



## Policy

Title:	Observers in Salus University Clinics
Effective Date:	January 15, 2020
Approved By:	President's Council
Responsible Party:	Vice President for Clinical Operations
History:	10/2/2015
Related Documents:	Confidentiality of University Records Policy

### I. PURPOSE:

To establish guidelines that will further the school's educational mission to allow for individuals to participate in job shadowing, volunteer, and intern activities at Salus University ("Salus") while ensuring that safeguards are in place to protect the confidentiality of Protected Health Information (PHI) from inappropriate disclosures.

### II. DEFINITIONS:

**Department** is a clinical or nonclinical department within Salus.

**Individually Identifiable Health Information** – information that is a subset of protected health information, including demographic information collected from an individual, and:

1. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; and
  - ii. That identifies the individual; or
  - iii. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

**Observer** is an individual who: 1) has completed the form required by this policy; 2) has been approved by a Department; 3) has been assigned to a Supervisor within a Department to job shadow an employee or medical staff of Salus; and 4) is not a Salus student or at a Salus clinical site under the terms of a formal agreement with another institution/organization. It is

highly recommended that Observers be at least the age of 18 prior to their job shadowing experience. It is recommended that individuals under the age of 18 participate in structured programs or tours of Salus facilities where access to PHI is kept to a minimum unless prior patient authorization has been obtained. Some examples of Observers include volunteers, interns from other institutions, potential Salus students, and/or potential residents.

***Protected Health Information*** – all individually identifiable health information transmitted or maintained by a covered entity, regardless of form – i.e. paper, electronic or verbal.

***Site*** is the location where the Observer will watch the employee or Faculty member at work. The clinical facility that occupies the Site will be responsible for the administration of the job shadowing experience in accordance with this policy. For purposes of this policy, the term site may include but not be limited to the Department, practices, clinics or hospitals affiliated with Salus.

***Supervisor*** means an individual employed by or affiliated with Salus University and who is affiliated with the Salus Department participating in the job shadowing experience, and is responsible for determining when access to confidential information is appropriate.

### **III. POLICY:**

It is the policy of Salus to allow students, prospective staff, students, interns or residents who are interested in pursuing careers in the medical field or completing an educational-related project/assignment the opportunity to shadow employees and/or Faculty members of Salus.

An individual who wishes to job shadow an employee or Faculty member of Salus at a Salus Site must request permission in advance.

### **IV. PROCEDURE:**

#### **Request for Shadowing**

It is recommended that the intended Observer provide at least thirty (30) days' advance written notice of their request to shadow/observe. The purpose for this requirement is to allow the Sites to make the appropriate arrangements involving scheduling, confidentiality statements/packets, notification to Sites involved etc.

Each Site must make an independent decision as to whether the arrangements proposed by the Department are appropriate. Salus does not have the authority to approve the release of PHI from these Sites, but may facilitate these discussions. The Site may grant permission upon any specified terms and conditions it considers reasonable in order to:

- protect the privacy of its patients/clients and their health information; and
- ensure the safety of the Observer and the patients/clients at the Site.

### **Confidentiality Statement**

The Department/Supervisor will present the Observer with an informational packet and a confidentiality statement in the form attached as Exhibit A. The Observer shall review the information and return the signed confidentiality statement to the Department/Supervisor prior to beginning the shadowing experience. This agreement must be on file the day the shadowing is to take place and kept on file by the Department for future reference.

### **Prepare for the Shadowing Experience**

Prior to giving permission to an Observer to participate, the Department and/or Site shall:

- a) agree upon the scope, date, time and duration of the experience;
- b) make appropriate risk assessments about potential dangers to the Observer or patients/clients that may exist at the Site and in the specific locations where the Observer will be present, such as exposure to infections, injury or trauma;
- c) ensure that all potential risks are eliminated or minimized; and
- d) ensure that appropriate insurance coverage is in place and that any guidelines from the insurer are followed.

The Site shall retain the right to refuse permission to an Observer who has requested a job shadowing experience at the Site.

### **Patient Authorization**

- a) Patients must be told at the time they are seen that job shadowing is taking place that day. The patient should then be asked if they consent to having the Observer present during their exam.
- b) Under no circumstances is the patient to be asked to give this consent in the presence of the Observer. The patient must be informed of their right to, at any time, change their mind and request that the Observer excuse themselves from the room.

- c) Prior consent of the patient is not necessary if the Observer is a Salus student or resident who is present during or participating in the treatment of the patient as part of his/her medical education through Salus.

### **Observer's Responsibilities**

- a) The Observer shall read the attached guidelines regarding the Privacy Rules and sign the attached Confidentiality Statement.
- b) Use and disclosure of PHI is the responsibility of the employee/medical staff member being job shadowed.
- c) Use and disclosure must be in accordance with the policies of Salus, the Department and the Site of the shadowing experience.
- d) Observers are not permitted to discuss confidential patient information with anyone other than the person(s) they are job shadowing or his/her designee. Observers are not permitted to use or disclose PHI.
- e) The Observer must have read and signed a Confidentiality Statement (see Exhibit A).

### **Supervisor Responsibilities**

The employee or Faculty member arranging the job shadowing experience shall agree to:

- a) remind the Observer of the obligation under Salus confidentiality statement;
- b) minimize the amount of PHI provided to the Observer or that the Observer is exposed to.

The Supervisor shall co-sign the Confidentiality Statement and note any additional terms and conditions applicable. A short orientation session is recommended prior to the shadowing experience to go over the schedule of the day, expectations, and to allow the Observer to ask any questions regarding his/her responsibilities to maintain confidentiality of any PHI he/she may encounter. The Confidentiality Statement may be signed by the staff providing the session. A copy shall be retained as designated at the Site.

No employee or Faculty member may sponsor an Observer unless the employee or Faculty member has completed HIPAA training. Prior to commencing with the shadowing, the Observer should be asked if they have any questions regarding the HIPAA policies and Confidentiality Agreement they have signed.

It is the responsibility of the Supervisor to determine if the shadowing experience is in any way prohibited by his/her malpractice carrier.

Each Supervisor will be personally responsible for their Observer for the time that they are there. An alternate person should be declared in advance to supervise the Observer if the Supervisor is called away.

### **General Safeguards**

- a) During the shadowing process, the Observer should not partake in any direct clinical action.
- b) The Observer may not perform any task that would normally be performed by a healthcare worker or faculty member.
- c) Observation should be limited to the least invasive of exams and the Observer will be prohibited from observing in the following areas/circumstance: mental health, sexual assault, highly contagious/communicable diseases and children under the age of 18 (unless parental/guardian consent is obtained).
- d) At no time should the Observer wear any item of clothing (i.e. lab coat) or do anything that might indicate that they are a member of the health care workforce at that Site.
- e) The Observer should, however, wear a name tag/badge at all times that indicates that he/she is an Observer or a visitor.

The Observer may only be involved in the observation of patients of the Supervisor. Under no condition is the Observer to be provided with copies of any materials containing PHI. The minimum necessary rule applies.

# Observer Agreement/ or Acknowledgement

As an associate/vendor/subcontractor working at Salus University (“Salus”) or as an observer in a patient care area, you may be exposed to Protected Health Information (PHI). This information from any source and in any form, including, but not limited to, paper records, oral communication, audio recordings, and electronic display, is strictly confidential. Access to confidential information is permitted only on a need-to-know basis and limited to the minimum amount of confidential information necessary to accomplish the intended purpose of the use, disclosure, or request.

It is the Salus University policy that all associates on our premises shall respect and preserve the privacy, confidentiality, and security of confidential information. **Violations of this statement include, but are not limited to:**

- Accessing information that is not within the scope of your contract or purpose;
- Misusing, disclosing without proper authorization, or altering confidential information;
- Accessing electronic or confidential information or physically accessing restricted areas;
- Using another person’s sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas;
- Intentional or negligent mishandling or destruction of confidential information;
- Leaving a secured or clinical application unattended while signed on; or
- Attempting to access a secured application or restricted area without proper authorization or for purposes other than official Salus business.

Violation of this statement may constitute grounds for corrective action and immediate termination of your association with Salus. Unauthorized use or release of protected/confidential information may also subject the violator to personal, civil, and/or criminal liability and legal penalties.

**I have read and agree to comply with the terms of the Confidentiality Statement and will read and comply with the Salus University Health Care Privacy, Confidentiality of Protected Health Information (PHI) and Information Security Policies, as applicable, copies of which will be provided upon request.**

Name: \_\_\_\_\_  
(print)

Signature/Date: \_\_\_\_\_ / \_\_\_\_\_  
(sign) Date

**Coordinating faculty/staff member:**

Name: \_\_\_\_\_  
(print)

Signature/Date: \_\_\_\_\_ / \_\_\_\_\_  
(sign) Date

Notes: