



Application for Shadow/Observation

Thank you for your interest in an observation experience at Olathe Health. Observers must be 16 years of age and enrolled in a formal education program. Each observer is limited to 16 hours per year, unless approval has been obtained from the department supervisor and associate/provider you are observing. Applications must be submitted at least 10 business days prior to observation. Incomplete applications will not be approved and the observation experience may be delayed.

Submit application to: *OH_Ask.Education@kumc.edu*

Personal Information:

Name _____ Birthdate _____ Telephone _____
Address _____
Email Address _____

Emergency Contact:

Name _____ Relationship _____ Phone # _____

Request for Observation:

Visit www.olathehealth.org for the list of providers, services, and specialties.

Department, Clinic, or Physician: _____

Physician, PA, or APRN's Signature (if applicable): _____

Requested Date and Time for Observation:

Date _____ Time _____

Date _____ Time _____

Educational Institution

School: _____

Field of Study: _____

Address: _____



AUTHORIZATION AND RELEASE FOR OBSERVATION EXPERIENCE

Observer's Responsibilities:

I agree to follow all instructions given by Olathe Health 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 Health 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 Education office of my absence if I am unable to attend my scheduled observation opportunity.

I hereby release Olathe Health, 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 Health 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 Health.

Observer's Printed Name

Observer's Signature

Date

Parent/Guardian Printed Name
if under 18

Parent/Guardian's Signature
if under 18

Date

Immunization Attestation

Employee Health Medical Requirements for Shadowing/Observation Opportunities

According to the CDC, persons who provide health care to patients or work in institutions that provide patient care (i.e. physicians, nurses, emergency personnel, students, and administrative and support staff, etc.) in health care institutions should have documented immunity to communicable diseases. The Joint Commission standards for Infection Control support this position as well. We are notifying you that it is your responsibility to obtain or confirm immunity to the following diseases below. You may be asked to provide documentation of immunity should a disease exposure occur at any of the Olathe Health System, Inc. facilities. The Olathe Health, Infection Prevention and Employee Health departments follow Post-Exposure CDC protocols.

Acceptable forms of documentation for Vaccinations/Immunity testing:

- Negative tuberculosis (TB) test within the last 12 months; or negative chest x-ray if TB test is positive
- TDaP (tetanus, diphtheria and pertussis) within the last 10 years
- Hepatitis B series or positive titer
- MMR (measles, mumps, rubella) 2 doses or positive titer
- Varicella (chicken pox) two doses, positive titer, or physician documentation of history of the disease
- Influenza vaccine during current flu season if shadow date Oct 31 - April 30

I, _____, agree to provide vaccination or immunity testing documentation in a timely manner, if requested.

TB Screening		
	Yes	No
Have you ever had a positive TB test?		
Have you ever been required to have a chest x-ray following a TB test?		
Have you ever had the BCG vaccine for TB?		
Do you currently have a persistent (2-3 weeks) cough or bloody sputum?		
Have you recently had a fever, night sweats, loss of appetite?		
Have you recently been evaluated for any unexplained illness?		
Do you currently have an infectious rash?		

To the best of my knowledge, the above statements are true and accurate. I agree to make any changes in medical condition known to Olathe Health’s Employee Health Services department, 913-791-4431.

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 Health System (OHSI) 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 (PHI). As it is possible to come in contact with 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 Health associates will minimize your exposure to PHI 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 an associate at all times. The associate will answer any and all questions regarding patients. Observers who are asked patient-related questions should always refer them to an associate.
- Observers should always follow the direction of their assigned associate. It is never appropriate to look through medical records unless directed by an associate 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 PHI 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 patients’ name or other identifiable information in these discussions. If the observation experience requires a written summary, patients should never be identified, and PHI 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 Health HIPAA Privacy Training"

I _____, by my signature, acknowledge that I have received and reviewed a copy of the Olathe Health System's HIPAA Privacy Training.

Printed Name

Signature

Date

For Hospital Staff Only:

- Manager/Director Approval
- Authorization and Release Signed
- Vaccination Status Verified
- TB Negative Test Result Document
- Influenza Vaccination Document (applies Oct 31-April 30 current year)
- Signed acknowledgement of HIPAA Privacy Training
- Confirmation Sent to Department Manager & Student