

Student Rotation

Please complete the following forms and return them to your assigned Student Programs Coordinator:

- | | |
|---|-----------------------------|
| A. Student Profile / Identification | D. IP Agreement |
| B. Access and Confidentiality Agreement | E. Release of Liability |
| C. Confidentiality Guideline | F. Student Orientation Quiz |

Student Profile / Identification

Incomplete packets will be returned

Date: _____ (of packet completion and return)

Legal name: _____
First Middle Initial Last

Preferred first name (if different from legal name): _____

Previous last name (if any): _____ Suffix (if any): _____

Date of birth: ____/____/____

Gender: Male Female Non-binary Not Disclosed

Last four digits of your Social Security number: _____ (for student identification)
or Non-US National Identifier (if applicable): _____

Ethnicity / Race:

(Submission of this information is purely voluntary and refusal to provide it will have no effect on your student or internship experience)

- | | | |
|---|--|--|
| <input type="checkbox"/> Native American or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or More Races | <input type="checkbox"/> Not Disclosed |

Have you ever been a student in an Intermountain facility before? Yes No

Currently employed by Intermountain Healthcare? Yes No

If yes, what is your user name: _____

Employee number (if known): _____

Receiving IHCHS tuition reimbursement/scholarship: Yes No

E-mail: _____ Phone: _____-_____-_____

Partial home address: City: _____ State: _____

Emergency contact: Name: _____
Phone: _____-_____-_____

School: _____ Program: _____

School instructor: _____ Estimated graduation date: _____

Intermountain facility/ies: _____
(hospitals, clinics or other assigned service areas)

Department(s) within facility: _____

Rotation dates: Start: ____/____/____ End: ____/____/____

Total hours required for this rotation at Intermountain facility/ies listed: _____

If known, Intermountain supervisor/preceptor for facilities/departments listed: _____

Completion of pre-requisites: CPR (if required) Drug screen Background check

Required immunizations (as noted on student website)

Flu immunization (seasonal). Date of current vaccination (month/year): ____/____

COVID-19. 14 day quarantine requirement if traveling from another state: Yes No N/A

Computer logon required: Yes No

NOTE: Upon completion of this packet you will be provided a student ID badge. Student ID badges must be returned at the end of each semester (or annually if approved). Please check with the Student Programs Coordinator for ID badge retrieval instructions.

If you are also an employee/caregiver of Intermountain, your employee/caregiver ID badge must not be worn while you are functioning as a student.

Intermountain Healthcare
ACCESS and CONFIDENTIALITY AGREEMENT
for VOLUNTEER, STUDENT, RESIDENT/FELLOW and INTERN

SECTION 1.0. Purpose and Definition

- 1.1 **Purpose of this Agreement.** Federal and state laws, as well as Intermountain’s policies, protect Confidential Information, assure that it remains confidential, and permit it to be used for appropriate purposes. Those laws and policies assure that Confidential Information, which is sensitive and valuable, remains confidential. They also permit you to use Confidential Information only as necessary to accomplish legitimate and approved purposes. As a volunteer, student, resident/fellow or intern (a “Student/Volunteer”), you may need access to Confidential Information.
- 1.2 **Definition.** “Confidential Information” means data proprietary to Intermountain, other companies, or other persons, plus any other information that is private and sensitive and which Intermountain has a duty to protect. You may learn or access Confidential Information through oral communications, paper documents, computer systems, or through your activities at or with Intermountain. Examples of Confidential Information include the following information that is maintained by, or obtained from, Intermountain
- A. An individual’s demographic, employment, or health information;
 - B. Peer-review information;
 - C. Intermountain’s business information, (e.g., financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.); and
 - D. Intermountain’s or a Third-party’s information (e.g., computer programs, client and vendor proprietary information, source code, proprietary technology, etc.).

SECTION 2.0. Your Duties under this Agreement

- 2.1 **Principal Duties.** To qualify to access or use Confidential Information, you will comply with the laws and Intermountain policies governing Confidential Information. Your principal duties regarding Confidential Information include, but are not limited to, the following:
- A. Safeguard the privacy and security of Confidential Information;
 - B. Use Confidential Information only as needed to perform your legitimate and Intermountain-approved functions. This means, among other things, that you will not:
 - (1) Access Confidential Information for which you have no legitimate need to know;
 - (2) Divulge, copy, release, sell, loan, revise, alter, or destroy any Confidential Information except as properly authorized within the scope of your legitimate and Intermountain-approved functions; or
 - (3) Misuse Confidential Information;
 - C. Safeguard, and not disclose, your access code or any other authorization that allows you to access Confidential Information. This means, among other things, that you will:
 - (1) Accept responsibility for all activities undertaken using your access code and other authorization; and
 - (2) Report any suspicion or knowledge that you have that your access code, authorization, or any Confidential Information has been misused or disclosed without Intermountain’s permission (Report this suspicion or knowledge to the Intermountain Compliance Hotline at 1-800-442-4845 or to your supervisor or facility compliance coordinator.);
 - D. Not remove Confidential Information from an Intermountain facility unless necessary for your legitimate and Intermountain-approved functions (If removal of Confidential Information from an Intermountain facility is necessary, you will use reasonable and appropriate physical and technical safeguards—such as encrypting electronic Confidential Information.);
 - E. Report activities by any individual or entity that you suspect may compromise the confidentiality of Confidential Information (To the extent permitted by law, Intermountain will hold in confidence reports that are made in good faith about suspect activities, as well as the names of the individuals reporting the activities.);
 - F. Not use or share Confidential Information after termination of your role triggering the requirement to sign this Agreement (For example, when your volunteer or learning experience ends); and
 - G. Claim no right or ownership interest in any Confidential Information referred to in this Agreement.

SECTION 3.0. Violation of Duty – Change of Status

- 3.1 **Responsibility.** You are responsible for your noncompliance with this Agreement.
- 3.2 **Discipline.** If you violate any provision of this Agreement, you will be subject to discipline, including but not limited to, revocation of your ability to access or use Confidential Information, the termination of your relationship with Intermountain, and legal liability.
- 3.3 **Relief.** Any violation by you of any provision of this Agreement will cause irreparable injury to Intermountain that would not be adequately compensable in monetary damages alone or through other legal remedies, and will entitle Intermountain to preliminary and permanent injunctive relief, a temporary restraining order, a court order prohibiting your use of Confidential Information except as permitted by this Agreement, and other equitable relief in addition to damages and other legal remedies.
- 3.4 **Authority.** Intermountain may terminate your access to Confidential Information if your status Student/Volunteer if Intermountain determines that to be in the best interests of Intermountain’s mission, or if you violate any provision of this Agreement.

SECTION 4.0 Continuing Obligations

- 4.1 Your obligations under this Agreement continues after termination of your status as a Student/Volunteer.

Printed Name: _____

Signature: _____

Date: _____

Student/Trainee Confidentiality Guideline

Summary of Intermountain Healthcare's Privacy Policies

Protecting patients' privacy has always been an ethical requirement at Intermountain Healthcare. It is also a federal law that care providers protect and use patient information only for certain purposes. As a student or trainee in Intermountain Healthcare's facilities, we require that you abide by our privacy practices. If you have questions about Intermountain Healthcare's privacy practices, please contact your instructor or Intermountain Healthcare's Corporate Compliance Hotline at 1-800-442-4845.

Handling Protected Health Information

Protected Health Information includes all medical, billing, and payment records that identify patients. Paper records, electronic records, and oral communication can contain protected health information. Failure to properly protect patient information may result in:

- Verbal or written warnings.
- Suspension or expulsion from your educational institution (if student).
- The termination of your educational experience or training at Intermountain.
- Legal liability for yourself, your educational institution (if student), employer (if professional trainee), and/or Intermountain Healthcare.

We Do

- Follow Intermountain Healthcare procedures for the release of protected health information.
- Limit the sharing of protected health information by taking precautions such as not having conversations about a patient in public areas.
- Keep medical, billing and payment records in secure areas or on secure computer systems.
- Ask questions when we are not sure if it is appropriate to release information.

We Don't

- Share patient information unless it is for legitimate business or patient care purposes.
- Share more health information than is appropriate for the situation.
- Share passwords.
- Use data that identifies a specific patient in a presentation.
- Access patient records unless we have a legitimate assignment to do so.
- Make copies of protected health information unless authorized to do so.
- Use personal cell phones to photograph patients.
- Share information about patients, even non-identified patients, with family members, friends, or on social media sites.

Patients' Rights

- Federal regulations define specific patient rights. To follow these regulations, Intermountain:
- Ensures that a patient can get copies of Intermountain Healthcare's Notice of Privacy Practices that explains how we may use and share protected health information and the patient's rights.
- Allows patients to inspect and obtain a copy of their health information as permitted by law.
- Accommodates requests by patients in how they want us to communicate with them.
- Allows patients to seek a restriction on the use of their protected health information by Intermountain.
- Allows patients to request additions or corrections to their health information.
- Tracks occasions when we share protected health information outside of Intermountain Healthcare for certain purposes and provide a list of these disclosures to a patient on request.
- Provides a patient with the contact information for Intermountain Healthcare's Privacy Office and/or the U.S. Department of Health and Human Services when an individual wishes to file a complaint.
- Informs the patient if there is a breach of their protected health information.
- Will not take action against a patient who files a legitimate privacy related complaint with us or the U.S. Department of Health and Human Services.



I acknowledge I have read and understand this document:

Student Name (printed)

Signature

Date

School Affiliation

Intellectual Property Agreement

- 1. Assignment of Intellectual Property.** If and to the extent the undersigned student/resident (the “Student”), alone or with others, invents, authors, writes, delivers, or creates any inventions, improvements, technology, ideas, works of authorship, derivative works, computer programs, content, methods, processes, or other work product in connection with any employment, engagement, services, training or educational experience, or project with or for Intermountain Healthcare, or on Intermountain Healthcare time, or with the use of any tangible or intangible property, information technology, data, biological materials, intellectual property, funds or resources of Intermountain Healthcare (all of the foregoing being referred to as “Inventions”), then the Student agrees to assign, and hereby assigns, to Intermountain Healthcare all patent rights, copyrights, trade secrets and other intellectual property and proprietary rights of the Student in and to the Inventions.
- 2. Work Made for Hire.** Any Invention that is a work of authorship will be a “work made for hire” if and to the extent it is eligible for such status under applicable copyright law, and in such case Intermountain Healthcare will be the “author” and original copyright owner of such work.
- 3. Disclosure of Inventions.** The Student will fully and promptly disclose the Inventions and “works made for hire” under Sections 1 and 2 above to Intermountain. The Student will follow the then-current guidelines and processes of the Invention Management Office for submitting Invention Disclosure Forms for Inventions.
- 4. Cooperation and Assistance.** The Student will cooperate with and assist Intermountain Healthcare, at its expense and as reasonably requested by it, in the protection, defense, and enforcement of the patent rights, copyrights, trade secrets, proprietary rights and other intellectual property subject to assignment under Section 1 and the copyrights to works of authorship under Section 2. This cooperation and assistance will include, without limitation, the signing of further assignments, affidavits, declarations, notices, oaths and other documents, the disclosure of further information, and cooperation and assistance with the preparation, filing, prosecution, issuance, maintenance, defense and enforcement of patent applications, patents, copyright applications, and copyright registrations. This Agreement or a notice or summary of any assignment under this Agreement may be recorded or filed by Intermountain Healthcare with the U.S. Patent and Trademark Office, the U.S. Copyright Office or any other government agency or ministry, and the Student will cooperate therewith as reasonably requested by Intermountain Healthcare and at its expense.
- 5. Intellectual Property Policy and Guidelines.** The Student will comply with and respect the then-current intellectual property policy and guidelines of Intermountain Healthcare.
- 6. Acknowledgment.** The Student confirms that this Agreement and the assignment and other provisions in this Agreement and their enforcement are supported by good and adequate consideration, the receipt of which is acknowledged.

Student Name (printed): _____

Student Signature: _____

Date: _____

STUDENT TRAINING RELEASE OF LIABILITY

*to be submitted to Intermountain Healthcare
prior to Commencing any Required onsite Training Activity*

Student Name: _____ Phone #: _____

Last four digits of Student's Social Security number _____ (for tracking purposes)

Name of School/Institution: _____ Phone #: _____

School/Institution Training Program: _____

Facility(ies): _____

My initials signify I have read, understand and agree with the following:

_____ initial
I understand that there are inherent potential health risks associated with my onsite educational experience ("Training Program") in the clinical learning environment at Intermountain Healthcare; these risks remain and/or may be increased as they relate specifically to treatment of documented, suspected or unsuspected COVID-19 patients during the COVID-19 pandemic. In consideration of being allowed to participate in a Training Program at Intermountain Healthcare I do hereby waive, release, and forever discharge Intermountain Healthcare and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages from COVID-19 resulting from my participation in the Training Program. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any COVID-19 injury or damage to myself, arising out of or connected with my participation in the Training Program.

_____ initial
I understand that if I choose not to or am unable to resume my Training Program as it becomes available, I may request a leave of absence from my School/Institution to be allowed to complete my Training Program at a later date. I understand that this may impact my timeline for progression toward graduation. I further understand that my return to my Training Program is dependent upon agreement to my return by Intermountain Healthcare. Granting a leave of absence is at the sole discretion of my School/Institution.

_____ initial
I understand that I am encouraged not to resume the Training Program if I feel I am at increased risk due to personal or health issues, and that I may request a leave of absence from my School/Institution to be allowed to complete my Training Program at a later date upon agreement to my return by Intermountain Healthcare. I further understand that in granting a leave of absence my School/Institution may choose to alter the timeline of my progression toward graduation or to substitute an equivalent activity to fulfill graduation requirements. Granting a leave of absence is at the sole discretion of my School/Institution.

_____ initial
I understand that I am only permitted to resume the Training Program if I do not have symptoms of illness and receive approval by Intermountain Healthcare.

_____ initial
I understand that if I develop symptoms of COVID-19 or another communicable disease, then I must discontinue my Training Program immediately, contact my School/Institution's representative, seek medical evaluation from my healthcare provider(s), and notify Intermountain Healthcare's employee health program so that contact tracing and necessary infection control measures can be taken.

_____ initial
I understand my right to COVID-19 testing and how to access/receive appropriate COVID-19 testing in the event I develop symptoms suggestive of COVID-19 infection. I also understand that I may be responsible for any costs associated with such testing.

_____ initial
I agree to comply with the policies and procedures, including health screening practices, for entry into any Intermountain Healthcare facility.

initial I understand and agree that if I travel outside of the state where the Intermountain Facility is located or travel to an Intermountain Facility from out-of-state, then I must quarantine for 14 days prior to participating in any Training Program.

initial I understand that while in the clinical environment at Intermountain Healthcare, I must follow the safety measures and infectious disease protocols such as appropriate hand hygiene at all times.

initial I understand that I may be permitted to participate in a healthcare setting where PPE (including but not limited to N95 mask, surgical mask, eye protection and/or disposable gloves) is required by the Facility. Any PPE provided by the School/Institution or myself must be approved prior to use by Facility Infection Prevention or Industrial Hygiene teams.

initial If required by Intermountain Healthcare, I understand I must be medically cleared and trained before wearing a respirator, such as an N-95 mask or Powered Air Purifying Respirator-PAPR, and I must pass fit testing by a qualified fit testing service or institution to the specific manufacturer/model of respirator I will use. I also understand I may not wear a respirator model for which I am not fitted.

initial I understand that when examining patients, I must ask them to wear a mask or cover their nose and mouth.

initial I attest that I have or will complete any and all approved training required by Intermountain Healthcare.

initial I understand that failure to comply with Intermountain Healthcare's policies, procedures, expectations, training, and practices outlined in this document will automatically suspend me from participating in a Training Program at Intermountain Healthcare. Intermountain Healthcare will report this suspension to my School/Institution and will provide full documentation of my behavior to my School/Institution's disciplinary and professionalism committees.

initial I understand any exception to this document needs approval by Intermountain's Student Reinstatement Committee.

Signature of Student: _____ Date: _____

Student Orientation Quiz

Open-book. Retake required if student misses more than two questions. Final score: _____ / 28

1. The mission of Intermountain Healthcare is: Helping _____ live the _____ possible.
 - a. Patients, Best, Lives
 - b. Everyone, Intermountain, Experience
 - c. People, Healthiest, Lives
 - d. Patients, Healthiest, Where

2. What are the 5 values of Intermountain Healthcare?
 - a. Mutual respect, Accountability, Trust, Professionalism, Acceptance
 - b. Cultural diversity, Trust, Excellence, Recognition, Integrity
 - c. Recognition, Accountability, Cultural Diversity, Excellence, Intelligence
 - d. Integrity, Trust, Excellence, Accountability, Mutual Respect

3. If Intermountain is not meeting their mission, vision and values, the method of lodging a concern is:
 - a. Tell your instructor
 - b. Call the Compliance Hotline
 - c. Tell your preceptor
 - d. Talk to patients / clients

4. Complete the following statement:
All Intermountain students are expected to act _____.
 - a. Stoically
 - b. Quickly
 - c. Knowledgeable
 - d. Professionally

5. Which one of the following items is inappropriate for students to wear in Intermountain facilities?
 - a. More than two ear piercings in each ear
 - b. Short, clean fingernails
 - c. A name badge
 - d. Clean, wrinkle-free clothes

6. The Intermountain Patient Rights and Responsibilities document outlines the rights afforded to each person who is a patient in our facilities. As a student, you have the responsibility to help Intermountain carry out this commitment. Which statement best defines patient's rights?
 - a. Intermountain will provide an environment of trust
 - b. All patients can feel comfortable and confident with the sensitive care they receive
 - c. Quality care will be given regardless of race, color, religion, sex, age, national origin, physical or mental disability, veteran status, and/or the ability to pay
 - d. All of the above

7. Patient Rights and Responsibilities will be posted:
 - a. Near the restroom
 - b. In binders stored in drawers
 - c. Throughout all Intermountain Healthcare facilities
 - d. They are never posted

8. **We have an obligation to be respectful and sensitive to another's belief system (other students, Intermountain staff, patients, families). What is culture?**
- The arts
 - Costumes worn by various nationalities
 - Values, beliefs and practices shared by a group of people
 - Ancient civilizations
9. **Language is a very common cultural barrier. How should you communicate to a person who doesn't speak English?**
- Utilize a family member
 - Use hand signals
 - Speak louder
 - Use a trained, Intermountain Healthcare medical interpreter
10. **The best completion of the statement: "Safety is _____ concern" would be:**
- The Safety Committee's
 - Everyone's
 - Employee Health's
 - The Security Department's
11. **A student's responsibility in an emergency "code" situation is to:**
- Jump in and help- don't let the code team push you around
 - Call your instructor and ask them what to do in that specific code situation
 - Recognize the emergency and respond appropriately according to the facility specific requirements
 - Stay out of the way and if the code team asks for something, don't give it to them
12. **RACER is an acronym used in fire prevention. It means:**
- Relocate; Alarm; Contain; Extinguish; Review
 - Rescue; Alarm; Contain; Extinguish; Relocate
 - Remember; Alert; Contain; Examine; Relocate
 - Rescue; Arm; Commit; Exit; Review
13. **What is one common thing you can do to prevent the spread of infections?**
- Wash your hands with soap and water or sanitize your hands with an alcohol-based hand rub
 - Wear gloves at all times
 - Wear PPE at all times
 - Only care for one patient
14. **"Red Bags," which are for Infectious waste should be used when:**
- The waste looks really offensive
 - If blood or other body fluids can be squeezed or crushed out of the container
 - There are no other receptacles available and no time to get to one
 - There is a chance of the contaminate getting on your clothes or hands
15. **Intermountain Healthcare expects students to maintain high ethical standards in the performance of their responsibilities. Which of the following statements best describe Intermountain's commitment to these standards:**
- We are committed to a healing experience
 - We act with honesty and integrity
 - We speak up with concerns about compliance and ethical issues
 - All of the above

16. In your role as a student, while you are transferring a patient to another department you accidentally run over your foot with a stretcher. You think your toe is broken. You should:
- Go immediately to the ER and they will treat you without payment
 - Contact your family and go to an ER that is not in your assigned area
 - Contact the Workman's Compensation office
 - Report to your instructor, who can help you determine how the school and your own insurance will cover the costs of caring for your foot
17. "PPE" stands for:
- Personal Protective Equipment
 - Peripheral Protective Engagement
 - Positive Protective Equipment
 - Pre-sterilized Powdered Emergent
18. HIPAA requirements are:
- Written to protect only those patients who attend AA meetings
 - A law and regulation covering, among other things, the use and release of patient's health information
 - Written to provide a checklist for patients to protect their identifiable health information
 - All of the above
19. A good question to ask yourself before looking at patient information might be?
- Does this person live in my neighborhood?
 - Do I need this information to perform patient care?
 - Would the newspaper like to know about this information?
 - Does anybody really care about this?
20. In order to release information to a party you do not know, a student needs to verify the individual's identity by asking for:
- The patient's name and knowledge of the information that is to be released
 - A student should never independently release information to a requesting party
 - The patient's name and diagnosis
 - The patient's name, physician and diagnosis
21. Which one of the following is an additional step to protect a patient's privacy?
- Close room doors when discussing treatments and administering procedures
 - Try to build a relationship with their family members
 - Stay logged in to computer terminals on which you have viewed electronic medical records
 - Throw patient-identifiable information in the trash can whole, don't shred or destroy it
22. At Intermountain, we combine both _____ and _____ approaches to achieve our goal of Zero Harm:
- cautious and optimistic
 - contemporary and innovative
 - tactical and cultural
 - defensive and offensive

23. **Zero Harm. Which of the following behaviors and attitudes does not encourage a psychologically safe environment?**
- Framing problems or mistakes as learning opportunities
 - Modeling curiosity and asking lots of questions
 - Show appreciation to others for asking questions
 - Shaming others to reinforce personal accountability
24. **The National Patient Safety Goals, set by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission), include which of the following:**
- Identify Patients Correctly
 - Use Event Reports in an effective manner
 - Implement the P.R.O.P. protocol throughout the system
 - Improve the use of fire extinguishers in emergency situations
25. **An Event Report is filed if there is an incident. Intermountain Healthcare defines an incident as:**
- An event that is not consistent with the normal, routine operation of a department, which may result in or have potential for injury and/or property damage
 - An unfortunate event that leads to loss of functioning, experience of pain or discomfort, or loss of money/valuables, that did not need to occur while an individual is in route to the facility
 - Any occurrence in which the patient is not completely satisfied with the treatment, which they received by hospital personnel
 - All of the above
26. **Event Reports would be filed for which circumstance below:**
- Breach of department policy, patient injury, delays dealing with anesthesia / surgery / delivery
 - Behavioral actions and attitudes dealing with AWOL, AMA, violent / agitated behavior or communication problems
 - Falls of patients and/or visitors
 - All of the above
27. **When confronted by a potentially violent person/situation, a student or worker should:**
- Bargain
 - Remain calm
 - Act superior
 - Scream and making a fuss
28. **To report harassment, a student should contact:**
- AskHR
 - The Risk Management Department
 - Other Students in their area
 - The Facilities' Harassment Victims Team (HVT)

Student Name (print): _____

Date: _____

Student Signature: _____

School: _____