

**Clinical/Fieldwork Rotations for PT, OT, SLP, PTA or COTA
Application and Orientation Process**

***** Student's University must have an Affiliation Agreement with Covenant Health before the student can participate in Clinical Rotations at any Covenant Entity. For contract information contact: Keith Harvey, Manager of Contract Operations, HARVEYKM1@covhs.org , 806-725-0535**

Complete/Produce the SEVEN required documents below:

1. Click on the following link or copy/paste the link into your web browser for the Non-Employee Staff Orientation. <http://bit.ly/2ouGvDU>
 - **Print/sign the form at the end of this training and return with the packet.**
2. Student Data Sheet
3. Signed Student Guidelines
4. Code of Conduct Attestation
5. Providers and Designated Office Staff User Access and Confidentiality Statement
6. Read and sign the Confidentiality Statement.
7. Current Professional Picture (JPG format) for your Covenant Badge

NOTE: Please submit your completed application and all supplemental documents (above) by email to natalie.bryant@stjoe.org or by fax to 806 - 723 - 7146.

Allow two weeks for processing prior to start of rotation.

You may not begin your rotation without a Covenant badge or attending Orientation with the clinical area instructor.

Mission, Vision and Promise:

Covenant Health Mission:

As expressions of God's healing love, witnessed through the ministry of Jesus Christ, we are steadfast in serving all, especially the poor and vulnerable.

Covenant Health Vision:

Health for a better world

Our Promise:

"Know me, care for me, ease my way."

STUDENT DATA SHEET

PT OT SLP PTA COTA Other: _____
 (Check applicable box)

Full Name: _____
First Middle Last Credentials
(RN, BSN, ST, CST, etc.)

Date of Birth: _____ Male Female
Month Day Year

Last 4 digits of your Social Security Number: _____

Home Address: _____

Cell Phone: _____ **Email Address:** _____

Current Education:
 Name of School/Branch: _____
 School Address: _____
 School Advisor: _____ Phone: _____
 Contact email: _____ Fax: _____

Past Education:
 Name of School: _____
 School Address: _____
 School Advisor: _____ Phone: _____
 Contact email: _____ Fax: _____

Type of License or Professional Certification: _____
 *if applicable

License or Certification Number: _____ **Expiration Date:** _____
 *Attach current copy of license or verification if applicable.

Has your license to practice in any state ever been denied, limited, suspended, revoked, or have you voluntarily or involuntarily relinquished such? Yes _____ No _____

Have any disciplinary actions been initiated or are any pending against you by any state licensing board?
 Yes _____ No _____

Are you currently employed by Covenant Health? Yes No **Which campus?** _____

GUIDELINES FOR ALL STUDENTS AT ANY COVENANT ENTITY

1. Covenant entities **will not** maintain liability insurance for any actions/procedures performed by the student because the Covenant entities do not retain the right to control the actions of the student.
2. Student will practice within the provisions of the laws of the state of Texas that regulate applicable licensure or certifications.
3. Application will require the approval of the appropriate hospital department director or vice – president.
4. Student Applications will be completed and filed in the Office of Medical Staff Services.
5. Students must complete a Covenant Orientation and EMR Training, if applicable, before beginning clinical rotations.
6. Physician Supervisor will assure Student maintains current licensure, if applicable.
7. Student will provide current copy of licensure to Medical Staff Services, if applicable.
8. Student **MUST WEAR** a Covenant photograph identification badge above the waist at all times while on Covenant entity's premises.
9. Upon completion of rotations, student must contact Natalie Bryant at 806 – 725 – 1377 to return his/her badge, scrubs and any other hospital property.

I attest that I have read the above Student Guidelines, and agree to abide by them during my student rotations at any Covenant entity.

Print Name

Date

Student Signature

CODE OF CONDUCT

Covenant Health desires that all patient care activity take place in an atmosphere of collegiality, cooperation, and professionalism. Members of the Medical Staff are expected to conduct themselves in a manner consistent with and supportive of Covenant Health's mission, vision and core values.

Mission and Values

Members of the Medical Staff acknowledge that Covenant Health is a faith-based ministry based on Catholic and Methodist traditions and principles whose mission is "As expressions of God's healing love, witnessed through the ministry of Jesus Christ, we are steadfast in serving all, especially the poor and vulnerable". Our five core values – Compassion, Dignity, Justice, Excellence, and Integrity – serve as guiding principles.

Respectful Treatment

All members of the Medical Staff of Covenant Health (Hospital) shall treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

Safe Environment of Care

Members of the Medical Staff acknowledge and agree that the protection and safety of patients, employees, and others in the Hospital and the orderly operation of the Hospital are paramount.

Patient Care

Members of the Medical Staff agree to provide care to patients consistent with generally recognized standards of care. Medical Staff members further agree to actively help educate patients and their families regarding the medical condition for which the patients are receiving care and treatment. Additionally, members of the Medical Staff agree to coordinate care, treatment, and services with other practitioners and Hospital staff as appropriate and seek consultation whenever warranted by patient's condition. Medical Staff members also agree to provide continuity of care for patients and delegate responsibility of diagnosis and/or treatment of hospitalized patient to a practitioner who is qualified to provide necessary care.

Language and Behavior

Members of the Medical Staff agree to refrain from engaging in any behavior that may impair the ability of the healthcare team to provide quality care and/or otherwise creates a hostile or intimidating work environment. Prohibited conduct includes, but is not limited to, making offensive or derogatory comments, racial or ethnic slurs, sexual comments/innuendos, threats of violence, using foul language, acting in a rude, intimidating or otherwise unprofessional manner, engaging in retaliatory conduct, criticizing individuals in inappropriate forums.

Harassment/Discrimination

Members of the Medical Staff also agree to refrain from engaging in any form of unlawful discrimination or harassment based upon any legally protected characteristic, including race, color, religion, national origin, sex, sexual orientation, pregnancy, age, disability, or military status. Harassment is defined as unwelcome verbal, visual, or physical conduct that creates an intimidating, offensive, or hostile work environment that interferes with work performance. Sexual harassment, specifically, includes making unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature that is unwelcome and offensive to individuals who are subjected to it or who witness it.

Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires a meeting to be held with the Medical Staff member to discuss the incident.

Corrective Action for Inappropriate Conduct

Collegial and educational efforts may be used by Medical Staff leaders to address inappropriate conduct. Collegial steps, including counseling, warnings, and meeting with a practitioner, may be taken to address complaints about inappropriate conduct. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may warrant immediate corrective action in accordance with the Medical Staff Bylaws, Rules and Regulations.

Code of Conduct (continued)

Confidentiality

Members of the Medical Staff agree to maintain confidentiality of patient care information at all times, in a manner consistent with all relevant laws. Members of the Medical Staff shall also abide by the Medical Staff Rules and Regulations regarding confidentiality of peer review files and process.

Compliance

Members of the Medical Staff agree to abide by Hospital Bylaws, Medical Staff Bylaws, Rules and Regulations and policies, applicable laws and regulation of governmental agencies, Corporate Compliance policies, and applicable standards of accrediting organizations including the Joint Commission on Accreditation of Healthcare Organizations. Failure to comply with the provisions of this Code of Conduct policy may result in corrective action in accordance with the Medical Staff Bylaws, Rules and Regulations.

Reporting Concerns about Safety or Quality of Care

Members of the Organized Medical Staff are encouraged to report their concerns about patient safety or quality of care to any of the following Covenant Health (CH) leadership: Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief of Staff, or the Medical Director of Quality. Concerns may also be reported to any member of the Joint Commission/Regulatory department at 725-3838. By reporting issues directly to Covenant leadership, it will help us conduct a timely and appropriate response.

In keeping with our commitment to meet the Joint Commission standards, CH takes this opportunity to inform you that if you have concerns about patient safety and quality of care here at CH, you may also choose to report concerns to the Joint Commission at 1-800-994-6610, or online at www.jointcommission.org

Any member of the Medical Staff can report directly to the Joint Commission without fear of retaliatory or disciplinary action being taken by Covenant Health.

Code of Conduct Attestation

By my signature below, I certify that I have received and agree to the Covenant Health CODE OF CONDUCT. I agree to comply fully with the standards, policies, procedures and other provisions of the Code of Conduct. I understand that compliance with the provisions contained in the Code of Conduct are a condition of obtaining and retaining medical staff credentials and privileges at Covenant Health. I also understand that the Covenant Health may from time to time amend, modify and update the Code of Conduct pursuant to the Bylaws and Rules and Regulations of Covenant Health and the Medical Staff.

Student Printed Name: _____

Student Signature: _____

Date: _____

PROVIDERS AND DESIGNATED OFFICE STAFF USER ACCESS AND CONFIDENTIALITY STATEMENT

The Providence St. Joseph Health System considers all patient and business information maintained on Providence St. Joseph Health System computer information systems (“Systems”) as confidential and proprietary. This Confidentiality Statement outlines the requirements for users of the Systems (and System applications) owned and operated by Providence St. Joseph Health System including but not limited to Meditech, Connect, PACS/Synapse, and HPF (Horizon Patient Information). Users include but are not limited to staff on the Medical Staff of Covenant Health and their designated office staff employed by those respective staff. This Confidentiality Statement pertains to all access to the Systems, whether access occurs on hospital property, in the office location, or remotely.

I agree that my user name (“User Name”) and Password (“Password”) are my unique identifier for the System(s) that I am authorized to use. I agree that I will only access patient health information for the purposes of direct patient treatment or hospital operations (such as peer review activities for which I am assigned).

- I will not access confidential information that I am not authorized to access including information for which I do not have a legitimate need to know such as information that is not related to my direct treatment relationship with a patient.
- I will not divulge, copy, release, sell, loan, alter, revise or destroy any confidential information except as properly authorized within the policy of the hospital.
- I will maintain confidentiality of all information that I access through the Systems, including protected health information of patients.
- I will not share my User Name or Password with any individual for any purpose. I will be the only person using my User Name and Password. I accept responsibility for all accesses made using my User Name and Password.
- I will not attempt to learn or utilize the User Name/Password of another employee, or any other person authorized to access the system(s).

When I access patient health information from a remote location, I will ensure that no unauthorized person can view the patient health information and that transmissions of patient health information for which I am authorized to make are only completed through secure and encrypted connections (in accordance with hospital policy and procedure).

I understand that access to patient health information is governed by federal and state laws and that **I may be subject to significant fines and criminal actions if I violate the terms of this statement or the state and federal regulations governing.**

I agree that the Providence St. Joseph Health System may routinely audit my access trails and that the Hospital(s) may revoke my User Name and Password at any time. I understand that Providence St. Joseph Health System may revoke my User Name and Password if I inappropriately access or disclose patient health information.

I will immediately report any known or suspected breach of the confidentiality of the system or records/data obtained from it to Compliance Officer and Privacy Officer at (806) 725 - 0085.

I understand this agreement will be on file in the Covenant Health Student Liaison’s Office.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO ABIDE BY THE ENTIRE CONTENTS OF THIS AGREEMENT.

NAME (PRINT): _____

DATE: _____

SIGNATURE: _____



CONFIDENTIALITY STATEMENT

(For Students/Observers/Volunteers)

As a student, observer or volunteer performing duties at Covenant Health (CH), you will have access to the protected health information (PHI) of patients. Federal and State laws, including HIPAA and other policies and procedures created internally, protect the privacy and security of this PHI, including the fact that an individual was a patient at CH. It is illegal for you to use or disclose PHI outside the scope of your duties at CH. This includes oral, written, or electronic uses and disclosures. Below are some guidelines that you must be familiar with regarding the use of a patient's PHI.

1. You may use PHI as necessary to carry out your duties as a student/volunteer;
2. You may share PHI with other health care providers within CH for the direct treatment of the patient;
3. You may NOT photocopy or otherwise permit PHI to be duplicated in any way;
4. You may NOT photograph patients;
5. You must access only the minimum amount of PHI necessary to care for a patient or to carry out an assignment;
6. You may NOT record PHI (such as patient names, diagnoses, dates of birth, addresses, phone numbers, Social Security numbers, etc.) on any assignments you may need to turn in to your instructor, reports you may need to turn in to your program, or forms you may need to take with you;
7. You may only access the PHI of patients for whom you are caring/volunteering when there is a need for the PHI;
8. You must be aware of your surroundings when discussing PHI. As an example, it is inappropriate to discuss PHI in elevators, bathrooms, the cafeteria, and any other place for which your discussion may be overheard;
9. When disposing of any documents with PHI, do NOT place them in the trash can. Instead, the documents should be placed in the proper containers marked for shredding or another disposal container as set forth by policy and procedures for your specific department; and
10. Do not place any photographs or information about your patients or your clerkship experience on any form of social media.
11. If you have questions about the use or disclosure of PHI, contact the Compliance and Privacy Officer (806.725.0085).

Please read, sign, and date this acknowledgement. Return it Medical Staff Services where it will be filed with your application.

Acknowledgment:

I have read and I understand the information in this document. I realize that there are penalties for which I may be subject, including criminal, for the unauthorized use and disclosure of PHI. I agree to abide by the guidelines described above when performing my duties at Covenant Health.

I understand and agree that in the performance of my duties within any Covenant Health Entity (Covenant Medical Center, Covenant Children's Hospital, Covenant Specialty Hospital, Joe Arrington Cancer Research and Treatment Center, Covenant Hospital Levelland, Covenant Hospital Plainview and/or any of the Covenant Medical Group Clinics), I may become aware of information that could be considered confidential. It is my responsibility to protect the privacy of patients, employees and the hospital. I understand that my failure to comply may result in disciplinary action from my supervisor.

Name (Print):

Date:

Signature: