

Kaiser Permanente of Washington – Nursing Student Placement Paperwork Packet

Thank you for selecting Kaiser Permanente for your student placement. We are excited to welcome you to the organization. Prior to beginning your student placement, you will need to complete all the forms in this packet and upload a completed copy through the online portal.

Submit completed and signed forms to: <https://app.smartsheet.com/b/form/7fd3197c11924fba8b3fd36793340253>

Observation students: please visit <https://app.smartsheet.com/b/form/1dade1d9883e4455ab35bf24620f1098> for an abbreviated set of forms and submission information.

Part 1: Student Identification Information

STUDENT INFORMATION

Student Name: _____

Student Type (MA, RN, etc.): _____

SCHOOL INFORMATION

School Name: _____

School Point of Contact: _____

School Point of Contact Email: _____

Part 2: School/Student Attestation of Immunization

Kaiser Foundation Health Plan of Washington (KPWA) requires student and Program/School to check and sign below confirming the completion of the following mandatory requirements for students to participate in clinical rotations. By signature of these documents, the Program/School also confirms that records will be provided upon request.

Screening Requirements

- Negative Tuberculosis (TB) test within 30 day prior to start date, or positive TB test records**
- Current seasonal influenza immunization (for start dates October 1 through April 30)

All students must complete Sections 1-4. Section 2 is an additional requirement for MD, PA, ARNP, RN, LPN, MA, NA-C and Radiology and Laboratory students. Section 3 is only required for Laboratory students.

SECTION ONE (ALL STUDENTS TO COMPLETE)
<input type="checkbox"/> Tuberculosis (TB) Screening within 12 months prior to start of clinical rotation <ul style="list-style-type: none"> • Documentation of a negative TB Test <ul style="list-style-type: none"> – Interferon Gamma Release Assay (e.g. QuantiFERON TB Gold or T-Spot) – Mantoux Two-Step Tuberculin Skin Test (TST)-unless previous positive • History of a positive TB test, should provide related testing, x-rays and/or treatment documentation <ul style="list-style-type: none"> – Positive TB test – skin or blood reading or result – Chest X-ray report related to positive TB screening (Dated anytime since positive TB test) – Treatment documentation, if treated – Negative symptoms screening
<input type="checkbox"/> Influenza vaccination – mandatory for students in clinical rotation at any KPWA locations from October 1st thru April 30 th
<input type="checkbox"/> Documentation of Immunity provided to Student’s learning institution: <ul style="list-style-type: none"> • Positive Measles, Mumps, Rubella titers (lab reports) or MMR vaccinations (2 dose series) • Varicella vaccinations (2 dose series) or positive Varicella titer • Tdap vaccination (1 dose)
SECTION TWO: MD, PA, ARNP, RN, LPN, MA, NA-C, RADIOLOGY & LABORATORY STUDENTS – ADDITIONAL IMMUNITY REQUIREMENTS
<input type="checkbox"/> Hepatitis B vaccinations (2 dose HEPISAV-B or 3 dose series completion dates) and positive Hepatitis B titer (with quantitative value)
SECTION 3: LABORATORY STUDENT – ADDITIONAL IMMUNITY REQUIREMENTS
<input type="checkbox"/> Meningococcal Quadrivalent (A, C, Y, W-135) – (1) dose every five years (Microbiology ONLY)
<input type="checkbox"/> Serogroup B Meningococcal (Bexsero or Trumenba) <ul style="list-style-type: none"> - Bexsero – (2) doses

I certify that I have validated the immunity requirements referenced above for the student indicated on this document and will provide immunity Records upon request.

School (Faculty/Instructor) Signature and Title: _____ **Date:** _____

Part 3: HIPAA Compliance Checklist

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Kaiser Permanente policies, all students must show evidence of HIPAA privacy training.

Please review and attest below to having reviewed the KP Student Compliance Materials, located at: <https://compliance.kaiserpermanente.org/students-and-volunteers>. If you have questions about HIPAA or privacy concerns at Kaiser Permanente, email the Compliance Office at HotlineMessage@kp.org.

I, _____ have received copies of the documents listed below:

- Kaiser Permanente Principles of Responsibility
- Guide to the Principles of Responsibility
- Five Compliance Expectations
- HIPAA 101: Privacy and Security Basics
- Preventing Fraud, Waste, and Abuse

I understand that the requirements in these documents apply to me.

- I have read, understood, and familiarized myself with these documents.
- If I have any questions about any of these documents, I will seek clarification from my contact at Kaiser Permanente.
- I understand that I am expected to conduct myself in an ethical and responsible manner at all times, in accordance with these documents.
- I agree to abide by the content of these documents and acknowledge that the failure to comply with them can result in my no longer being able to work on assignments for Kaiser Permanente.
- I understand that I am also required to report any suspected compliance or ethics concerns I become aware of. I further understand that I am protected from retaliation for reporting any such concerns.

By my signature below, I acknowledge, understand, accept, and agree to comply with these requirements. I also understand that failure to comply with these requirements may result in disciplinary action up to and including termination of assignments at Kaiser Permanente and ineligibility for future assignments.

Student Signature: _____ **Date:** _____

Part 4: Confidentiality and Security Agreement Form

This Agreement applies to all users of Kaiser Permanente information systems. I understand that as a user of Kaiser Permanente information systems, I may have access to or become aware of confidential information and I acknowledge my legal and ethical obligations to protect the confidentiality of all such information. Such confidential information includes, but is not limited to, the following:

- Patient/member/enrollee/participant health care and financial information, including but not limited to, medical records, credit card and banking information, health plan information, billing and accounts information, claims data, and peer review activities;
- Kaiser Permanente employee personnel, compensation, financial, and health care information; and
- Business information relating to Kaiser Permanente and its affiliates and subsidiaries, including but not limited to human resources, administrative, payroll, fiscal, proprietary, research, sales and marketing, planning, risk management, legal, health plan, and management information.

The above will be referred to as “Kaiser Permanente Information” throughout this Agreement.

By signing below, I acknowledge that I have read and understand this Agreement and hereby agree to comply with its terms. I acknowledge this Agreement is a condition of my affiliation with Kaiser Permanente and my obligations set forth in this Agreement continue after the termination of such affiliation.

Student Signature: _____ **Date:** _____

OWNERSHIP OF INFORMATION AND INFORMATION SYSTEMS

- I understand that information contained on Kaiser Permanente information systems, whether locally or remotely hosted, is owned by and belongs to Kaiser Permanente, including but not limited to all medical records and other information relating to Kaiser Permanente patients/members/enrollees/participants.
- I understand that at any time, with or without notice or consent, Kaiser Permanente may audit, investigate, monitor, access, and disclose information related to my use of Kaiser Permanente Information and/or its information systems, including any data I create, transmit, or store on Kaiser Permanente information systems.
- I will only access or use information systems or devices I am authorized to access with a business need to know.
- I agree to complete all privacy, confidentiality, and security training required by Kaiser Permanente.
- I agree that I do not have any expectation of privacy with respect to my use of Kaiser Permanente information systems, including any data that I create, transmit, or store on those systems.
- I understand that Kaiser Permanente has the right to access, copy, and make unlimited use of any data which I receive, create, store, or transmit in the course of my employment or relationship with Kaiser Permanente, regardless of where such data is stored. I further agree to provide Kaiser Permanente access to any such data stored on media in my personal possession, whether or not the storage media is owned by Kaiser Permanente.

AUTHORIZATION TO ACCESS, CREATE, USE, AND DISCLOSE INFORMATION

- I am only authorized to access, create, use, or disclose Kaiser Permanente Information required to perform my job/contractual duties.
- I will not use my access to Kaiser Permanente information systems to view my health care or health plan information, unless such access is through wa-member.kaiserpermanente.org or the Lawson employee self-service portal.
- I will not use my access to Kaiser Permanente information systems to view information about my family members, friends, Kaiser Permanente employees, or others for personal purposes; instead, I will only view such information if required by my employment/contractual duties. I understand that if I access my own or a family member's health or other information through any means other than Kaiser Permanente's established processes for patient access to such information, I am subject to termination of my employment, contract, or affiliation with Kaiser Permanente.
- I will differentiate between my role as a Kaiser Permanente employee/affiliate versus a Kaiser Permanente patient demonstrating appropriate use of Kaiser Permanente systems in both roles. I will use secure messaging (and not staff messaging) when I am communicating as a patient with my Kaiser Permanente provider. I will maintain boundaries between my personal relationships and will not allow friends and family to use my status as a Kaiser Permanente employee/affiliate to gain patient information.
- I will only obtain my own health care or health plan information or that of a family member's (or others for whom I may legally access information) according to Kaiser Permanente's established processes for patient access to information, such as through the clinic business/ medical records office, practitioner, care team, Customer Service, and wa-member.kaiserpermanente.org. I understand that if I access my own or a family member's health or other information through any means other than Kaiser Permanente's established processes for patient access to such information, I am subject to termination of my employment, contract, or affiliation with

Kaiser Permanente.

- I will not use Kaiser Permanente systems or resources for personal use and will abide by appropriate use policies.

VIOLATION OF AGREEMENT

- I understand that my failure to comply with any part of this Agreement may result in disciplinary or other action, including denial of access to Kaiser Permanente information, and/or termination of my employment, contract or affiliation with Kaiser Permanente or my right to practice in a Kaiser Permanente facility.
- I understand that, in some circumstances, Kaiser Permanente may report violations of this agreement to the appropriate regulatory authorities.

CONFIDENTIALITY

- I understand that in the course of my work, I may see or hear confidential information about Kaiser Permanente patients, members, enrollees and participants or about Kaiser Permanente business.
- I recognize my legal and ethical obligations to protect the confidentiality of:
 - Health information including but not limited to medical records, personal finances, billing accounts, claims data, risk management, peer review activities, and other patient, member, enrollee, and participant information.
 - Business and proprietary information, and other confidential information relating to Kaiser Permanente and its affiliates, such as human resources, payroll, fiscal, research, planning, and management information.
- I will access, use, or disclose Kaiser Permanente Information only when it is my legitimate business/job responsibility to do so and will disclose such information only to individuals with a legitimate need to know such information.
- I will not discuss Kaiser Permanente Information with unauthorized individuals, nor will I discuss Kaiser Permanente Information in public areas in a manner so that unauthorized individuals may hear such information.
- I understand that laws provide special protections to any and all references to patient sexually transmitted disease treatment or consideration of sexually transmitted disease testing and unauthorized release of such information may subject me to legal and/or disciplinary action.
- I understand that the laws provide special protections for mental health and substance abuse health information and that unauthorized disclosure of such information may subject me to legal and/or disciplinary action.

SECURITY

- I will protect the security and integrity of Kaiser Permanente Information from loss, misuse, falsification, and unauthorized access, disclosure, modification, or destruction.
- I will comply with and not attempt to circumvent all security configurations or user security requirements (such as logging off, locking my workstation and positioning screens away from public view, etc.) when accessing and using Kaiser Permanente Information and information systems, including remote access to Kaiser Permanente information systems.
- I will not take advantage of, use, or disclose unsecured Kaiser Permanente Information or an unsecured workstation.
- I will keep my passwords secret, change them as required by Kaiser Permanente's password aging standard, not share them with anyone, and not allow others to use my logon credentials to access Kaiser Permanente Information and information systems. I will use only my own user ID and passwords to access Kaiser Permanente Information and information systems.
- If I use a portable electronic device, such as a Blackberry or Blackjack, etc. or laptop computer, to store Kaiser Permanente Information, I will do so in accordance with Kaiser Permanente Policy F-08-508, Security for Portable Electronic Devices and Portable Electronic Devices User Agreement.
- I will observe Kaiser Permanente security procedures when transmitting confidential information, such as faxing, e-mail, secure messaging, staff messaging, or secure file transfer.
- I will print information from Kaiser Permanente information systems only when necessary for a legitimate purpose and I acknowledge that I am accountable for the physical security of all information I print.
- I will not copy, move, and store Kaiser Permanente information to non-Kaiser Permanente systems, removable storage media, or local hard drives without the express approval of the Information Security Office.
- If, as part of my responsibility, I must take any Kaiser Permanente information off Kaiser Permanente premises, I will only do so with permission from my manager and I acknowledge my duty to protect such data from unauthorized disclosure.
- I will follow Kaiser Permanente *ConWaste* and departmental policies and procedures for disposing of confidential information.
- I will not ask any other person to access Kaiser Permanente Information on my behalf that I am not otherwise permitted to access.

REFERENCES, RESOURCES, INCIDENT REPORTING

- Privacy, confidentiality, and security policies, procedures, and other resources are available on Connection, the Kaiser Permanente intranet. I may also contact the Privacy Office or the Information Security Office about any privacy or information security questions I have.
- I may contact the Privacy Office or Information Security for answers to questions and concerns including questions I may have about this agreement.
- I will inform my manager and/or the Information Security Office on the same day I observe any actual or suspected security violations, including compromised passwords, or inappropriate access or security actions.
- I will inform my manager and/or the Privacy Office on the same day of any actual or suspected inappropriate use, access, or disclosure of Kaiser Permanente Information, whether by me or another individual, whether intentional or accidental.