

# PROVIDENCE JOB SHADOW CHECK LIST



NAME OF PERSON REQUESTING JOB SHADOW: [Click here to enter text.](#)

EMAIL ADDRESS: [Click here to enter text.](#)

PHONE: [Click here to enter text.](#)

ADDRESS: [Click here to enter text.](#)

DATE OF JOB SHADOW: [Click here to enter a date.](#)

LOCATION OF SHADOW: [Click here to enter text.](#)

SUPERVISOR/MANAGER: [Click here to enter text.](#)

JOB SHADOW PROVIDER: [Click here to enter text.](#)

DATE	ACTION ITEM	COMPLETED
	Manager approval X	<input type="checkbox"/>
	Liability Form signed	<input type="checkbox"/>
	HIPAA Training Deck & Attestation signed	<input type="checkbox"/>
	Non Employee Confidentiality Form signed	<input type="checkbox"/>
	Student/Agency/Vender/Contract Immunization Form completed and signed	<input type="checkbox"/>
	Parental Consent Form signed (if under age 18) and Student Dress & Behavior Form signed	<input type="checkbox"/>
	*If observations are over 8 hours within one year timeframe then a background check must be done and cleared through Student Affiliations	<input type="checkbox"/>

**NOTES:**

[Click here to enter text.](#)

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**\*All forms and check sheet must be retained for three years following job shadow in department where job shadow occurred. Questions? Please contact your HR Client Manager.**

# HIPAA Privacy & Security



# Learning Objectives

- Understand how HIPAA applies to your new role at Providence
- Understand and commit to Providence Privacy standards
- Understand and commit to Providence Security standards
- Learn where to go to ask questions and report concerns

# What is HIPAA?

- The federal statute that regulates the confidentiality, integrity and availability of patients' Protected Health Information (PHI)
- Identifies 18 elements of PHI
- Applies to all written, verbal and electronic information

# What is PHI?

## Protected Health Information (PHI)

- Names
- Social Security Number
- Medical Record Number
- Geographic location smaller than state
- All dates except for year
- Biometric ID-fingerprint, voice, etc.
- Health Plan number
- Account number
- License number
- Age, less than 90
- Phone number
- Fax number
- Email address
- Vehicle Identification
- Device numbers
- URL
- IP address
- Full face images
- Any other unique identifying number, characteristic, or code

# Minimum Necessary Requirement

- We do not access, use, disclose or discuss patient-specific information with others unless:
  - Necessary for treatment, payment, or operations
  - Required by law, or
  - Authorized by patient

Access or disclose only the minimum information needed to do your job.

# While you are at Providence:

- Access is granted only for business reasons
- **You may not** access health care records, of family members, friends, co-workers, or neighbors
- Access is monitored and recorded
- Inappropriate access, use, or disclosure will result in corrective action

# HITECH

## **HITECH Act** – Health Information Technology for Economic and Clinical Health Act of 2009

- HITECH was enacted to stimulate the adoption of electronic health records (EHR)
- Widens the scope of privacy and security protections available under HIPAA
- Increases the potential legal liability for non-compliance
- Provides for more enforcement of privacy breaches



# Privacy & Security Breaches

A breach is theft, loss, and inappropriate use or disclosure of PHI, including:

- Paper documents containing PHI disclosed to unintended recipients
- Stolen or lost laptops, flash drives, phones, or any other personal electronic device
- E-mails or faxes sent to an unauthorized party
- Unencrypted electronic information sent outside the Providence network
- Unauthorized access (e.g. "peeking")
- Saving a file containing PHI to a widely accessible storage location

# Social Media Sites

- HIPAA rules also apply in social media settings
- Never post PHI (including photos) to a social networking site
- Sanctions can even be imposed to posts that share confidential, or proprietary information, photographs or videos about Providence

Refer to Providence Policy PROV-COMM-604

# Reporting a Breach

Immediately report any compliance concerns and potential breaches to your manager, the Compliance office, or the Integrity Line

- Compliance Office: (503)574-9686
- Integrity Line: (888)294-8455

# Office for Civil Rights Enforcement

Four tiers of penalties for breaches that reflect increasing levels of culpability with corresponding monetary penalties:

- Inadvertent disclosures
  - Reasonable Cause
  - Corrected Willful Neglect
  - Uncorrected Willful Neglect
- 
- State Attorneys General may bring civil actions against violators (individual and organizational)

# Privacy Best Practices

Our expectation while you are at Providence:

- Never view patient records outside of your scope of work—No peeking!
- Use secure shredder bins to dispose of documents containing PHI—Do not recycle!
- Keep PHI out of sight and secure when not in use
- Avoid patient-related discussions in public areas

# Security Best Practices

- Secure your computer, voicemail and other passwords—lock and don't share!
- Use your Providence email account for communications related to your learning activities—never use a personal email account!
- Never download confidential information onto a home or non-Providence device
- Store portable devices and other electronic media in a secure location—your car is not a secure location!

# Confidential Information

You are also expected to protect confidential information

- Includes confidential information about
  - Patients and Members
  - Employees
  - Students
  - Residents
  - Business operations not available to the public
- Removing confidential information from work location and requires supervisor approval

# Questions?

- **Security Questions:**  
Oregon Region Security Analyst  
Greg Chupp  
(503)893-7169  
Greg.Chupp@providence.org
- **Integrity, Compliance & Privacy Questions:**  
Compliance Office  
(503)574-9686  
Integrity Line  
(888)294-8455
- **Email or Computer Access Questions:**  
IT Help Desk  
(503)216-2800  
OR Intranet site under Resources



# We Are All Responsible

A photograph of a large, rugged mountain with significant snow cover under a clear blue sky. The snow is unevenly distributed, showing rocky patches and deep snowdrifts. The foreground shows a flat, snow-covered area.

“No snowflake in an avalanche ever feels responsible.” – *Voltaire*

## Providence Health and Services HIPAA training

### 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 \_\_\_\_\_

# HIPAA Privacy & Security: What You Need to Know

Providence expects that all workforce members and those with access to our electronic health records will protect our patients' information in accordance with the HIPAA privacy and security rules and applicable state laws. This tip sheet highlights key HIPAA focus areas. In a time of increasing government enforcement, fines and potential jail time, these tips will help you do the right thing.

- Never view patient records outside your scope of work. Only view records relevant to performing your job. **No peeking!**
- Never share your ID or passwords with anyone and do not allow others to use the computer while you are logged in. Don't leave your password written down near your computer. Make certain to lock or log off your computer when you step away.



- Understand what qualifies as **protected health information (PHI)**.

Examples of PHI include:

- Names and addresses
- Telephone/Fax Numbers
- Email Addresses
- Social Security Numbers
- Medical Record Numbers
- Dates that include Dates of Birth, Death, Admission, Discharge
- Full-Face Photos and Comparable Images of Patients



- Providence has well defined processes for accessing one's health record that must be followed by all patients – including patients who are also employees, medical staff, volunteers and others with access to Providence systems and paper records. Providence policy does not permit physicians, other care providers or physician practice staff to access their own or their family members' PHI through the electronic health record. All access to PHI must be requested through official channels in the same way that any other patient obtains access. Note that Providence policy may be different from that of other covered entities for which you provide care.
- Use secure shredder 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.

- You are responsible for keeping information received at work confidential. Do not post PHI or other confidential information to social networking sites such as Facebook or Twitter. This is a serious HIPAA violation and constitutes a breach.
- Always use a cover sheet when transmitting information by fax. Do not put confidential information on the cover sheet.
- 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 shredder bin.
- Understand what constitutes a breach. A **breach** is defined as the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of the 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 breaches include:
  - Viewing patient records without the “need to know”
  - Throwing PHI in the trashcan instead of the shredder 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:
  1. Discuss the issue or concern with your immediate supervisor
  2. Discuss the issue or concern with the department manager
  3. Contact your local or regional compliance or privacy representative
  4. Call the Providence Integrity line at (888)294-8455. The Integrity Line is available toll-free 24 hours a day, 7 days a week. You may report concerns anonymously.
- Consult Providence's [Code of Conduct](#) when you have questions about doing the right thing. The Code will help you understand Providence 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. [Copies of the Code in different languages](#) can also be found online.
- In addition to the Code of Conduct, Providence policies on [Conflict of Interest](#), [Fraud & Abuse](#), [Vendor Relations](#), [Non-Retaliation](#) and [Confidentiality](#) are available on [Providence's internet site](#) at [www2.providence.org/phs/integrity/Pages/default.aspx](http://www2.providence.org/phs/integrity/Pages/default.aspx).



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



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

Dear Parents/Guardians,

Your child has expressed desire to participate 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 to help students explore health care careers, to help bring relevancy to classroom learning specifically in science and math and to help youth observe the reality of the health care work environment.
- Your child will be supervised by a Providence caregiver while onsite and will be required to provide proof of immunizations, review a HIPAA training on patient confidentiality and 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. 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 your child 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 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 School Outreach Dress and Behavior Form. Any substandard dress or behavior will lead to immediate termination of the job shadow by the 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 consent to have 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 Julianne Sandoz, Director, Providence School Outreach 503-893-7471.



# **PROVIDENCE SCHOOL OUTREACH DRESS AND BEHAVIOR CODE**

All Providence School Outreach 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 Oregon.

## **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 Providence School Outreach event. Students will not check for voice messages, text messages or in any way use their cell phone while job shadowing or attending any Providence School Outreach event. **Photography of patients is absolutely prohibited;** however, photographs may be obtained of Providence staff as long as staff provides 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 School Outreach 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

\_\_\_\_\_  
Date



# Providence Health System - Oregon

## Non-Employee Confidentiality and Nondisclosure Statement

Name: \_\_\_\_\_  
(Last, First, MI – Please Print)

PHS Contact :Julanne Sandoz

I understand that in the course of 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

\_\_\_\_\_  
Company or 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/Gaurdian

X

\_\_\_\_\_  
Signature if Participant is < 18 yrs

X

\_\_\_\_\_  
Date



## Student/Agency/Vendor/Contractor 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</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 or signed declination	
<b>Varicella (Chicken pox)</b> – Documentation of 2 doses of varicella at least four weeks apart and/or positive laboratory titer or signed declination	
<b>Hepatitis B (Hep B)</b> - Documentation of Hepatitis B vaccinations (series of 3 Engerix or Recombivax or 2 Heplisav) and/or positive laboratory titer or signed declination where required. (Hep B vaccination is required in Alaska)	
<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 completed vaccination series or single dose of US Emergency Use Authorized (EUA) COVID vaccine, or World Health Organization-approved vaccine series received outside of the US. Fully vaccinated means two weeks post final or single dose of COVID-19 vaccine.	
<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 (other than COVID-19) 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.

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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 clinic's
- Local Health Department