Health System

Medical Career Explorers

Application for the 2022 - 2023 School Year

About the Program

The Medical Career Explorer Program provides students with opportunities to learn more about Medical Careers through first-hand experiences. The Program features guest speakers from different healthcare fields, group tours in key specialized areas, and opportunities to ask questions of healthcare professionals currently serving in various professions.

The Program members are not only learning about healthcare careers, participants are cultivating a network of friends from other high schools and the home school community.

Huntsville Hospital's Program focuses on hospital-based healthcare. Participants do not take part in hands-on patient care, but are provided exposure to a variety of observation experiences.

Requirements for Participation:

1. Complete Online Registration, and Pay $30 Activity Fee

2. Complete the Application, which includes the following:
__ Program Preference Application
__ Completed HIPAA Test
__ Affirmation Statement Form
__ Rules for Participants
__ Hold Harmless Form
__ Photography Release Form

3. Submit Required proof of full COVID-19 vaccination

4. Submit Required Tuberculin Test
(Must be read, reflecting a negative result by a physician < one year old)

PLEASE NOTE:
In light of the current COVID-19 pandemic, the planned program format may change from in person to Zoom-hosted sessions to support community guidelines.

Huntsville Hospital - Corporate University
Phone: 256-265-8025 www.huntsvillehospital.org

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Dear Participant,

Thank you for sharing your interest in Huntsville Hospital's **Medical Career Explorer Program.** This Program provides students opportunities to hear lectures from guest speakers, participate in discussion groups, and participate in tours and demonstrations from professionals serving in various healthcare fields. Huntsville Hospital's Program focuses on hospital-based healthcare. Participants do not take part in hands-on patient care, but are provided exposure to a variety of observation experiences. *Please note, in light of the current COVID-19 pandemic, the planned program format may change from in person to Zoom-hosted sessions to support community guidelines. The Program coordinator will contact participants if this is the case.*

Key Facts:

1. Eligibility

Participants must be, at a minimum **15 years of age**, and a **High School junior** or **senior** in order participate.

2. Pre-requisites for Participation in the Program

Prior to beginning the Medical Venturing experience applicants must:

- Complete the Online Registration for the Medical Career Explorer Program, and pay the $30.00 activity fee.
- *Submit a complete **Medical Career Explorer Program Application,** which includes:
  - Program Preference Application
  - Completed HIPAA (Health Information Portability and Accountability) Test
  - Affirmation Statement Form
  - Rules for Participants
  - Hold Harmless Form
  - Photography Release Form

  Please note: If a student has participated previously, a new application and dues payment are still required.
- *Submit proof of full **COVID-19 vaccination**.
- *Submit a **Negative Tuberculin Test** from your doctor or student health center, which is **less than one year old**. The test is only valid if it has been **read within one year**. This can be accomplished through either a TB Skin test or T-Spot blood test. The TB skin test process takes 48 hours between the TB injection and the reading by a physician. Include the certificate of results from your family physician or other primary care provider. For a $20 fee, the Occupational Health Group is another local resource for TB skin testing. **Items that will be due no later than the evening of the first session.*

3. Meetings

- Explorers meet monthly, from **September** through **April**, from **4:30pm – 6:00pm**, at the Dowdle Center.
- Explorers need to have **access to a computer** in case community guidelines require the session to be **Zoom-hosted.**
- Participants receive a certificate of completion if they **attend six (6) or more** of the eight (8) scheduled sessions.
- Meetings begin promptly at **4:30 p.m**. Plan to arrive on time so speakers and/or tours can cover all that is planned.
- Parents/guardians providing transportation are asked to pick-up students, from the Dowdle Center lobby, by **6:15 pm.**
- Parking for the initial evening will be in the surface parking lot on the corner of Gallatin & Governors Drive.

  NOTE: Parking details will be sent to participants after registration is complete.

Applicants need to complete their online application and bring the documentation outlined above to the first evening of the program, prior to participation. The primary contact for the program is Heather T. Mitchell**.** Once we receive your online registration, you will receive an email outlining your first meeting and topic. Our office address is:

Huntsville Hospital's Corporate University
The Dowdle Center • 109 Governor's Drive, SW • Huntsville, Alabama 35801

If you have any questions contact us by phone at (256)-265-8025 or email at Heather.T.Mitchell@hhsys.org. We look forward to helping you explore your career options in healthcare, and hope your experience will be rewarding.

Regards,

Heather T. Mitchell

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Medical Career Explorer **Application**

(The yellow portion of this page will be submitted through the Online Registration process)

Office Use: Completed Requirements:
☐ Affirmation Statement
☐ Application Form
☐ HIPAA Test
☐ Tuberculin; Test Expires: ____/____/___
☐ COVID-19 Vaccination
☐ Flu vaccination, Date: _____/_____/____
☐ Photo Release

Name (Please print clearly):

To participate, students must be >15 years of age, and a Junior or Senior in High School.

Birth date: / / Year in High School: ☐ Junior ☐ Senior
Day Month Year

Name of High School (or Home School):

Immunizations; in the last year I have:

☐ **Had a flu shot; Date ____/ _____/ ____**
☐ **Have not gotten a flu shot**

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Preferred Phone#: (_____) _____

Email address: _____

If Applicant is under the age of 18,
Name of Parent/Guardian & Relationship:

_____

Cell Phone # of Parent/Guardian: (_____) _____

Parent/Guardian's email address: _____

Name the Health Care profession(s) you are interested in learning about during your Medical Venturing experience:

Choice 1.) **Choice 2.)** **Choice 3.)**

Medical Venturing meetings are held the **3rd Thursday** of each month, during the months of **September** through **April**. The March date is slightly off cycle to avoid Spring Break. Youth are asked to attend six (6) meetings out of the eight (8) meetings scheduled.

2022-2023 Meeting Dates: (Please check all the sessions you will be available)	
☐ September 15, 2022	☐ January 19, 2023
☐ October 20, 2022	☐ February 16, 2023
☐ November 17, 2022	☐ March 23, 2023
☐ December 15, 2022	☐ April 20, 2023

Badge:
Students will be assigned a badge to wear during Program meetings. The badge is only valid during meetings. ***Participants*** *will be escorted and wear their badge at all times on campus*

Parking:
If you are a participant on the Huntsville Hospital campus, the designated parking surface lot is the surface parking lot in front of the Dowdle Center, unless otherwise instructed.

☐ I have read and understand the cover letter & application information.

Candidate Signature: ***Date Submitted:***

(Signature verifies that the participant has read the above statement & understands the guidelines for Medical Career Explorer Program.)

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Medical Career Explorer Program: **Rules for Participation**

Huntsville Hospital's Medical Career Explorer participants have a responsibility to adhere to the Program Rules during their time in the organization. Below are the guidelines for participants.

Badge:

Participants must wear a Medical Career Explorer Program badge at all times when participating in a Program activity, and return the badge at the end of each session. Badges must be worn above the waist, and easily visible.

Clothing/ Attire

Participants are expected to demonstrate professionalism and good judgment concerning conduct, make up, clothing, personal hygiene, jewelry, and appearance. Clothing must fit, be clean and pressed, be appropriate for your size, and not drag the floor. We require that you observe the following specific standards regarding personal appearance and neatness while observing in the hospital:

- We encourage participants to wear slacks, khaki pants, or knee length skirts to Program events. No shorts, blue jeans, work-out sports clothing, or miniskirts are allowed. Pants should not reveal the midriff or back area.
- We encourage participants to wear shirts with a sleeve. No sleeveless shirts, sheer shirts, or plunging necklines are allowed.
- We encourage participants to wear closed-toe shoes. No sandals or heels exceeding 3 inches are allowed when touring clinical areas.
- Earrings should not exceed two (2) inches in size. No visible body piercings, other than earrings are allowed.
- No artificial nails are allowed in clinical areas; these nails are known to harbor and grow bacteria and are in conflict with infection control and prevention guidelines.

Cell Phones and Social Networking

During Program sessions, participants are asked to put away their personal cell phones, Bluetooth devices, and other personal technology. Taking photos during Program meetings and/or tours is prohibited. Participants are prohibited to use social media during the Program meetings.

No Smoking/ Tobacco Use Campus

We remind participants, Huntsville Hospital is a smoking/tobacco-free campus; no tobacco use is allowed. Also, if you have a smoke/cigarette smell on your person or clothes, you may be sent home to change your clothing and eliminate the smell before returning to the Program.

Exhibiting Signs of Illness

If a participant has a fever of $\pm 100^{0}$F, has a positive COVID-19 test, exhibits diarrhea or vomiting; they are not allowed to attend a Program session.

I have read and understand the Rules of Participation. I understand that if I come to a Medical Career Explorer Program session in violation of this policy, I will not be allowed to remain for the Program session, and will not receive credit for attendance.

Print Name: _____Signature: _____Date: ____/____/____

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HIPAA Fundamentals

Introduction
- At Huntsville Hospital, 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
- A good 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 don't 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 HH we have a person responsible for insuring 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 role at this hospital.
- You are in violation of HIPAA laws and Huntsville Hospital policies.

Respect the Privacy of Patients
Situation: *You are 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 keep the information in your possession at all times.
- You should make sure that it is protected from others who would not need the information.
- You can turn it over so the information can't 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 an employee of Huntsville Hospital.
- HIPAA laws also require that we keep a record to show that you have been trained in patient privacy. You should now take the HIPAA FUNDAMENTALS TEST.

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Medical Career Explorer Program: **HIPAA Fundamentals Test**

Name _____ **Date** _____

___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 Huntsville Hospital 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 Huntsville Hospital?

__ 8. Patient information that I use for my role:
   a. Isn't 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 (256-265-4477)

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Medical Career Explorer Program:
Affirmation Statement on Security & Privacy of Information

HIPAA Fundamentals

HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a federal law that was enacted in 2003, which protects Protected Health Information or PHI for patients. The law allows for penalties such as fines and/or prison for people caught violating patient privacy.

Protected Health Information, or PHI, is any patient information – whether it is spoken, written, or on the computer. PHI includes health information about patients in the hospital, and it can be as simple as their name. PHI cannot be shared outside of the hospital, even if you see the information in a public area like the trash. If witness PHI being shared, it needs to be reported to Huntsville Hospital's Privacy Officer at 256-265-4477.

Affirmation Statement

I, the undersigned, have read and understand the Huntsville Hospital 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 Huntsville Hospital 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 association with Huntsville Hospital, 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, during my association with Huntsville Hospital, or after my association ends, access or use protected health information, or reveal or disclose to any persons within or outside Huntsville Hospital, any protected health 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 employee's code.

Training: Members of the program receive required education concerning security and privacy upon commencement of the association. Any updates or changes to policies will be communicated meetings and/or mandatory requirements tests.

Corporate Compliance: It is the responsibility of all employees and those associated with Huntsville Hospital to uphold all applicable 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 Huntsville Hospital.

I understand that violation of this affirmation statement could result in me not being able to participate in the Medical Career Explorer Program.

PRINT NAME: _____

School or Organization Name *(if applicable)*: _____

SIGNATURE: X_____DATE: _____

WITNESS SIGNATURE: X_____DATE:_____

04/2002, 12/2004, 1/2010, 3/2020

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The Healthcare Authority of the City of Huntsville d/b/a Huntsville Hospital
Waiver of Liability and Hold Harmless Agreement

1. In consideration for receiving permission to participate in Huntsville Hospital's Job Shadowing, Medical Career Explorer Program, or Internship or other Healthcare Observation Program (hereafter referred to as "the Program"), I hereby release, waive, discharge and covenant not to sue Huntsville Hospital, its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted, while in transit to or from the premises, or in any place or places connected with the Program.

2. I am fully aware of risks and hazards connected with being on the premises and participating in the Program, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Program, and I hereby elect to voluntarily participate in the Program, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Program, whether caused by the negligence of releasees or otherwise.

3. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Program, whether caused by the negligence of any or all of the releasees, or otherwise.

4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

   In signing this release, I acknowledge and represent that:

   A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
   B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
   C. I, my parent or guardian is at least eighteen (18) years of age and fully competent;
   D. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

In witness whereof, I have hereunto set my hand and seal this ___ day of _____, _____

Participant Signature: _____

Name Printed: _____

Parent or Guardian Signature (if participant is under 18 years of age): _____

Name Printed: _____

Witness:_____

Witness Name Printed: _____

Huntsville Hospital - Corporate University
Phone: 256-265-8025 www.huntsvillehospital.org

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CONSENT TO PHOTOGRAPH

Marketing & Public Relations

Authorization for Filming or Recording Release Form

PHOTOGRAPHED EVENT:

I authorize the release of the initialed item below to be disclosed in the manner described:

— I agree to grant an interview with, and/or to be photographed, videotaped, or recorded by a **representative of print or broadcast media**, and I understand that my information, image and/or voice may appear in print or broadcast media.

— I agree to grant an interview with, and/or to be photographed, videotaped, or recorded **representative of Huntsville Hospital** and I understand that my information, image and/or voice may appear in Huntsville Hospital promotional or educational material (advertisement, publication, video, web site, etc.).

— I agree to grant an interview and/or to be photographed, videotaped, recorded by a representative of **law enforcement, public health or social service agency.**

— I understand that I (will, will not) be identified by name and that protected health information (will, will not) be shared with the person performing filming or recording.

The purpose for the use/disclosure of this information is:

☐ Cooperation with request from media ☐ Education of health care professionals ☐ Hospital publicity or public education

☐ Investigation of a possible crime ☐ Other _____

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Huntsville Hospital Marketing Department. I understand that revocation will not apply to information that has already been released in response to this authorization.

I also understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization. I need not sign this authorization in order to assure treatment. I understand that I may inspect or obtain a copy of the information to be used or disclosed. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

PRINT NAME	Day Time Phone Number
Signature (or Legal Representative) of individual being photographed, etc.	Legal Representative's Relationship to Patient
Physical Description Consenter	Witness
Date Department (if HH Employee)	Employee ID# (if HH Employee)

DATE

Identification of Personal Representative if the patient is unable to authorize:
__ Driver's License __ Work photo badge __ Other photo ID __ Power of attorney documentation

The original of this document is to be placed in the patient's medical chart and a copy to be maintained in Marketing & Public Relations (Fax 256-265-8921)

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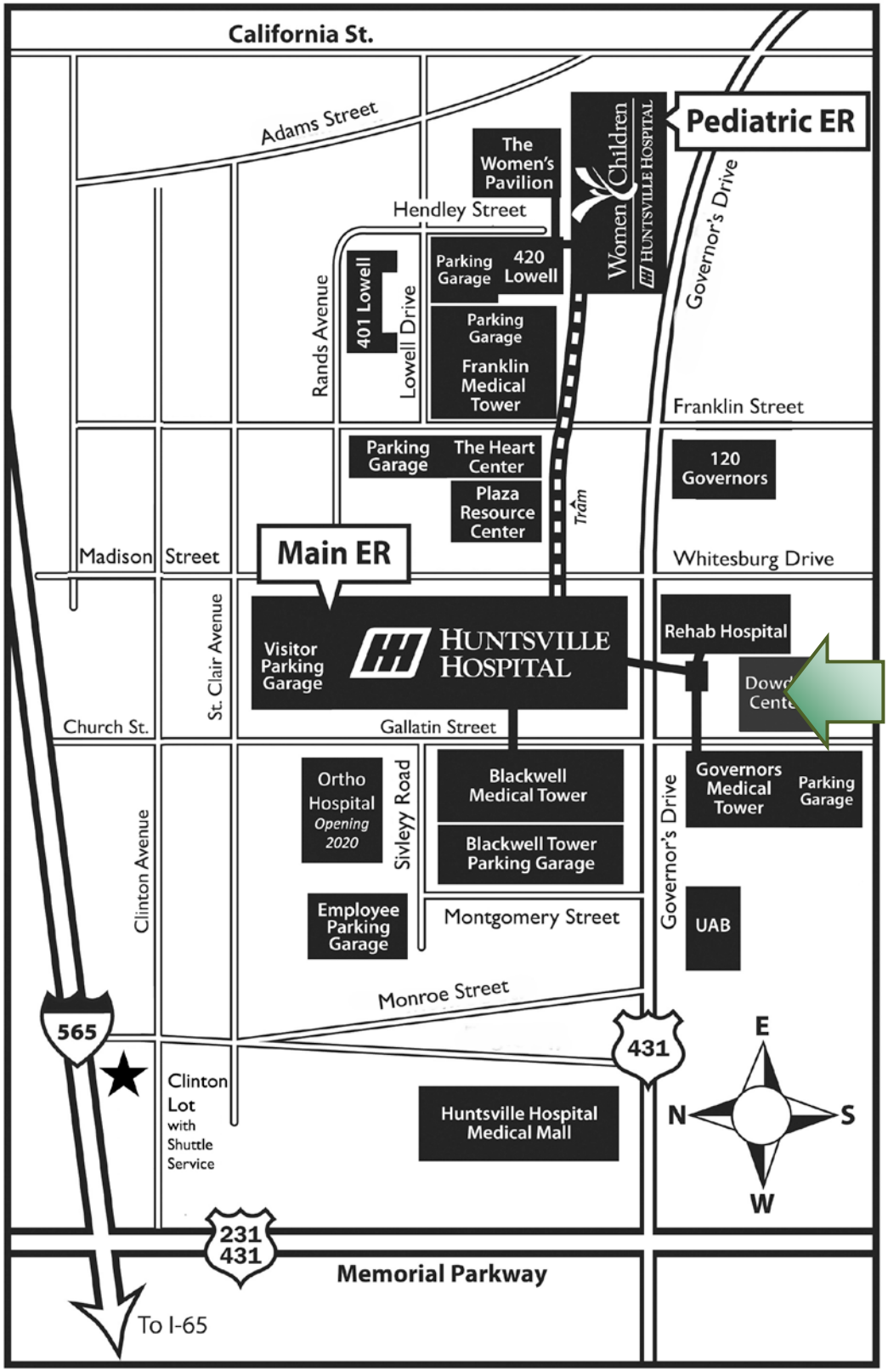
Medical Career Explorer Program: Campus Map



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