

Long Prairie Memorial Hospital & Home

CENTRACARE Health System

20 Southeast Ninth Street | Long Prairie, MN 56347-1404
(320) 732-2141 phone | (320) 732-3802 fax

**LONG PRAIRIE MEMORIAL HOSPITAL AND HOME
JOB SHADOW PROGRAM**

I have read the following personnel policies on Patient/Resident Confidentiality, HIPPA and Emergency Codes.

I understand that my job shadowing will be for observation only and that I will not be allowed to perform any direct patient care.

(Print) Name

Date

Street Address

Telephone Number

City, State and Zip

Emergency Contact/Telephone number/Relationship

(Signature) Job Shadow/Intern

Department Manager

Date

Return Completed form to Human Resources

CENTRACARE Health System

CONFIDENTIALITY AGREEMENT

I, _____ (print name), an employee, independent contractor, student, or volunteer of CentraCare Health System, or its affiliates or divisions ("Organization") have read the Confidentiality Policy of the Organization, understand my responsibility under the Confidentiality Policy to patients, employees, and co-workers, have been trained about the significance of confidentiality and agree not to breach the Confidentiality Policy.

I will not access medical information that I do not need to perform my job responsibilities.

I will not inappropriately divulge medical information that I have obtained in the course of my job responsibilities.

I understand that I cannot access my family's medical record by using the Organization's computer system. Only employees and physicians may view their own medical record to the extent that their individual access rights allow within the computer system. For information beyond the scope of their access rights they must work with the appropriate Medical Information department or request to see their medical record through their primary care provider.

I understand that a breach of confidentiality will subject me to disciplinary action by the Organization, which may include immediate termination of employment, and may subject me to legal action. I understand that the disciplinary action would become part of my personnel file.

A breach occurs in the following instances, which are not intended to include all situations:

- Discussing any information pertaining to patients with anyone (including my own family) who is not directly involved with such patients.
- Discussing or displaying any information pertaining to patients where it can be overheard or seen by anyone not directly involved with such patients, including other patients and their families. (Examples: elevators, outside patient exam rooms, computer screens.)
- Describing patient behavior, which has been observed or learned through my affiliation with the Organization.
- Sharing or failing to properly protect computer passwords or other information authorizing or providing access.
- Transmitting patient information to any individual, entity, or agency outside the Organization, except as authorized by law.
- Discussing with a patient his or her treatment, condition, or visit at the clinic outside of the continuum of care, unless initiated by the patient and the discussion is not susceptible to being overheard by others. (Example: approaching a patient in a restaurant, at church or at an event.)
- Maintaining a therapeutic relationship with a patient during off-duty hours without prior authorization.
- Seeking out, divulging, or further disseminating medical information retained by the Organization regarding employees, co-workers, acquaintances, family members, or confidential information about the Organization itself.

I recognize that the technical advancements in our computer system and the amount of information available via the computer is growing. I understand that patient information should not be stored on a computer's hard drive or on removable storage devices, including but not limited to CD's, DVD's, USB sticks, and portable hard drives. I will not access information from the computer inappropriately. I also understand that any access I make in the computer can be tracked and logged, and may be periodically audited without notice. I understand this document will become part of my personnel file.

Date: _____

EMPLOYEE'S SIGNATURE

CentraCare Health System includes: CentraCare Clinic, CentraCare Laboratory Services, CentraCare Pharmacy Services, CentraCare Surgery Center, Long Prairie Memorial Hospital and Home, Mid-Minnesota Family Medicine, Meirose Area Hospital and Pine Villa Nursing Home, St. Benedict's Senior Community, and St. Cloud Hospital