BOONE COUNTY HOSPITAL

Job Shadow/Observation/Internship Request Form

Form must be submitted 30 days prior to the shadow/observation request dates (submission does not guarantee placement). Processing may take up to 30 days. If you need to cancel your job shadow/observation, call 515-433-8611 or email rpetersen@bchmail.org.

*A background check, immunizations list, and current TB status is required for all job shadows/internships.

Student Information

Name		Birthdate			
Address		City		ST	
Email		Phone			

Outreach Contact

School		Contact	
Email		Phone	

Emergency Contact

Name		Relationship	
Email		Phone	

Department or Area of Interest

Department you would like to shadow/observe.

If you have been in contact with a Boone County Hospital (BCH) employee regarding shadowing/observing, provide name and department.

Provide a minimum of three shadow/observation date possibilities.

1)		2)		3)		4)		5)	

Type a brief statement explaining what you hope to gain through your shadowing/internship at BCH (May use separate sheet).

Waiver and Release of Liability

I am a student at/employed by: _____

By checking the boxes below I am verifying that I know that I must provide BCH with the following:

☐*Consent for a criminal background and abuse registry check done by Boone County Hospital.

☐ Current list of immunizations including flu shot proof and current TB status

☐ Proof of credentials/licenses like registered nurse, CPR, mandatory reporter, etc.

☐ Signed confidentiality form (provided by BCH).

In consideration of being permitted to attend BCH and/or one of its associated clinics in an educational capacity, I do hereby indemnify and hold harmless BCH(including its employees and agents collectively) from and against any and all manner of fines, claims, demands, suits, damages and causes of action (including attorney's fees and reasonable costs) arising from or incident to my willful acts or omission.

_____ _____

Student Signature Date

Confidentiality and Security Agreement

I understand that BCH and its clinics in which or for whom I work, volunteer, or provide services, has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of our patients' health information. Additionally, BCH must assure the
confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems, and management information (collectively, with patient identifiable health information, ''Confidential Information'').

In the course of my employment/assignment at BCH or its clinics, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with BCH privacy and security policies, which are available in the individual departments, and on the intranet. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

I WIll NOT

- Disclose or discuss any Confidential Information with others, including friends and family, who do not have a need to know it.
- Divulge, copy, release, sell, loan or destroy any Confidential Information except as properly authorized.
- Discuss Confidential Information where others can overhear the conversation even if the patient's name is not used.
- Connect to unauthorized networks through the systems or devices.
- Make any unauthorized transmissions, inquires, modifications, or purging of Confidential Information.
- Access or use systems or devices that I am not officially authorized to access
- Demonstrate the operation or function of systems or devices to unauthorized users.
- Use tools or techniques to break/exploit security measures.
- Share/disclose User-IDs or passwords.

I WIll

- Practice good workstation security measures such as locking my computer when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.
- Use only my officially assigned User-ID and password.
- Practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved standards.
- Use only approved licensed software.
- Use a device with virus protection software.
- Notify my direct supervisor, appropriate Information Services or (Privacy and/or Security Officer) person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.
- Act in the best interest of BCH and in accordance with its Standards of Behavior at all times during my relationship with Boone County Hospital or its affiliated clinics.
- Only access software systems to review patient records when I am actively involved in that patient's care, or have that patient's consent to do so. By accessing a patient's record, I am affirmatively representing to BCH/clinics at the time of each access that I have the requisite patient permission to do so, and BCH may rely on that representation in granting such access to me.

I UNDERSTAND

- My obligations under this Agreement will continue after my relationship ceases with BCH.
- Upon termination I will immediately return any documents or media containing Confidential Information to BCH.
- I have no right to any ownership interest in any information accessed or created by me during my relationship with BCH.
- Violation of this Agreement may result in legal action.
- I should have no expectation of privacy when using Boone County Hospital's information systems.
- BCH may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

_____ _____

Student Signature Date

Questions? Contact:
rpetersen@bchmail.org
515-433-8611