



# Providence Oregon Job Shadow Packet (for Externals)



# Providence Oregon Job Shadow Packet

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# Providence Oregon Job Shadow Packet

## Instructions

**Welcome! We are so glad that you are interested in doing a job shadow through Providence. In order to process your request, please carefully read through all the forms on HIPAA in the following pages and sign the forms listed below:**

1. Providence Job Shadow Checklist (Page 5)
2. Providence Health and Services HIPAA Training Attestation (Page 18)
3. Parent & Guardian Approval Form (Page 19)
  - Note: Please only have a guardian sign this if you are under 18 years of age
4. ProvidenceReady Dress and Behavior Code (Page 20)
5. Providence Health System – Oregon Non-Employee Confidentiality and Nondisclosure Statement (Page 22)
6. Release of Liability Form for Job Shadow and/or Unpaid Internship (Page 23)
7. Student/Agency/Vendor/Contractor Health Requirements (Page 24)

**Once you have digitally signed each of the requested forms, please email the signed copy of this document back to the Providence caregiver who sent them to you so they may process and securely store them in our system.**



# Providence Oregon Job Shadow Packet

## A Note on the Oregon General Operating Policy

The Oregon General Operating Policy states:

- Only allows job shadows to be conducted for those **16 years of age and older**.
- Job shadows are limited to *observation only*.
  - Observers are not permitted to have any form of direct patient contact and will not provide any type of patient-care services whatsoever.
- All job shadows must be less than eight (8) hours in duration and will be continuous and occur within a one-day time frame, limited to a maximum of once per year per individual for Providence Health & Services Oregon.
- Department managers, administrators or ministry designees will define the scope of the observational experience, assign appropriate employee supervisors, and define the duration of and location of the experience.



## Providence Job Shadow Checklist

1. NAME OF PERSON REQUESTING JOB SHADOW:
2. EMAIL ADDRESS:
3. PHONE NUMBER:
4. HOME ADDRESS:
5. DATE OF JOB SHADOW:
6. SUPERVISOR/MANAGER:
7. JOB SHADOW/PROVIDER:

DATE	ACTION ITEM	COMPLETED (Check if yes)
	Manager Approval	
	Disability Form Signed	
	HIPPA Training Deck & Attestation Signed	
	Non-Employee Confidentiality Form Signed	
	Student/Agency/Vendor/Contract Immunization Form completed & signed	
	Parental Consent Form Signed (if under age 18) and Student Dress & Behavior Form signed	
	If observations are over 8 hours within one-year timeframe, then a background check must be done and cleared through Student Affiliations	

### NOTES:

\*All forms and check sheets must be retained for three years following the job shadow in the department where the job shadow occurred. Questions? Please contact your HR Business Partner or supervisor.



# HIPAA Privacy & Security: What You Need to Know





## HIPAA Privacy & Security Table of Contents

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# Privacy at Providence

The Health Insurance Portability and Accountability Act (HIPAA) and state and federal regulations must be followed by all Providence caregivers and workforce members.

HIPAA requires us to safeguard all healthcare information stored or communicated in any manner, whether oral, written, or electronic.

Viewing the records of family members and friends is prohibited unless you need the information to do your job, or you follow your department's procedure for appropriately obtaining access.

In any case, limit your use or disclosure of healthcare information to the minimum necessary, unless the information is needed by a provider to provide treatment to a patient.

Workforce  
members include  
students





## HIPAA Privacy & Security: What You Need to Know



Members of the Providence St. Joseph Health (PSJH) workforce are expected to know and comply with privacy and security policies that govern the use of Protected Health Information (PHI). Workforce members should understand and comply with the following as it relates to these policies.

- *Never* view patient records outside your scope of work. Workforce members should only view records relevant to performing their job. No peeking! Even if the workforce member sees a neighbor, friend, or family member and are concerned about these patients, the concern does not give them the right to look at any patient files unless it is necessary for patient care, or for business-related purpose. **Unnecessarily accessing patient records is a violation of the patient's trust, our policies, and the law.**
- Workforce member should *never* share their ID or passwords with anyone and do not allow others to use the computer while they are logged in.
  - Workforce member should not leave their password written down near or on their computer.
  - Workforce members should make certain to lock or log off their computer when they step away.
- Understand what qualifies as protected health information (PHI). Examples of PHI include, but are not limited to:
  - Names and addresses
  - Telephone/fax numbers
  - Email addresses
  - Social Security numbers
  - Medical Record Numbers (MRN)
  - Dates that include Date of Birth, Death, Admission, Discharge
  - Full-face photos including masking and/or obscuring patient faces
- Use secure shred bins to dispose of documents containing PHI or other confidential information. Never recycle documents containing confidential information.
- Keep PHI out of sight and secure it when not in use to prevent unauthorized access.
- Avoid patient-related discussions in public areas and use discretion in shared patient rooms when discussing sensitive information.
- Workforce members are responsible for keeping health information received at work confidential. Do not post PHI to social networking sites such as Facebook, Instagram, Twitter, etc. This is a serious HIPAA violation and constitutes a breach.
- When sending a document or spreadsheet (attachment), ensure that the attachment has the minimum necessary information for the recipient of the attachment. Remove any sensitive information or PHI that is not needed prior to sending the attachment.

PHI is Protected Health Information or information typically associated with patients. Outside of direct treatment, PHI can only be accessed and used for minimally necessary purposed under the HIPAA Privacy Rules.

- Always use a cover sheet when transmitting information by fax.
  - Do not put confidential information on the cover sheet.
  - Include the sender's contact name and contact information in the event that the information is misdirected.
- Before discarding pill bottles, IV bags, vials, or other items with labels containing PHI, black out the information or remove the labels and dispose of them in the shred bin.
- Always verify patient identifiers prior to giving/sending patient-specific information to patients (e.g. AVS, prescriptions, requisitions, etc.), including to private addresses.
- Understand what constitutes a breach, and know how to report questionable events so they can be assessed in a timely manner by the RIS Privacy Office. A **breach** is defined as each individual instance of unlawful or unauthorized access to, use, or disclosure of a specific patient's medical information. Healthcare professionals that violate privacy laws and regulations, and commit a breach can face very serious consequences. These can include progressive discipline (up to and including termination). Healthcare professionals may also face criminal prosecution and civil penalties up to \$250,000. The best way to prevent a breach is to always keep the information obtained at work confidential and follow proper security practices when dealing with PHI.
- Examples of potential breaches include, but are not limited to:
  - Viewing patient records without the "need to know"
  - Throwing PHI in the trash can instead of the shred bin
  - Giving discharge summaries and prescriptions to the wrong patient
  - Posting patient information/PHI to social networking sites or blogs
  - Sending faxes with confidential information to the wrong recipient
- Understand how to report a compliance issue or suspected breach:
  - Discuss the issue or concern with your immediate supervisor
  - Discuss the issue or concern with the department manager
  - Contact the Integrity Hotline at 888-294-8455, or [Online](#) or through the QR code. The integrity hotline is available toll-free 24 hours a day, 7 days a week. You may report concerns anonymously.
- Workforce member should consult PSJH's [Code of Conduct](#) when they have questions about doing the right thing. The Code will help them understand PSJH expectations and the importance of being honest and fair in all of our business interactions with customers, patients, members, payers, and vendors. The Code details how to report a violation or concern about potential illegal or inappropriate actions.
- Privacy & Information Security resources are available [online](#).



*Remember to always ask questions when you are in doubt!*

Last Updated May 2023

Risk and Integrity Services (RIS) Privacy



# Privacy and SharePoint-What You Need to Know

## **Am I responsible for the data that I use and access on SharePoint?**

- Yes. The data, whether PHI or PII, that you use in your job role must be safeguarded to ensure that other members of the workforce who do not need the information cannot access it.
- **Data that you put on SharePoint is your responsibility.** Any data, not just patient information, may be considered confidential and sensitive and must be safeguarded through the use of the appropriate SharePoint security controls which must be applied appropriately.
- You must be aware of the types of data that is in the documents that you post on SharePoint and who has access to this data as appropriate for business-related purposes.

## **What is PHI?**

- PHI is Protected Health Information or information typically associated with patients
  - Outside of direct treatment, PHI may only be accessed and used for minimum necessary purposes under the HIPAA Privacy Rule
- PHI is not just clinical and diagnoses related information and may include things like name, Date of Birth (DOB), Medical Record Number (MRN), full or partial Social Security Number (SSN), Phone Number, Insurance Card Number (see full list on next page)

## **What is PII?**

- PII is Personally Identifiable Information or information typically associated with any individual, which may include Providence caregivers
- PII may include, but is not limited to: Name, DOB, SSN (full or last 4 digits), Phone Number, Employee Information, Numeric Identifiers
- Some PII may be considered sensitive such as that relating to benefits, salary, employee actions, etc.

## **How do I safeguard data that I put on SharePoint?**

- Determine whether the data that you are required to use in your role must be placed on SharePoint in order for you and/or others to perform your job. Consider what is minimally necessary. Data that doesn't need to be moved from one system to another shouldn't be (i.e. Epic data to SharePoint)
- Understand and utilize security settings appropriately
- Do not share documents on SharePoint with other members of the workforce who do not need access to the information
- Use caution when configuring settings that allow other individuals to share your documents. If you are the owner of a document, you should always be in control of who you share your document with



## HIPAA 18 Identifiers

- Name
- Address (all geographic subdivisions smaller than state, including street address, city county, and zip code)
- All elements (except years) of dates related to an individual (including birthdate, admission date, discharge date, date of death, and exact age if over 89)
- Telephone numbers
- Fax number
- Email address
- Social Security Number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate or license number
- Any vehicle or other device serial number
- Web URL
- Internet Protocol (IP) Address
- Finger or voice print
- Photographic image - Photographic images are not limited to images of the face.
- Any other characteristic that could uniquely identify the individual



## Impermissible Uses of Protected Health Information and the Electronic Health Record (EHR)

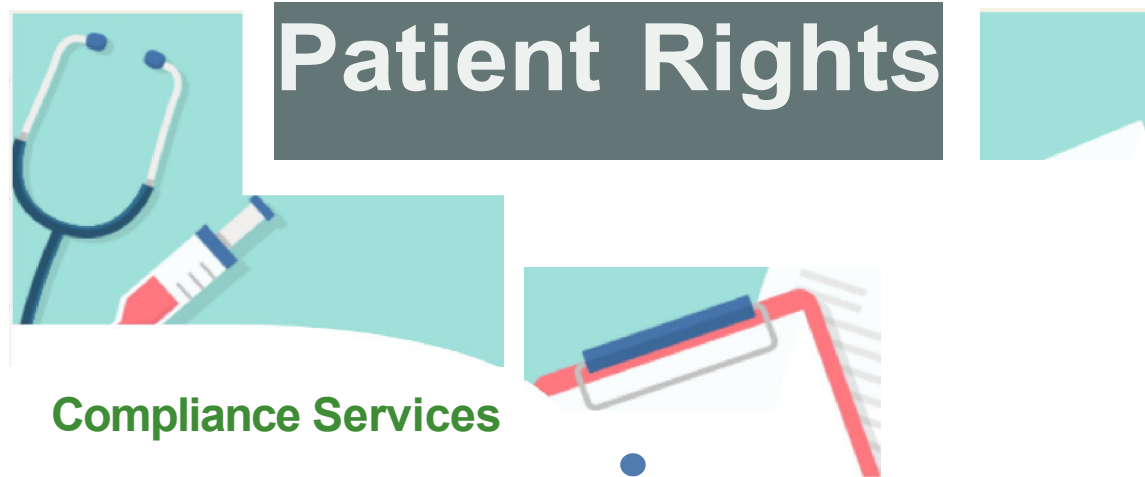
Risk and Integrity Services (RIS) Privacy

**Searching for any individual, whether family (child, spouse, etc.), friend, co-worker, or member of the general public without a business reason (must be related to your Providence business role in the individual's treatment or payment for treatment). Accessing a record for reasons that are outside of your business-related function may result in disciplinary action including termination of employment. Access to the EHR is monitored on a 24/7 basis.**

- Using patient (or co-workers/peers) chart for training purposes
  - There are test patients in the Epic Playground for training purposes
- Using the Electronic Health Record (IEHR) to locate demographic information (i.e. personal service, social gathering, birthday, etc..)
- Searching for or reviewing for purposes of curiosity/concern about a co-worker, person of interest (people in the news, celebrities, etc.), family member or other individual's condition
- Using census boards/track boards or other modules in the EHR for purposes other than treatment of patients (making appointments for family, self or friends, how long the wait in the ED may be)
  - Accessing census boards and track boards are still access to patient records
- Circumventing hospital directory channels to locate family, peers, or friends in the hospital
- Circumventing requests for records (ROI) processes to obtain copies of medical records for self or others (including records needed for litigation, research, etc.)
  - Contact Health Information Management (HIM) for copies of medical records, or print through MyChart
- Using the IEHR for employment-related action or investigation (i.e. to confirm whether an employee/peer was at a clinic appointment when they said they were)
- Sharing credentials or not logging off before workstation is used by another user
- Accessing the "appointment desk" to check appointment times for friends and family
  - Accessing the appointment desk is still accessing the EHR. The appropriate way to confirm an appointment is by contacting the clinic or as a MyChart Proxy
- Looking up a co-worker's information because they asked, and are not a part of the care team
- Monitor the care of a family member or co-worker, or look up test results
  - Requests for medical records can be made through HIM similar to one above that references MyChart

This list is NOT all-inclusive of ways the EHR may be used inappropriately. For additional questions, please contact the Integrity Hotline at 1-888-294-8455 or [ONLINE](#)





## Compliance Services

### Doing the Right Thing Right: *Patient Rights to Request Changes to Their Medical Records*

**Did you Know?** Per Federal Privacy laws and Providence policy [PSJH-RIS-850.07](#), an individual has the right to request Providence amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained in the designated record set.

**What does this mean?** This means Providence needs to have a process where the author (of the medical information that is being requested to be changed) needs to **review** the request **and accept or deny**, in whole or in part, the requested changes no later than 60 days, or as required by law, after receipt of such a request.

- a) If Providence grants the requested amendment, in whole or in part, it shall make the amendment and inform the individual.
- bl If Providence denies the requested amendment, in whole or in part, it shall provide the individual with a written denial. Denied requests for amendments are also afforded an appeal process supported by the Health Information Management team.

#### Steps for Adopting the Amendment

1. Providence shall make the appropriate amendment to the PHI or record that is the subject of the request for amendment.
2. Within the required time limit, Providence shall inform the individual that the amendment is accepted.
3. Providence shall either comply with federal/state law requirements or make reasonable efforts to inform and provide the amendment within a reasonable time to the appropriate parties.

**Remember:** Providence is committed to upholding the rights of individuals with respect to PHI in accordance with HIPAA, other relevant laws, and Providence policies; and we rely on each of you to do your part.



## A Duty to Report Potential Privacy Violations

Providence is committed to the highest standards necessary to secure the confidentiality, integrity and availability of our patients' protected health information (PHI). As such, caregivers and volunteers are required to report breaches of privacy or security, including inappropriate access to and unauthorized releases of patient PHI.

Any Providence caregiver who suspects a privacy or security violation, identifies an information security breach involving PHI, or recognizes a potential vulnerability that might compromise patient PHI should report such findings to any or all of the individuals identified below. This reporting requirement excludes permitted uses of PHI under HIPAA such as those necessary for "treatment, payment, and operations" (TPO).

To report a suspected privacy or security violation, please contact the Providence Integrity Hotline, 888-294-8455 or <http://www.integrityonline.ethicspoint.com/>.

## Business Associate Agreement (BAA)

All BAA email communication will be directed to [BAA@providence.org](mailto:BAA@providence.org)



Hands shaking

**Kitterman, Jennie (she/her)**  
Senior Compliance Specialist



# HIPAA Privacy & Security: Recap for Students



## Privacy Tips

### TWO PATIENT IDENTIFIERS

Minimize searching for patients by name only. Utilize MRN or at least two identifiers to locate the record. Refer to your preceptor or local nursing policies.



### BUSINESS RELATED ACCESS

Only search for and access patient information (including demographic information such as name and address) that you have a need to access in the scope of your training. Demographic information is Protected Health Information.

### KEEP CREDENTIALS SECURE

Do not share your credentials with anyone—including other students. Do not use the credentials of others. What is accessed under your credentials is your responsibility.



### ACCESS IS MONITORED

Your access to the electronic health record (EHR) system is monitored 24/7 through an automated monitoring system. Impermissible access will result in disciplinary action.



### HOW DO I REPORT A CONCERN?

- Inform your direct supervisor or department core leader
- Call the Integrity Hotline: 1-888-294-8455
- Report [online](#)

All reports are treated **confidentially!**





# FAQ

## Question:

Can we access our medical records once we are in rotation?

## Answer:

Using a formal process (above), you can view your medical records. But you are not permitted to lookup your own medical record when logged into the electronic medical record.

## How to Appropriately View/Access/Obtain Copies of Your Medical Records

1.

Create an account in MyChart (available as a mobile app)  
[MyChart - Login Page \(providence.org\)](https://mychart.providence.org)

2.

Call your Health Information Management (HIM) department at 888-234-2491

3.

Go to ([Medical Records Authorizations | Providence](#)) to request documents



Thank you for completing your HIPAA training

*As a part of your student clearance process, you will need to sign the Confidentiality and Nondisclosure Statement, **this is a requirement to starting your rotation.***



# Providence Oregon Job Shadow Packet

## HIPAA Attestation

**I attest that I have completed the Providence HIPAA training. I understand the actions required of me and I agree to comply with the principles presented on HIPAA.**

Print Name:

Date:

Signature:



Providence Health & Services  
4400 NE Halsey St., Building 2, Suite 295  
Portland, OR 97213-2196 503-893-7471

Dear Parents and/or Guardians,

Your child has expressed interest in participating in a job shadow experience at a Providence Health & Services site. We would like to take this opportunity to provide you with information on the event prior to giving your consent for your child to participate in a job shadow.

The goals of the job shadow are as follows:

- to help students explore health care careers
- to help bring relevancy to classroom learning (specifically in science and math)
- to help youth observe the reality of the health care work environment.

Your child will be supervised by a Providence caregiver while on-site and will be required to provide proof of immunizations, to review HIPAA training on patient confidentiality and to sign a Providence Non-Employee Confidentiality Agreement. You will be required to sign a Release of Liability Form. We cannot fully predict or control what circumstances your child may be exposed to during the job shadowing experience. Although unintentional, due to the nature of our operations and our patient population, your child may encounter graphic, challenging, disturbing and even potentially violent situations with unanticipated outcomes. There may be times when a job shadow observer will be asked to remain distanced from difficult situations. Your child may observe or hear confidential patient information, and to that end, your child will be asked to sign a Confidentiality Form which states that they will not in any way disclose any **patient identifiers**. Due to privacy laws (HIPAA – Health Insurance Portability and Accountability Act) we will not be able to share ongoing patient updates. Patients and the attending physician will need to give their consent to have those participating in a job shadow observe for their own educational purposes. Your child will need to thoroughly read, sign and adhere to the Providence Career Exploration Dress and Behavior Form. Any substandard dress or behavior will lead to immediate termination of the job shadow by a Providence supervisor. Please take a moment to review the expectations with your child prior to them coming for the job shadow.

I have read and acknowledge this information. By signing this form, I acknowledge that I have read and understand this information and that I consent to having my child participate in a job shadow.

Parent /Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_.

Student Name (print) \_\_\_\_\_

If you have any questions or concerns, please contact Jamie Thiem

(Education Program Coordinator) at [Jamie.Thiem@providence.org](mailto:Jamie.Thiem@providence.org)



## **PROVIDENCEREADY DRESS AND BEHAVIOR CODE**

**All ProvidenceReady learning opportunities are a privilege and optional therefore, the student agrees to conduct him or herself in only the finest behavior and decorum while a guest at Providence Health & Services.**

### **Respectful Treatment**

All Providence staff, vendors, contract personnel, volunteers, school personnel, students, patients, their families and visitors shall be treated in a respectful, dignified manner at all times. Language, non-verbal behavior, gestures, attitudes and activities shall reflect this respect and dignity of the individual at all times. Loud talking and boisterous behavior will not be tolerated.

### **Behavior**

1. Students are expected to fully participate in learning activities and demonstrate active listening skills, eye contact, a positive attitude and positive non-verbal communications. Students are to eagerly engage in dialogue (ask questions) with staff and to be accepting and encouraging of other students as they learn.
2. Students are responsible for their own learning. No student is to use an iPod or other music and/or video device, cell phones, laptops or other computer devices, do homework, sleep, leave the event early or otherwise veer from the learning experience.
3. Students will immediately and thoroughly follow any safety, HIPAA or security instructions provided by Providence staff.

### **Photography and Cell Phones**

Students may bring cell phones but will turn them completely off while participating in a job shadow or attending any ProvidenceReady event. Students will not check for voice messages, text messages or in any way use their cell phone while job shadowing or attending any ProvidenceReady event. **Photography of patients is absolutely prohibited;** however, photographs may be obtained of Providence staff as long as staff provides gives verbal permission.

### **Language**

Students agree to use respectful communications and demeanor that is professional in both language and tone. Students agree not to use language, gestures or non-verbal behavior that is disrespectful, profane, vulgar, intimidating, degrading, sexually suggestive or prejudicial (racially, ethnically, religiously, etc.). Students will not yell or raise their voices, will at all times be aware of their surroundings and will be responsible to adjust their own tone and volume to fit the situation.



**Dress Code**

- Clothing is in clean condition and good repair
- Wear the name tag that is provided for you at all times
- No sweats
- No excessive mini skirts
- No sagging pants
- No visible underwear
- No bare waist or midriff
- Practice good personal hygiene
- No fragrances

Examples of acceptable attire might be: Slacks or khaki type pants, nice, collared shirt or sweater and clean tennis shoes or other low or no heeled shoes.

**Health**

Students agree to only attend the ProvidenceReady event if they are free of acute illness. If student needs to cancel, the student will notify the appropriate contact person as soon as possible.

**By signing my name below, I acknowledge that I have read, understand and agree to comply with the Providence Behavior Standards and Dress Code. I understand that failure to comply with the behavior standards and/or dress code will result in termination of the job shadow.**

\_\_\_\_\_ Student Name (printed clearly)

\_\_\_\_\_ Student Signature



## Providence Health System - Oregon

### Non-Employee Confidentiality and Nondisclosure Statement

Name: \_\_\_\_\_

**PHS Contact:** Jamie Thiem

(Last, First, MI – Please Print)

I understand that while performing services on behalf of Providence Health System - Oregon (PHS-OR), I will have access to information not generally available or known to the public. I agree that such information is confidential information that belongs to PHS-OR. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I agree that information developed by me, alone or with others, may also be considered confidential information belonging to PHS-OR.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by PHS-OR; (2) as permitted under written Agreement between PHS-OR and my employer or myself; (3) consistent with the scope of services I perform on behalf of PHS-OR and with applicable PHS-OR policies and practices; and (3) solely for the benefit of PHS-OR, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with PHS-OR, or my right to use information this is or becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand my responsibility to become familiar with and abide by applicable PHS-OR policies and protocols regarding the confidentiality and security of confidential information.

I understand that PHS-OR electronic communication technologies are intended for benefit of PHS-OR, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time and is not in conflict with PHS-OR business requirements. Internet usage is monitored and audited on a regular basis by PHS-OR management. PHS-OR management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or applicable PHS-OR confidentiality, privacy and/or security policies, PHS-OR may terminate my association with PHS-OR, including any written Agreements with PHS-OR. Further, PHS-OR will be entitled to all remedies it may have under written Agreement or at law, as well as to seek and obtain injunctive and other equitable relief.

Signature: \_\_\_\_\_ Co/School/Affiliation: \_\_\_\_\_

Date: \_\_\_\_\_



## **RELEASE OF LIABILITY FORM FOR JOB SHADOW AND/OR UNPAID INTERNSHIP**

Providence Health & Services Oregon onsite career educational activities such as job shadowing and internships carries the potential for certain risks some of which may not be reasonably foreseeable.

I acknowledge that these risks could cause me, or others around me, harm, including, but not limited to, bodily injury, damage to property, emotional distress, or death.

I am a willing participant in Providence Health & Services Oregon onsite career educational activities.

I acknowledge that for a job shadow experience I am only to observe and that I am not to provide patient care. I will follow all Providence Health & Services confidentiality policies and protocols and I read the HIPAA training provided by Providence and have signed the Providence Non-Employee Confidentiality Form. I agree that participating in onsite educational experiences are for my informational purposes and do not constitute employment or an offer of employment.

By signing this agreement, I agree to release, indemnify, and hold harmless Providence Health & Services Oregon, as well as all its employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my participation in onsite career educational activities.

X \_\_\_\_\_

Name of Participant

X \_\_\_\_\_

Signature of Participant if 18 years or older

X \_\_\_\_\_

Name of Parent/Guardian

X \_\_\_\_\_

Signature of Parent/Guardian if Participant is < 18 yrs.

X \_\_\_\_\_

Date



## Student Health Requirements

In supporting and creating healthier caregiver communities and to promote our vision of Health for a Better World, our student/agency/vendor/contractor partners must have the following health requirements assessed before starting their regular work assignment /rotation/shadow/visitation in any Providence St. Joseph Health facility or affiliate building where patients are treated, or caregivers perform work.

**Please provide documentation to your administrator to keep on file:**

Health Requirement	Check
<b>Annual Health Screen -CA HCC Caregivers Only</b> Indicate free of infectious disease, able to work with or without accommodation (specify any accommodations needed) and signed by MD, DO, NP or PA	
<b>Tuberculosis Testing</b> -- Tuberculosis testing; IGRA or Q-Gold blood test or two-step tuberculin skin test current within the last 12 months, and annual as per ministry requirements. If history of positive, please provide copies of chest x-ray results after positive TB test and medical clearance note from your provider.	
<b>Measles, Mumps, Rubella (MMR)</b> – Documentation of 2 MMR's at least four weeks apart after the age of one and/or positive laboratory titer. If laboratory titers are negative, one of the below actions must be completed: 1. Written vaccination declination 2. Acceptance of vaccine <i>(Rubella vaccination is required in Alaska in acute facilities, skilled nursing facilities, and ambulatory surgery centers)</i>	
<b>Varicella (Chicken pox)</b> – Documentation of 2 doses of varicella at least four weeks apart and/or positive laboratory titer. If laboratory titers are negative, one of the below actions must be completed: 1. Written vaccination declination 2. Acceptance of vaccine	
<b>Hepatitis B (Hep B)</b> - Documentation of Hepatitis B vaccinations (series of 3 Engerix or Recombivax or 2 Heplisav) and positive laboratory titer. If laboratory titers are negative, one of the below actions must be completed: 1. Written vaccination declination 2. Acceptance of vaccine <i>(Hep B vaccination is required in Alaska in acute facilities, skilled nursing facilities, and ambulatory surgery centers)</i>	
<b>Tetanus, Diphtheria &amp; Pertussis (Tdap)</b> – Documentation of vaccination/booster or signed declination	
<b>Annual influenza vaccine</b> -- Documentation of vaccination or signed declination, including reason for declining. Must follow masking requirements of setting.	
<b>COVID vaccination</b> - Documentation of updated (most current) COVID-19 vaccine. Students for whom vaccine status is unknown or documentation is not provided, are considered unvaccinated and will be required to comply with local masking policy.	
<b>Respirator Training:</b> Respiratory Protection (PAPR or N95 Fit Mask Testing), if required by setting or functions performed. If prior training is not for device provided by PH&S, PH&S will provide training/testing as appropriate.	

I understand the declination of some vaccines may limit the locations where I am able to work. I hereby attest that I provided my administrator all the necessary medical documentation as outlined above in order to meet the health requirements of Providence St Joseph Health. I have done this to protect myself, our patients, colleagues, and the community.



---

Signature

Printed Name

Date

---

Administrator Signature

Printed Name

Date

---

**Ideas on where to obtain your childhood and adult immunization immunity records:**

- Previous health care employers or any schools you have attended
- Your family Physician or the Health Department where you grew up, which may take a couple weeks.
- Call your state **Immunization Registry Help Desk** as they may have record of your immunizations and can send them to you.

**Ideas in where to receive vaccinations:**

- Your Primary Care Provider or other walk-in clinics
- Local and national pharmacy stores/chains, some located in grocery stores chains.
- Family Practice Residency programs
- Low income or sliding scale clinics
- Local Health Department