

**BOUNDARY COMMUNITY HOSPITAL
STUDENT, JOB SHADOW and/or VOLUNTEER
CONFIDENTIALITY AGREEMENT**



I, _____, understand that all Patient Protected Health Information
(Please Print Clearly)
(PHI) is confidential.

This includes:

1. All patient medical and financial information, employee records, financial and operating data of the facility, and any other information of a private or sensitive nature.
2. Confidential information will not be read or discussed by any employee unless it pertains to his/her specific job requirement.

Examples of inappropriate disclosures include, but are not limited to:

- Viewing, printing, or transmitting patient information with regard to my personal records, my family records, or any unofficial viewing of any patient information.
 - Staff and student/volunteer discussion or revealing PHI or other confidential information to friends or family members.
 - Staff and student/volunteer discussion or revealing PHI or other confidential information to other staff without a legitimate need to know.
 - Disclosure of a patient's presence in the hospital or other medical facility, without the patient's consent, to any unauthorized party without a legitimate need to know, that may indicate the nature of the illness and jeopardize confidentiality.
3. I agree to abide by the Confidentiality (Overall Hospital Policy), Authorization for Use or Disclosure of Protected Health Information, Access to Patient Data and Information by Hospital Personnel, Email HIPAA Compliance Policy, Need to Know HIPAA Compliance Policy, and all other HIPAA/HITECH policies of Boundary Community Hospital which includes, but is not limited to:
 - Understand that information that I am viewing, printing, or transmitting is confidential information and may not be released to other entities without a signed release from the patient originated from Boundary Community Hospital, with the exception of continued care.
 - Agree to be held accountable for information transmitted/printed and will hold this information in strict confidence.
 - Understand that I will be made accountable for safeguarding and keeping confidential, the computer equipment and the information viewed/printed/transmitted from the computer and will keep it safe from unauthorized use and unauthorized individuals.
 - Agree to not view or print patient's information with regards to my personal records, my family records, or any unofficial viewing of any patient information.
 - Understand that disclosure of PHI or other confidential information to unauthorized persons or unauthorized access to misuse, theft, destroy, alter, or sabotage of such information may result in my immediate dismissal as a student/job shadow/volunteer from Boundary Community Hospital.
 - Agree to conform to any and all Federal or State laws, rules, or regulations. This is intended to include but not limited to HIPAA/HITECH rules.
 - Understand that unauthorized disclosure of PHI or other confidential information by staff and student/volunteer can subject each individual and the hospital to civil and criminal liability.
 - Understand that personal devices are not to be used to view, print, or transmit PHI or confidential information.

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I agree by my acknowledgment signature below, that I understand that PHI*, or other confidential records/data to which I have knowledge and access in the course of my Student, Job Shadow and/or Volunteer placement with Boundary Community Hospital, is to be kept confidential and this practice of privacy and confidentiality is a condition of my Student, Job Shadow, and/or Volunteer placement with the Hospital. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after the conclusion of my rotations/placement/job shadow and volunteer activities at Boundary Community Hospital.

I am familiar with the policies and procedures enforced at Boundary Community Hospital pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the policies and procedures of Boundary Community Hospital. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of Boundary Community Hospital is grounds for disciplinary action.

Student, Job Shadow, and/or Volunteer Acknowledgment Signature

Date

Below to be completed by Department Manager or Supervisor:

Supervisor Name (Please Print Clearly)

Date

Supervisor Signature

Department

Student

Job Shadow

Volunteer

Dates To: _____ From: _____

Dates To: _____ From: _____

Start Date: _____

**PHI – Protected Health Information*

Referenced Policies:

- *Confidentiality (Overall Hospital Policy)*
- *Authorization for Use or Disclosure of Protected Health Information*
- *Access to Patient Data and Information by Hospital Personnel*
- *Email HIPAA Compliance Policy*
- *Need to Know HIPAA Compliance Policy*

GENERAL RELEASE OF LIABILITY

For and in consideration of my being allowed to participate in the Student, Job Shadowing and/or Volunteer program at Boundary Community Hospital, I do hereby release the Boundary Community Hospital, a political subdivision of the State of Idaho, and any and all other officers, employees, volunteers, agents, insurers and any elected or appointed officials of said Boundary Community Hospital, individuals or entities affiliated with such persons and/or entities, from any and all civil liability or any and all forms of injury which may arise as a result of my participation in such event.

I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with me participating in this event, and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remise and forever discharge and release the Boundary Community Hospital and any and all elected or appointed officials of said Boundary Community Hospital, and all officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by me while I am participating in said event in any way, including my coming and going from and away from the site.

I have read the foregoing and understand that the terms of this agreement are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

DATED this _____ day of _____, 20_____.

PARTICIPANT:

(Student, Job Shadow and/or Volunteer Signature)

Printed Name: _____

PARENT OR GUARDIAN'S AUTHORIZATION AND RELEASE FOR MINOR

I, _____ (*full name of parent*), am the parent or lawful guardian of _____ (*full name of minor*), who has signed the general release of liability attached hereto. I authorize _____ (*full name of minor*), to participate in this program with full knowledge of the terms set forth in said release and join in said release as though I executed it myself. I understand that the terms of this agreement are contractually and legally binding upon me and the minor person who I have authorized to participate in this program and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

DATED this _____ day of _____, 20_____.

Signature of Parent or Guardian

Professional Appearance - Dress Code

Policy Title

PolicyTech Ref# 501 Ver. 3

Human Resources Department

Human Resources Category

02/16/94 Orig. Date

06/26/98 Effect. Date

03/29/19 Review Date

Purpose: This policy creates guidelines regarding the minimum professional appearance and dress expectations for all employees at Boundary Community Hospital (BCH).

Applies to: All employees

Responsibility: Employees/department directors/managers

Policy: **General appearance guidelines**

In preparing for each day, please keep in mind that your daily appearance and cleanliness reflects on your commitment to good health and the professional image of both yourself and BCH. Outlined below are expectations for selected items. There may be positions at the hospital that must wear attire that is compatible with the working conditions of the job. If you are uncertain about appropriate attire, please consult with your department director/manager or the Director of Human Resources.

- **Identification Badge** – Your identification badge communicates that you are a BCH employee, with your name, job title, and department which assures patient/guests that you are here to care for their needs. Your identification badge must be worn at all times when you are at work. ID Badges must be attached to a badge clip. For security purposes if an ID badge is lost, please report the loss to Human Resources as soon as possible. You will be issued a replacement at that time.
- **Jewelry** – Jewelry should be tasteful, limited in amount and safe for our patients, and yourself. “Safe” may be determined at the department level. Jewelry that could be perceived as not being respectful of religious, cultural or personal beliefs of others should not be visible. Visible body piercings should be limited to the ears. Visible body piercing includes tongue, nose and brow and may not be worn at work.
- **Hair** – Hair (including facial hair) must be neat clean, well-groomed and of a natural occurring hair color. Hair should not interfere with the safe delivery of patient care or the completion of work duties. Long hair in patient care areas should be tied back away from the face and not come in contact with patients while performing your job. Certain departments may require use of hairnets, check with your director/manager.
- **Nails** – Nails must be clean and of moderate length (no longer than ½ inch beyond the end of fingertip for anyone performing direct patient care, invasive procedures or equipment cleaning, so as not to interfere with work.) Polish, if worn must be of good repair without cracks or chips and of subdued single colors.
- **Scents** – Tobacco scents, perfume, after-shave and cologne can be harmful as well as inconsiderate to both patients and peers and will not be worn. Water based or unscented lotions or lotions supplied by the hospital are acceptable.

- **Tattoos** – Visible tattoos should be in good taste and not offensive to our patients and guests. (Examples of offensive tattoos are: swastikas, swear words, nudity.)
- **General Dress** – Professional clothing and uniforms should be modest, conservative, neat, clean, well-pressed, and appropriate for your department at all times. Appropriate underclothing must be worn and be inconspicuous.
- **Shoes** – Shoes must be clean, safe, well fitted and professional in appearance. Employees whose base position is patient care, including inpatient and outpatient departments must wear closed-toed shoes. In non-patient care areas professional open-toed shoes are acceptable. Examples of shoes that are not acceptable are platform shoes with soles taller than 1 inch, and flip-flops.
- **Pants** – No jeans of any color will be worn with the exception of Designated days.
- All pants should touch the ankle in length and be neat, clean and in good condition. Tailored cargo pants with a single non-expandable side pocket is acceptable. Examples of pants that do not present a professional image include the following: stretch pants, stirrup pants, leggings, fatigue-style cargo pants with large pleated pockets on the front and sides, sweat pants, shorts, bib overalls, and any comfort wear.
- **Shirts/Tops** – Refrain from wearing shirts /tops that do not represent a professional image. Denim shirts, tops or vests are considered inappropriate at BCH. Employees working directly with patients may not wear sleeveless tops unless covered by a jacket or lab coat. Sleeveless shirts must cover the shoulder from the base of the neck to the end of shoulder. Examples of inappropriate shirts/top may include the following low-cut necklines, low-cut backs, narrow and /or spaghetti straps, shirts/tops that bare skin in the midriff area or can be seen through, and sweatshirts.
- **Skirt/dresses** – Please choose appropriate length of skirt to reflect a professional image. Skirt and dress length cannot be shorter than 2 inches above the knee. Examples of what not to wear include culottes, skorts, mini-skirts, and denim clothing.
- **Uniforms/scrubs** – Professional uniforms or scrub uniforms are required for all patient care providers. (BCH will provide scrub attire in the following areas only: Laboratory, Surgery and Emergency Departments.)

Exceptions

- BCH celebrates Casual Day each Friday and on other announced occasions. Blue jeans and Capri pants are acceptable dress wear for Casual day. Other exceptions to this policy include frequent activities or situations that warrant more casual dress. For example, work parties, work accomplished outside of regular department hours, off duty time, and clean up days. With your director/manager's approval, festive wear may be worn during holiday periods.
- Some departments may have additional specific requirements for dress code. Employees are required to check with their directors/managers and abide by any additional requirements.

Responsibility and Accountability

- Each employee is accountable for his or her behavior and professional appearance. The lead staff member and /or director/manager is responsible for the professional image of their department.
- It is expected that employees discuss any concerns and observations regarding a breach of professional appearance with director/manager. It is the expectation of BCH that the manger will follow up on all issues regarding professional appearance. If a manager becomes aware of an issue of appearance with an employee who does not report them, the employee will contact the appropriate director/manager to initiate follow up.

Violations of policy

- Employees violating the dress code may be subject to disciplinary action and may be sent home to change without pay. If an employee has three (3) or more occurrences within a 12-month rolling period it will trigger the implementation of the “Improving Employee Performance Policy”, which could result in disciplinary action to include suspension and /or termination.



Document Owner – Ann Coughlin, HR



Approved by: Preston Becker, CEO