

CENTRA Demographic Form for Shadowing: Short-term Observational Experiences

Please complete as appropriate.

Student Full Name*	
Address (street, city, state, zip code) *	
Last four numbers of SSN & Birth Date*	
Is student under 18 years of age? *	<input type="checkbox"/> No <input type="checkbox"/> Yes (If <u>Yes</u> , the Parental Permission Form is required to be signed by your parent or legal guardian)
Home Phone*	
Alternate Phone	
E-mail Address*	
Emergency Contact Name & Relationship*	
Emergency Contact Phone*	
Emergency E-mail Address*	
Name of School/ College/University	STEM Academy
Graduate/Undergraduate*	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input checked="" type="checkbox"/> High School <input type="checkbox"/> Other ()
Major/ Observation Focus*	
Facility/CMG Practice/Department where observation will occur*	
Name of person you are shadowing at Centra?*	
Hours scheduled to shadow?	3 hours
Date Scheduled to shadow * (May be the month you are anticipating shadowing)	March 2022
Uniform Requirements	Business Casual - NO Lowcut blouses or Dresses, JEANS, SHORTS or OPENED TOED SHOES

Centra Confidentiality Agreement No Computer Access

Effective security and confidentiality is a team effort involving the participation and support of every Centra Health employee and affiliate who deals with information and/or information systems. It is the responsibility of all users to know these guidelines and to conduct their activities accordingly.

Centra Health's policy is that all information is confidential, including, but not limited to patient diagnoses or courses of treatment, physician or other professional activities, Centra Health procedures, or financial and operating statistics. This policy applies whether the information is obtained through verbal, written, or electronic means. Information is to be accessed only on a "need to know" basis. The term "need to know" means the information is essential for performance of work responsibilities at Centra Health.

By my signature, I acknowledge that I have read the Confidentiality Policy and I understand the content and importance of these policies. I accept the responsibility that is placed on me as a Centra Health employee or affiliate to comply with these obligations and agree to abide by the policies of Centra Health as outlined in the online orientation. I understand and agree that my obligation to maintain the confidentiality and security of the information shall continue after my relationship with Centra Health ends. I will contact Corporate Compliance if I have questions about policies or to request a paper copy of policies.

Signed: _____ Date: _____

Typing your name on the line above constitutes an electronic signature under Virginia Code 59.1-485.

Student Behavior Policies and Rules

By signing below, the intern/student understands that failure to follow the rules and policies of Centra will result in the termination of their learning experience.

Students, interns and observers must comply with all laws, rules, regulations and Centra policies and procedures including but not limited to the Centra Code of Conduct, Organizational, Administrative policies, and those listed below:

1. **Patient or Family Permission** must be obtained prior to a student/intern/observer being allowed access to a patient to assist in treatment or to observe treatment. It is the Centra sponsor/preceptor's responsibility to obtain this permission. (Informed Consent ORG. 01.01.02)
2. **LGBT Patient Policy:** All staff, students and interns are expected to respect the sexual orientation and identity of the patients assigned to them.(LGBT Policy CLIN.20.06.64)
3. **Solicitation:** Centra prohibits the solicitation, distribution, emailing and posting of materials on or at Centra property, including computers and other technology equipment, except as permitted by policy.(Solicitation ORG.03.01.16)
4. **Religious Solicitation:** Centra is a non-religious organization committed to ensuring a culture of professionalism. Centra workforce members, interns, and students may not engage in religious solicitation of patients and their families. Unsolicited visitation of patients and family members by clergy of any faith group, religious organizations, or sects is not permitted for any purpose unless specifically requested by the patient or family member. (Professional Boundaries ORG.03.01.32)
5. Fraternalization between preceptors and student/interns is highly discouraged. (Harassment – Free Workplace V5 ORG 03.02.05)
6. **Dress Code:** For Clinical rotations follow the departmental dress code. For all others business casual with closed toed shoes unless instructed otherwise. (Dress Code ORG 03.03.08)
7. **ID Badges:** All Interns are issued Centra ID badges and are to wear them. They are to be returned to Security or to their preceptors at the end of the internship. All Observers are to wear their student ID badges from their schools or a temporary ID badge from the Office of Medical Education and Student Affairs. (Identification Badges ORG03.03.10)
8. **Cell Phone Use:** Intern/Student will not use personal cell phone for taking pictures, calls or texting in patient or public areas or while performing internship duties. Intern/Student may carry a cell phone for emergency use only. (Confidentiality/HIPAA ORG 05.01.08)
9. **Direct Patient Care Restrictions:** The Intern/Student will not participate in any hands-on or direct patient care activities unless supervised by licensed staff through a formal internship program with an accredited school or university. **Individuals shadowing or observing may not participate in any direct patient care activities under any circumstances.** (Code of Conduct and Business Ethics AC-2013.07)
10. **Confidentiality/HIPAA:** It is the responsibility of all student interns to protect the confidentiality of patients and families. Any perceived breach must be reported per Centra policy ORG.05.01.08, and students will be held to the same sanctions as employees.

11. The following is not permitted at Centra:

- Acceptance of money (any amount) or gifts of any kind of greater than nominal value (\$50) from patients, families, vendors, or other work-related parties is not allowed. There is an allowance made for the receipt of gifts (no cash) so long as they are of "nominal" value (less than \$50); are shared within the department (i.e., food or flowers); and are not real/perceived bribes and/or inducements. Refer to Code of Conduct and Business Ethics AC-2013.07, policy on Gifts and Contributions to Centra GG-2013.16 and policy on Tips, Gifts and Gratuities ORG.03.03.21.
- Being under the influence or possessing drugs or alcohol.
- Deliberate destruction or misuse of property.
- Fighting or other disorderly conduct.
- Insubordination or failure to carry out supervisor instructions.
- Leaving work area without permission.
- Theft, fraud, or misappropriation of property.
- Threatening, intimidating or coercing others by words or deeds, or use of vile or abusive language.
- Unauthorized accessing, discussions, and/or release of confidential information concerning patients or employees.
- Abuse or inconsiderate treatment of patients.
- Gambling.
- Possession of weapons

****Complete copies of all policies referenced above are available from Corporate Compliance*

Signature: _____

Date: _____

Typing your name on the line above constitutes an electronic signature under Virginia Code 59.1-485.

Student COVID-19 Screening Attestation

_____ [Insert Name of the Student] (the "Student") is a student at _____ [Insert Name of the School] that is participating in a clinical learning experience at a facility owned or operated by the Centra System. Student does hereby attest and certify that the following is true any time they come on-site to a facility owned or operated by the Centra System as part of their clinical learning experience:

- He/she will not come on-site to a Centra System Facility if he/she has any of the following symptoms:
 - Cough
 - Shortness of breath
 - Fever (greater or equal to 100.4°F)
 - Recent loss of taste or smell
 - Body Aches or tiredness
 - Stomach upset such as nausea, vomiting, or diarrhea
- He/she will check his or her temperature before entering a Centra System Facility.
- He/she will properly wear a face mask covering his or her mouth and nose at all times while inside a Centra System Facility.
- He/she will practice appropriate social distancing, in accordance with current Centra System guidelines, while inside a Centra System Facility.
- He/she volunteer will wash or sanitize hands upon entry into a Centra System Facility and frequently thereafter.

This is a continuing Attestation which shall remain in effect so long as the Student come on-site to Centra System facilities.

Student Signature

_____ [Print Student Name]

Date: _____

Parental Permission Form for Students Under 18 Years of Age

I have read and understand the Rules and Policies pertaining to Students/Interns at Centra, and I grant permission for my son or daughter, _____, to participate in a learning experience at Centra. I am aware that the learning experience is taking place in a health care environment. I understand that participation is purely voluntary.

I acknowledge and understand that being in a health care environment has inherent risks. With knowledge of these risks, I hereby: (1) waive and release Centra and its employees/agents from all liability and claims arising from any damages, injury, or harm (including property loss/damage) in connection with my son's/daughter's learning experience at Centra; and (2) agree to indemnify and hold harmless Centra and its employees/agents from any claims arising from the learning experience at Centra which (i) I or my son/daughter might make, (ii) might be made on my behalf or my son's/daughter's behalf by others, or (iii) might be made against me or my son/daughter by others.

I understand that I am responsible for ensuring that my son or daughter behaves appropriately during this learning experience at Centra. I further understand that, if in the opinion of Centra personnel, my son or daughter is not behaving appropriately, I may be asked to and agree to pick-up my son or daughter early from the experience at my own expense.

Signature of Parent/Guardian: _____

Typing your name on the line above constitutes an electronic signature under Virginia Code 59.1-485.

Print Name of Parent/Guardian: _____