

**Olathe Medical Center Application for Observation
APPLICATION MUST BE TURNED IN AT LEAST 10 BUSINESS DAY PRIOR TO OBSERVATION**

Name _____ Age _____

Address _____

Phone _____ Email _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

Educational Institution _____

Physician, PA or APRN (Sponsor) to Observe _____

Department to Observe _____

Requested Observation Date(s) _____

Sponsor (Signature Required) _____

Olathe School District High School Students (BEAM) ONLY

This student meets all the requirements to observe at Olathe Medical Center.

Program Facilitator Verification

Counselor Verification

Office Use Only

DATE _____

APPROVED BY _____

AUTHORIZATION AND RELEASE FOR OBSERVATION EXPERIENCE

Observer's Responsibilities

I agree to follow all instructions given by Olathe Medical Center staff and to follow all guidelines and policies of the Medical Center. Further, I will not engage in any activity that would put me at risk of coming into contact with hazardous materials or with blood and/or bodily fluids.

I recognize and acknowledge that the services Olathe Medical Center provides for its patients are confidential and that during the course of my observation I may become aware of this confidential information. I agree to keep all patient information confidential, and to indemnify the Medical Center for any claims or damages arising from my breach of this confidentiality provision.

I acknowledge that I am acting within the observation program during my scheduled observation experience. I understand it is my responsibility to inform the physician/department point of contact of my absence if I am unable to attend my scheduled observation opportunity.

I hereby release Olathe Medical Center, its employees and any other persons performing services at the Health System from responsibility for any injury or ill effects, physical as well as emotional, which may result from my presence within the Medical Center.

I acknowledge that Olathe Medical Center has asked me to share information about myself for promotional and/or education materials that may be used internally or released to the general public. Such materials may contain photographs, films and/or interview content that will disclose the fact that I have been, or will be an observer at Olathe Medical Center.

Observer's Printed Name

Observer's Signature

Date

Parent/Guardian Printed Name
if under 18

Parent/Guardian's Signature
if under 18

Date

HIPAA PRIVACY TRAINING FOR OBSERVATION

Olathe Medical Center (OMC) is and has always been committed to maintaining patient privacy and confidentiality as part of its mission in providing quality health care. The "Health Insurance Portability and Accountability Act" (HIPAA), effective April 14, 2003, made this commitment to patient privacy and confidentiality a federal law. Hospitals and other healthcare providers are required to protect and maintain the privacy and security of patient information under this law or risk investigation by the federal Office for Civil Rights and the possibility of fines and penalties. All patients entering our health system for services are informed of their privacy rights under HIPAA when we provide them with the OHSI Notice of Privacy Practices. OHSI is also required by HIPAA to educate anyone who has access to protected health information. As it is possible to come in contact with protected health information (PHI) during an observation experience, we are required by law to educate observers.

What is protected health information (PHI)?

PHI is any health information that identifies a specific person. This can include written or computerized information or information given verbally. Examples of identifiable health information can include the patient name, address, and date of birth, medical record number, or social security number. In order to protect patient privacy, Olathe Medical Center staff will minimize your exposure to protected health information to that which is absolutely necessary.

As an observer, what are my responsibilities regarding patient confidentiality and security of information?

- During the observation experience, it is never appropriate for an observer to release patient information to anyone, including a visitor or family member. Observers are to be accompanied by a staff member at all times. The staff member will answer any and all questions regarding patients. Observers who are asked patient-related questions should always refer them to a staff member.
- Observers should always follow the direction of their assigned staff member. It is never appropriate to look through medical records unless directed by a staff member as part of your learning experience.
- All discussions regarding patients, their treatment, or other protected information should be made in a private area. Discussing patient information in a public area is always inappropriate and does not comply with expectations of the HIPAA Privacy Rule or OHSI's policies and procedures.

In summary, extreme caution should be used with any protected health information that you may come in contact with during your experience AND after you complete your experience. Although it is acceptable to discuss your experience in general terms, such as "I saw a patient undergoing a cardiac catheterization procedure," it is never appropriate to include the patient's name or other identifiable information in these discussions. If the observation experience requires a written summary, patients should never be identified, and protected health information should not be included.

Protecting patient privacy can be especially challenging when coming in contact with a neighbor or friend during your observation. Remember that the patient has the right for any details regarding their treatment to be kept confidential. Inquiries regarding specific individuals seen during the observation experience should always be answered with, "That is confidential information, and I cannot discuss it." Regardless of who the patient is, he or she has the same right of privacy and confidentiality. Observers must protect these rights and follow the law during and after their experience.

Acknowledgement of “Olathe Medical Center HIPAA Privacy Training”

I _____, by my signature, acknowledge that I have received and reviewed a copy of the Olathe Medical Center’s HIPAA Privacy Training.

Printed Name

Signature

Date

Olathe Medical Center's Immunization Form

Occupational Health Medical Requirements for Observers

Occupational Health will follow CDC recommendations. If CDC changes its recommendations, there may be additional requirements.

- **Tuberculosis (TB) Requirement**
 - Must provide a copy of a negative Tuberculosis (TB) skin test within the past 12 months.

- **Immunizations**
 - The observer must be up to date with the following immunizations:
 - Tuberculosis (TB),
 - Varicella,
 - Mumps,
 - Measles,
 - Rubella, and
 - Tdap
 - Influenza (Observations between November 1 – April 30)
 - Please provide a copy of immunizations record *OR* have your healthcare provider sign below indicating you are up to date on all immunizations.

Healthcare Provider's Printed Name

Healthcare Provider's Signature

Agency/Practice Name

Date