

**Area High School Students
Introduction to Healthcare Careers Application**

Date: _____

Did you attend the 2017 Introduction to Healthcare Careers event? YES NO

Personal Information

Last First (legal) Middle First name preferred

Address

PO Box/Number/Street

City State Zip Code

Texting: Yes No

Cell Phone Provider (if marked yes) _____

County of Residence

High School _____ Grade _____

Contact Information

Home Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Email _____

Ethnic Information (optional)

Do you consider yourself to be Hispanic/Latino? Yes No

To describe yourself, select one or more of the following racial categories:

- American Indian/Alaskan Native
- Black or African American
- White or Caucasian
- Asian
- Native Hawaiian/Pacific Islander

Gender: Female Male

Healthcare Career Interest

What is your career choice of interest? _____

While we cannot guarantee that your interest will be included in the presentations or discussions we would like to know what you are interested in to possibly include in future events.

Morning Activities: Please indicate your 1st and 2nd choice to attend.

IVCCD – Simulation Lab

- Assessments with the Nursing Annie Manikins
- Insulin Administration (Diabetic Education)

UnityPoint Health - South Medical Park

- Tour of Operating Rooms/donning "bunny suits"/surgical garb
- Tour of Wound Care and Hyperbaric Chambers

> While we will try to accommodate each student's first choice we cannot guarantee that choice due to venue space

Special Concerns:

Please list all allergies:

Any other accommodation needs (IEP, 504 plan, etc.):

Lunch will be provided:

Please list all nutritional accommodations, concerns or food allergies:

Transportation between event venues will be provided via bus:

Please list transportation accommodations and/or concerns:

I understand that transportation between venues of the Introduction to Healthcare Career event will be provided by bus and agree that my child will use the provided transportation.

Participation Release

I am the parent or guardian of the student whose name appears above and I have authority to make legal decisions for the benefit of this child.

I recognize that work-based learning opportunities of this nature have a risk of lost or stolen property, injury or even death during transportation to, from, on-site, and during activities. I, on behalf of the child and for myself, waive any and all claims of liability arising from the child's participation in this opportunity, including claims against the following parties (and their employees, contractors and volunteers). UnityPoint Health – Marshalltown, Iowa Valley Intermediary Program, Iowa Valley Community College District, McFarland Clinic, Iowa Veterans Home, Primary Health, the school and school district that the child attends, and the employer who hosted the work-based learning opportunity.

I hereby understand that a healthcare career introduction event may include daily patient care related to personal hygiene, physical assessments and normal day-to-day duties of a health care provider. The experience may include **visual only** exposure to blood, bodily fluids and the human anatomy but the student participant.

I agree to defend, hold harmless, and indemnify UnityPoint Health – Marshalltown, Iowa Valley Intermediary Program, Iowa Valley Community College District, McFarland Clinic, Iowa Veterans Home and Primary Health, the school and school district that the child attends, and the employer who hosted the trip (and their employees, contractors and volunteers) from and against any and all claims of liability that derive from claims that I or my child may make against any other party arising from this work-site opportunity.

I understand that transportation between venues of the Introduction to Healthcare Careers event will be provided by bus and I agree that my child will use the provided transportation.

Media Release

I agree to allow my child's photograph, video tape or motion picture image that includes his/her name or likeness or any recording that includes his/her voice to be used in marketing materials to promote Introduction to Healthcare Careers event as well as UnityPoint Health – Marshalltown, Iowa Valley Intermediary Program, Iowa Valley Community College District, Iowa Veterans Home, Primary Health or McFarland Clinic. I understand that my child's photo/image will only be used in a positive manner in publications, print advertising, promotional materials or any other medium to inform others about the career exploration activities coordinated by UnityPoint Health – Marshalltown, McFarland Clinic, Iowa Veterans Home, Primary Health and Iowa Valley Intermediary Program for K-12 students throughout the AEA 267 region.

_____ Initial here if you **DO NOT** want your child's image or name to be included in media or marketing pieces.

Confidentiality Agreement:

I, the undersigned agree to treat as strictly confidential any protected patient health information that I may have access to during the course of my experience at the Introduction to Healthcare Careers event. I further agree that during the course of my affiliation and as a continuing obligation following termination of such affiliation I will:

- Take patient privacy seriously
- Participate and complete all required training that is offered to me
- Be familiar with the policies and procedures that apply to my job and me
- Ask questions of my supervisor when unsure of how policies and procedures apply to a situation
- Only access the minimum amount of patient information which I have a need to know to carry out my duties or assignments and not attempt to access information or records for which I have not been authorized by the health care facility to have access
- Not use or disclose patient information for any purpose or to any person, except to the extent necessary to carry out any assigned duties or responsibilities. I agree to guard against any inadvertent disclosure of confidential information. My discussions regarding treatment of our patients will be discrete, particularly on rare occasions when such conversations must take place in hallways or other areas where the public may accidentally overhear, and only on a need to know basis.
- Not use "user ID/passwords" or any other access code of other employees or any other person to gain access to information without prior approval of the health care facility, nor copy or give to anyone else any combinations, passwords or keys that are assigned to me for security purposes;
- Not remove protected patient information, regardless of medium or format, from the healthcare facility with the facilities approval. If such removal is approved, all patient-identifiable information must be removed or obliterated;

- Not copy, release, sell, alter, destroy, or otherwise appropriate protected health information for personal use by me or any other person or entity;
- Comply with all policies and procedures of the health care facility to ensure the confidentiality, integrity and security of protected patient information;
- Promptly report any first-hand knowledge that there has been a violation of the HIPAA Privacy or Security Regulations or a breach of privacy policies or that there has been an improper use or disclosure of protected health information at the health care facility;
- Not retaliate against a patient who files a complaint or exercises rights permitted by HIPAA or the health care facilities policies;
- Not retaliate against another member of the workforce who files a report, makes a complaint or exercises rights permitted by HIPAA or the healthcare facilities policies;
- Tell a supervisor if I believe the application of HIPAA Privacy or Security policies, procedures and safeguards is harming patient care;
- Never promise patients that their information will receive special protection, and never agree to voluntarily restrict how the health care facility will use and disclose information, unless authorized by the health care facility to do so.

I understand that failure to comply with the terms of this agreement will result in corrective action as deemed appropriate by UnityPoint Health – Marshalltown, McFarland Clinic, Iowa Veterans Home, Primary Health and IVCCD, up to and including termination of my student affiliation. My signature shows that I accept these basic responsibilities and agree to be bound by UnityPoint Health – Marshalltown, McFarland Clinic, Iowa Veterans Home, Primary Health and IVCCD Privacy Compliance policies.

Print parent/guardian name

Parent/guardian signature

Date

Home Phone: ____ - ____ - ____

Cell Phone: ____ - ____ - ____

Parent's email

What is the best way to reach you or your student? _____

Mail / Fax completed application to:

Terri Hungerford
Intermediary Network Coordinator
Iowa Valley Community College District
3702 S. Center Street
Marshalltown, Iowa 50158
Fax: 641-752-1692
Email: Terri.Hungerford@iavalley.edu

Application Due Date: 10/26/17