

# Vernon Health Job Shadow Program



Dear Job Shadow Applicant,

Thank you for your interest in our Job Shadow Program! We look forward to having you on-site!

Our Job Shadow opportunity will provide an in-person perspective on a career path of interest to you. We want to make your experience at Vernon Health memorable and rewarding.

There are items to review and complete prior to beginning your job shadow. This information will highlight our policies and procedures as they relate to patient privacy. It includes information about HIPAA (Health Insurance Portability and Accountability Act), which is a set of privacy regulations that all health care providers must enforce. We, as health care providers, are genuinely concerned about our patients' privacy and the security of their health care information. It is important you understand your role in patient privacy and security.

Please review this information, complete the Job Shadow Request Form, SIGN, and submit as directed. Applicants should allow at least two weeks for processing. Signing the request form means you understand the information and agree to keep the outlined information confidential.

Please direct any questions, and return the completed Job Shadow Request Form, to: [careerexploration@vmh.org](mailto:careerexploration@vmh.org).

## List of Items to Review and Complete

- Review Job Shadow Requirements

- Review Job Shadow Dress Code Policy

- Review Confidentiality Agreement

- Review Job Shadow Health information

Complete the Job Shadow Request Form AND SIGN with the understanding that you have reviewed and comprehend the items above.

## **Job Shadow Requirements**

- Job Shadow applicants must be at least 16 years of age or older.
- For applicants under the age of 18 years old, we require the signature of a parent or guardian.
- Vernon Health will not be responsible for transportation.
- Vernon Health will not be responsible for lost or stolen items (please only bring necessary items into the building).
- Vernon Health will not provide reimbursement for any cost associated with the job shadow (gas money, time away from work, clothing, or other item).
- Vernon Health reserves the right to modify, change, or terminate this agreement at any time.
- Vernon Health reserves the right to end any job shadow / work experience during the scheduled visit due to any reasons of concern such as safety, behavior, conduct, or breach of terms.
- Submit the completed Job Shadow Request Forms at least 2 weeks prior to shadow date.
- Ginny Moore and the Department Manager must approve Job Shadow requests.

## **Job Shadow Dress Code**

The appearance of job shadow applicants at Vernon Health has a direct impact on patients' and customers' perceptions of our professionalism, competency, and quality of care. All job shadow candidates must adhere to general guidelines. Appearance must not be offensive to our patients and staff.

**Job Shadow Nametag** must be visible on the front of outer garments.

**Hair** must be clean and neat.

**Personal Hygiene** is important. Each job shadow experience applicant must maintain good grooming habits and hygiene to prevent body odor/bad breath. Limit the use of scented / fragrant products.

**Clothing** must be neat, clean, in good condition with a proper fit. Tight clothing, low cut blouses or clothing that allows undergarments to show through will not be allowed. Skirts, dresses, shorts/skorts should be of moderate length.

**Closed-toed shoes** are required for the safety of Job Shadow Applicants shadowing in any patient care area, and in the lifting of objects, or transfer of patients in any manner (wheelchair, cart, ambulating). Shoes should be clean, in good condition, and reflect the needs of the work performed.

\*Business Office Setting: Sandals are acceptable for visits with non-patient care roles.

**Accessories:** Safety and patient care are priorities when determining the acceptability of earrings, necklaces, and rings. moderation is desired. Job Shadow Applicants will not wear hats indoors, nor chew gum while in the presence of patients.

\*If the job shadow preceptor finds any clothing inappropriate or unprofessional, they reserve the right to cancel or reschedule the job shadow. Appropriate attire is important.

## **Job Shadow Confidentiality Agreement**

Vernon Health has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Vernon Health must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information.

In the course of the job shadow at Vernon Health, you may see or hear confidential information.

By signing this document, you understand the following:

1. I agree not to disclose or discuss any patient, human resources, payroll, fiscal, research and/or management information with others, including friends or family, who do not have a need-to-know.
2. I agree not to access any information, or utilize equipment without authorization and supervision, even if I do not tell anyone else.
3. I agree not to discuss patient, human resources, payroll, fiscal, research or administrative information where others can overhear the conversation, such as the hallways, elevators, in the cafeterias, on public transportation, at restaurants, or at social events. It is not acceptable to discuss clinical information in public areas ever. Even sharing information without the patient's name is unacceptable, this can raise doubts with patients and visitors about our respect for their privacy.
4. I agree not to make inquiries for other personnel who do not have proper authority.
5. I agree not to willingly inform another person of computer passwords.
6. I agree not to make any unauthorized transmissions, inquiries, modifications, or purging of data in the system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from Vernon Health's computer systems to unauthorized locations, including home.
7. I agree to log off prior to leaving any computer or terminal unattended (if applicable).

## **Job Shadow Health Information**

Any Health Conditions? YES / NO If yes, please list\_\_\_\_\_

To the best of my knowledge, I am well and do not have an illness, disease, or condition that would put the patients/clients/staff or myself at risk.

See the attached Job Shadow Request Form, complete, sign and submit to  
[careerexploration@vmh.org](mailto:careerexploration@vmh.org)