy and/or Security Officer) person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.
- Act in the best interest of RMC and in accordance with it's Organizational Excellence Standards of Behavior at all times during my relationship with Regional Medical Center.
- Only access software systems to review patient records when I am actively involved in that patient's care, or have that patient's consent to do so. By accessing a patient's record, I am affirmatively representing to RMC at the time of each access that I have the requisite patient permission to do so, and RMC may rely on that representation in granting such access to me.

I UNDERSTAND

- My obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with RMC.
- Upon termination I will immediately return any documents or media containing Confidential Information to RMC.
- I have no right to any ownership interest in any information accessed or created by me during my relationship with RMC.
- Violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, loss of privileges, and/or termination of authorization to work within Regional Medical Center, in accordance with RMC's policies.
- I should have no expectation of privacy when using Regional Medical Center's information systems.
- RMC may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated within.

Student Signature

Date

Parent/Guardian Signature
Required for students under 18

Date

Questions
students@regmedctr.org
563-927-7578

Regional Medical Center[®]