Instructions

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 submit your forms to the following website: https://app.smartsheet.com/b/form/1dade1d9883e4455ab35bf24620f1098

Part 1: Student 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 Attestation of Student 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)

☐ **Tuberculosis (TB) Screening within 12 months prior to start of clinical rotation**

- Documentation of a negative TB Test
  - 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
  - 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

☐ **Influenza vaccination** – mandatory for students in clinical rotation at any KPWA locations from October 1st thru April 30th

☐ **Documentation of Immunity provided to Student's learning institution:**

- 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

☐ **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

☐ **Meningococcal Quadrivalent (A, C, Y, W-135) –** (1) dose every five years (**Microbiology ONLY**)

☐ **Serogroup B Meningococcal** (Bexsero *or* Trumenba)

- 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.

Signature _____ Name : _____

Signature of the Person Submitting this Form *Name of the Person Submitting this Form (print)*

Date of Signature _____ _____ _____

MM *DD* *YY*

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
- 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.
- I understand that I can contact the KPWA Privacy Office by email at KPWA.PrivacyOffice@kp.org or by phone at 206-630-2131.

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.

Signature _____ Name : _____

Signature of the Person Submitting this Form

Name of the Person Submitting this Form (print)

Date of Signature _____ _____ _____

Part 4: Confidentiality Agreement

In my role, I may see or hear confidential information in any form (oral, written, or electronic) regarding:

- **Health Plan Members and Patients and/or their family members** (such as patient records, test results, conversations, financial information)
- **Employees, Physicians, Volunteers, Contractors** (such as employment records, corrective actions/disciplinary actions)
- **Business Information** (such as member rates, marketing plans, financial projections)

I will protect the confidentiality of this information. Access to this information is allowed only if I need to know it to do my role at KP.

I AGREE THAT:

1. I will protect the privacy of our patients, members, and employees.
2. I will not misuse confidential information of patients, members, employees, or Kaiser Permanente (including confidential and personnel information) and will only access information I have been instructed or authorized to access to do my job.
3. I will not access my own or my family members' PHI. Instead, I will follow the same procedures that apply to non-employee health plan members.
4. I will not share, change, remove or destroy any confidential information unless it is part of my job to do so. If any of these tasks are part of my job, I will follow the correct department procedure or the instructions of my supervisor (such as shredding confidential paper). If a demand is made upon me from outside Kaiser Permanente to disclose confidential information, I will obtain approval from my supervisor before disclosing such information.
5. I understand that inappropriate or unauthorized access, use or disclosure of PHI may result in legally required reporting to governmental authorities, including my name.
6. I know that confidential information I learn in this role does not belong to me and that Kaiser Permanente may take away my access to confidential information at any time.
7. If I have access to the electronic equipment and/or records:
8. I will keep my computer password secret and I will not share it with any unauthorized individual. I am responsible if I fail to protect my password or other means of accessing confidential information.
9. I will not use anyone else's password to access any Kaiser Permanente system unless I am authorized to do so.
10. I will lock my computer when I step away to prevent someone else accessing the computer under my logon. I understand that I am personally responsible for any accesses under my logon.
11. If I leave Kaiser Permanente, I will not share any confidential information that I learned or had access to during my role.
12. On termination of my role, I will promptly return to Kaiser Permanente all originals and copies of documents containing Kaiser Permanente's information or data in my possession or control, unless the documents were provided to me as a part of my role.
13. I understand that I am responsible for my access, use, or misuse of confidential information and know that my access to confidential information may be audited.
14. I understand that my supervisor or other managers are available if I think someone is misusing confidential information. I further understand that Kaiser Permanente will not tolerate any retaliation because I make such a report.
15. I understand that patient privacy and security is included in my orientation and by taking such training, I understand the obligations of confidentiality. I further understand that it is my responsibility to secure guidance from my supervisor in the event any questions exist relating to my obligations regarding confidentiality.
16. I understand that failure to comply with this agreement may result in disciplinary action up to and including termination my role or other relationship with Kaiser Permanente. I understand that I may also be subject to other remedies allows by law,
17. I understand that I must also comply with any laws, regulations, and other Kaiser Permanente policies.

By signing, I agree that I have read, understand, and that I will comply with this Confidentiality Agreement.

Examples of Breaches of Confidentiality (What You Should NOT Do.)

These are examples only and do not include all possible breaches of confidentiality:

- Unauthorized reading of patient account information.
- Unauthorized reading of patient's chart.
- Unauthorized access to my own medical record.
- Accessing medical information of friends, co-workers, family members.
- Discussing confidential information in a public area such as a waiting room or elevator.
- Discussing confidential information with anyone in your personal life, including family members or friends.
- Sending confidential information to your personal email account.
- Documenting or referencing confidential information on any social networking site such as Facebook, Twitter.
- Taking photos of any Kaiser Permanente facilities, patients, or employees.

Signature _____ Name : _____

Signature of the Person Submitting this Form *Name of the Person Submitting this Form (print)*

Date of Signature _____ _____ _____