



The Community
Health Clinic



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Thank you for your interest in observing at the Community Health Clinic (CHC). We support students and/or adults exploring healthcare careers and want to work with you to provide a meaningful experience. Due to the volume of observation requests, we ask that you follow a specific process. Please read through the instructions carefully.

1. **Complete the Application Sheet:** A complete application includes the Information Sheet, Confidentiality, and the Code of Ethics sheet. Please also note the dress code. Applications can be returned to the CHC. Observation applicants must be at least 17 years old.
2. **Observation Requests are Processed Once a Week:** All observation requests must be approved by the Clinical Supervisor. Only completed applications will be considered. The Clinical Supervisor will contact you once your application is approved, which should be within seven days.
3. **For your in clinic experience:** Remember to follow the dress code guidelines. Please check in at the front desk upon arrival. You will be provided with a name badge if needed and introduced to your preceptor.

Date _____

STUDENT/OBSERVER INFORMATION

Name _____

Home/Business Address _____

_____ Phone _____

Emergency Contact Name _____ Phone _____

Email _____

Requirements:

_____ Review and sign our Confidentiality-HIPAA Policy

_____ Review the Code of Ethics sheet and sign the Receipt and Acknowledgement

_____ Wear identification or receive temporary name badge to be returned to front desk

Dress Code:

Please abide by our grooming and attire policy and dress appropriately for being in a clinic environment. Do not wear denim, shorts, capri pants, midriff shirts, t-shirt, or sleeveless shirts. We do not allow facial piercings or visible tattoos. Wear close-toes shoes with socks or hose.

Observation Placement:

Which department/area are you interested in job shadowing? _____

Observation Dates: Start _____ End _____

Department/Colleague Name _____

(Filled out by CHC staff only)

I agree to honor the policies and mission of the CHC, including information in our Confidentiality Policy and Code of Ethics Packet. The information included on this information sheet is factual and accurate

Signature

Date



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BUSINESS ETHICS AND CONDUCT

The successful business operation and reputation of CHC is built upon the principles of fair dealing and ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

The continued success of CHC is dependent upon our customers' trust and we are dedicated to preserving that trust. Employees owe a duty to CHC, its vendors, and clients to act in a way that will merit the continued trust and confidence of the public.

CHC will comply with all applicable laws and regulations and expects its directors, officers, and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

In general, CHC hopes that the use of good judgement, based on high ethical principles, will guide employees with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with an immediate supervisor, for advice and consultation.

Compliance with this policy of business ethics and conduct is the responsibility of every CHC employee. Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including possible termination of employment.



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CODE OF ETHICS AND CONDUCT SHEET RECEIPT AND ACKNOWLEDGEMENT

I acknowledge that I have received my personal copy of the Community Health Clinic's Code of Ethics and Conduct. I understand that each colleague, agent, consultant or representative is responsible for knowing and adhering to the principles and standards of the code.

Signature: _____

Print Name: _____

Date: _____

CONFIDENTIALITY/HIPAA POLICY

POLICY: It is the policy of the Community Health Clinic (CHC) to keep information about patients' health care private.

SCOPE: Confidential information should not be revealed to any unauthorized person including employees who have no need to know. To see a patient's information, the employee must need it to provide care or perform his or her job. Friends and family do not have an automatic right to an adult patient's confidential information. Permission must be obtained from the patient or legal representative to share confidential information with unauthorized people.

DEFINITION: Confidential information includes details about the patient's illness or condition, information about treatments, photographs or videos, health care records and conversations between a patient and health-care provider.

General patient information that is not confidential, **UNLESS THE PATIENT REQUESTS**, is name, date of admission, hometown or city, and gender. A patient's room number may only be given when a visitor first identifies the patient by their exact name.

PROCEDURE:

1. The patient's permission is required to share confidential information with any unauthorized person or agency. Always clarify what information is being requested and who is requesting it.
2. All patient information is to be kept covered. It must not be left where unauthorized people can see it.
3. Conversations about patients are private.
4. Phones and fax machines must be used with care. Obtain the party's name and confirm the need to know, then call back. Double check all numbers before dialing. For faxes, use a cover sheet with a warning about misuse of confidential information.
5. Confidentiality is the legal and professional responsibility of the CHC and staff. Any unauthorized use of confidential information should be reported to the Operations Director immediately.

CONFIDENTIALITY STATEMENT

I have received, read and understand the confidentiality policy of the CHC. I understand and agree that in the performance of my duties at the CHC, I must hold all patient information in confidence.

Date

Signature

Printed Name