UK HealthCare Volunteer Services – Summer Teens

Thank you for your interest in becoming a volunteer at UK HealthCare! Please review this information packet carefully. The 6 week program will run from June 20 – July 29; shifts are from 9am – 12pm and 1pm – 4pm. If selected, you may volunteer up to two full days. If you have any questions after reading through the materials, feel free to contact me.

Sara Miller, MA
Volunteer Coordinator
Sara.miller1@uky.edu
859-323-4117

Step 1: Review and complete the entire Application Packet following this page, which consists of:

- Application
- Orientation Guide and test
- HIPAA information and test
- Behavioral Standards signature page
- Media photo release form

Also, locate a copy of your immunization records. You will need to provide proof of MMR (2 shots and/or proof of disease), Varicella/Chickenpox (2 shots and/or proof of disease), and Tdap (1 shot) in order to be compliant. You will also need a TB skin test dated September 1, 2015 or later. Applicants who come to the interview without all of these documents will be asked to reschedule.

Step 2: Email or call to set up a 30 minute interview with me. Interviews will begin on Tuesday, March 29 on a first-come, first-serve basis. I am typically available Monday – Friday between 9am-5:00pm. Please note: I will be out of the office from April 6 – April 19 and April 25 – 27.

Step 3: The Interview – bring your completed application packet, immunization record, and TB test, as well as the days and times you are available to volunteer. Your photo will be taken for the ID badge.

Step 4: I will contact you in May regarding your volunteer status for this summer, and if selected, placement information. Program participants MUST be able to attend an all-day orientation on Wednesday, June 8. At the orientation, you will receive your welcome packet, polo shirt, pay your dues (cash or check only), and get your ID badge.

The teen program begins on Monday, June 20! 😊

PLEASE KEEP THE FOLLOWING IN MIND: In order to receive an official letter confirming your volunteer hours, you’ll need to complete at least 4 weeks of our 6 week program.
UK HealthCare

Teen Volunteer Application

Date: __________________________ Birthdate: __________________________

Name __________________________ Phone # ___________ Cell # ___________

Address ____________________________
Street ___________________________ City ___________ State ___________ Zip Code ___________

Email address ___________________________

School Name ___________________________ Grade ___________

Previous Volunteer Experience ___________________________

Hobbies, Skills, or Special Interests ___________________________

Preference of Days ___________________________ Time Available ___________________________

Reference ___________________________ Phone ___________________________

Please read and sign below:

1. I will be punctual.
2. I will notify the designated person of any necessary absence from duty as far in advance as possible.
3. I will not discuss any Hospital cases with anyone, including my family, as well as that of the patient, except in the course of my duties as a Hospital volunteer.
4. I will not deviate from Hospital policy.
5. I will notify the Volunteer Office if I choose to resign as a volunteer and return my badge.

Signature ___________________________

Paperwork to be signed and returned to office:
[ ] Immunization Record
[ ] General Orientation
[ ] TB Test Results
[ ] HIPPA
[ ] Behavioral Standards

Emergency Contact:
Name ___________________________ Phone # ___________________________
About UK HealthCare

- UK HealthCare was established in 1957 with the opening of Albert B. Chandler Hospital. Today, UKHC is comprised of the following facilities:
  - Chandler Medical Center (Pavilions H and A)
  - Good Samaritan Hospital
  - KY Children's Hospital
  - KY Clinic and KY Clinic South
  - Markey Cancer Center
  - Gill Heart Institute
  - Along with a host of other clinics, outreach locations, and patient care services

Our Mission and Vision

Mission: The mission of UK HealthCare is to help the people of the Commonwealth and beyond gain and retain good health through creative leadership and quality initiatives in patient care, education, and research.

Vision: To be a Top 20 Academic Health Center, recognized nationally and internationally for excellence in patient care, education and research.

Core Values: We are committed to excellence and established these core values as the fundamental principles that guide our behavior in accomplishing our mission.

- Sense of urgency
- Teamwork
- Accountability
- Innovation
- Respect
Medical Requirements

- Proof of immunizations are required:
  - MMR - 2 shots
  - Varicella/Chickenpox - 2 shots or proof of disease
  - Tdap - 1 shot
- TB skin test current as of September 1, 2015
- Can be obtained from pediatrician's office or the Health Department, but not UK Employee Health Services

Attendance

- Please arrive on time for your scheduled shift
- Allow for parking or meals BEFORE shift start
- If you are sick and cannot report for your shift, please call our office at 859-323-6023 or email us at ukvolunteer@uky.edu
- You must volunteer for 4 of the 6 weeks to receive a letter of completion and documentation of your volunteer hours

Roll Call

- Sign in and out on the computer in the Volunteer Office! This creates a record of your hours and alerts us if you are absent.
- Computer Sign In/Sign Out Procedure: enter pin (located on badge buddy), confirm name, click assignment or choose sign out, confirm info and you are done.
- You must sign in/sign out for each assignment!

Transportation to UKHC

- Regardless of what time you arrive at the hospital, you may arrive to our office no earlier than 8:30am.
- If your parents are dropping you off, please have them use the loop at the end of Rose St.
- If you are driving yourself, you will need to obtain a parking permit from UK Parking office, and park in the lot at Commonwealth Stadium. Parking office # is 257-7757. Take your ID Badge with you to pick up.
- You may NOT park in the attached garage. That is reserved for patients and visitors ONLY.
Lunch time

- Volunteers receive a 30% discount in the Pav H Cafeteria, GSH Cafeteria, and the cafes in Pav A, KY Clinic and Markey/Whitney Hendrickson Building. It is not valid at Starbucks in the KY Clinic.
- If you bring your lunch, we have a refrigerator in the our office, but it is small. You may eat in our office or any of the other common eating areas.
- You cannot leave UKHC's campus during your lunch break. This includes the "regular" part of the UK campus.

Dress Code

- Light blue polo shirt (provided)
- Full-length khaki or dark pants or skirt
  - NO jeans, shorts, yoga pants, leggings, capris, etc.
- ID Badge (above the waist)
- Closed toe shoes - tennis shoes are fine
  - NO sandals or flip flops
- In consideration of patients with respiratory illnesses - please do not wear scented lotions, perfume, or cologne while you are here
- Artificial nails are not allowed for volunteers and staff when working directly with patients

Your uniform must be clean and free from any odors while volunteering!

ID Badge

- Wear above the waist
- Wear EVERY day you volunteer - it's part of your uniform
- Do not lend your badge to anyone
- If you forget your ID badge, you can request a temporary badge
- If you lose your ID badge, there is a fee for replacement
- Return badge to volunteer office on your last day

Behavior

- When in uniform, you represent the hospital
- Please be:
  - Friendly
  - Respectful
  - Helpful
- Show interest in your position
- SMILE 😊

Fees

We provide you with a standard light blue polo shirt to wear while volunteering. The fee for this shirt is $20 (cash or check). This will be due on Orientation Day in June.
Training
You will be given training in each area that you are assigned to work. Be sure that you know exactly what you are requested to do. Do not hesitate to ask questions! It is better to ask questions than make a mistake.

Patient Rights
In accordance with its mission and values, UK HealthCare treats each patient as a whole, irreplaceable, unique and worthy person.

HIPAA/Confidentiality
- All patient info is confidential and should NOT be repeated or discussed.
- Be extra careful of conversations in public areas and on elevators.
- Do not access charts or patient info on computers.
- Patient information must be held in confidence and shared on a "need to know" basis; any breach of confidentiality is cause for dismissal.
- Do not mention patients on social media.

Volunteer Boundaries
*Establish caring relationships while maintaining clear boundaries...be friendly without being a friend.*

Avoid:
- Socializing with patients/families outside of hospital.
- Exchanging email addresses, phone numbers, and other personal information with patients/families.
- Absolutely NO information or photos having anything to do with patients/families should be posted on Facebook or other social media sites!!!
Cell Phones & Electronics
- Cell phone use is prohibited while volunteering. If your parents need you, they can call our office.
- Earbuds should also not be worn while volunteering.
- Please limit use to lunchtime and before/after shift in our conference room.
- Lockers are available for your belongings during the day.

Code of Conduct
- The code of conduct is a document that explains what we stand for and how we conduct business.
- We conduct business in a legal and ethical manner.
- If you want to report violations, the anonymous Compliance Hotline is: 877-373-0128
- Ask if you have any questions.

Infection Control
- Handwashing is the #1 way to prevent spread of infection. ALWAYS use proper hand washing between every patient contact, after using restroom, and before eating.
- How to: Use very warm water, vigorously wash for 20 seconds (sing the Happy Birthday song 2x!), rinse, and wipe hands with a clean towel.
- Volunteers NEVER handle blood or body fluids. Ever.
- Do not attempt to clean spills. Notify staff.
- Do not enter room with precaution or isolation signs.

Safety & Security
- Security Office is located across from the Emergency Dept, on the Ground Floor of Pav A.
- Phone number is: 323-6156.
- Report all weapons, suspicious activity, and unusual people.

Emergency Codes
- When there is an internal or external emergency, the overhead paging system will notify all hospital buildings.
- An example of an announcement: "ding"*"ding"*"ding" Code Red, Pav A, 1st Floor, Surgery Waiting Room
  "ding"*"ding"*"ding"*"ding"
- When the emergency is over, the all clear will be given in the same manner.
- Unless your area/supervisor has more specific instructions, in case of emergency, please follow the outlined procedures.
**Emergency Code: Tornado Warning**
- When the National Weather Service has issued a severe weather warning for the immediate area
- All volunteers should go immediately to an interior space, stay away from doors and windows, and remain there until an 'all clear' is announced
- Your supervisor might ask you to assist with:
  - Ensuring everyone seeks shelter on lower level or interior area away from windows
  - Covering patients who cannot be moved with blankets and pillows
  - Diverting patients and families away from the elevators

**Emergency Code: Code Red = FIRE**
- If you smell smoke or see fire, tell your supervisor and locate the source. Then the "RACE" begins:
  - Rescue: Rescue anyone in immediate danger from fire or smoke
  - Alarm: Activate the fire alarm/pull! Use the closest telephone to call on
  - Contain: Contain the smoke/fire by closing all doors
  - Extinguish: Extinguish the fire (if you feel comfortable doing so) or evacuate
  - Remember: Rescue, Alarm, Contain and Extinguish

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**Fire Safety**

P-A-S-S to use a fire extinguisher:

- Pull the pin
- Aim at the base of the fire
- Squeeze the handle
- Sweep side-to-side at base of fire

Please locate the fire alarms, extinguishers, and evacuation routes within or adjacent to your area

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**Fire Safety**

Fire is **ON** your floor
- Clear corridors and close all doors/windows
- Don't use elevators
- Report to supervisor for further instructions

Fire is **NOT** on your floor
- Close doors
- Don't use elevators
- Don't go to floor with fire
- Remain working in your area
Emergency Code: Code Yellow = Mass Casualty
- Issued when an event (internal or external) occurs that results in a large number of patients simultaneously.
- Examples: train derailment, bus accident, chemical explosion, terrorism
- Greatest impact is to the Emergency Department, and the patient care areas
- Please remain in your area and stay calm. Staff will give you instructions if your assistance is needed.

Emergency Code: Code Pink = Infant or Child Abduction
- The announcement will include location of child's last known location, description of missing person.
- All staff and volunteers must "Adopt an Exit" – stand at all stairwells, corridors, elevators, and external exits. Be looking for the missing person. Inspect large purses/packages/bags, and those wearing bulky layers.
- UKHC buildings are connected by above and below ground tunnels, so all building responds to this code.
- Do not confront an individual who you think is unsafe. Notify a staff person who can call security.

Emergency Code: Assistance Please
- Issued when a patient, visitor or staff member starts displaying combative behavior, acting out, loses control or rationality
- Volunteers should steer clear of area until "all clear" is given; if currently in that area, keep your distance from situation
- No action items for volunteers, as Security and Staff will handle situation

Emergency Code: Code Silver = Active Shooter
Issued when someone is threatening to use a weapon or has used a weapon.

RUN
- If an exit door to the outside is visible, then RUN. As far and as fast as you can, then call 911. Encourage others to go with you, but do not wait for them. Tell people outside to not enter building, keep hands in air.
- HIDE – most likely scenario!
- Move to an area that can be secured. Lock doors, turn off lights. If you see a door stop, put in backwards to act as barricade. Hide out of view of doors and windows behind solid, heavy objects. Do not cluster in large groups, spread out so not one easy target. Remain quiet and do your best to remain calm.

FIGHT
- As a last resort, when your life is in danger; attempt to injure shooter.
- Impressive weapons – spray a fire extinguisher in their face. Hit them in the face or at base of skull with heavy object. Yell loudly, act aggressive. Use as a last option to save lives.
Patient Safety
- Volunteers play a role in keeping patients safe
- Focus on prevention, reporting, and improving — not blaming
- Volunteers are empowered to take action and report:
  - Falls
  - Exposures
  - Lacerations
  - Back injuries
  - Device/equipment malfunctions
  - Medication errors
  - Any variation in standard practice that increase risk of or results in injury
- Please report all safety problems ASAP after identified

Personal Injuries
- If you are injured while volunteering, contact your department supervisor immediately. They will need to complete an incident report.
- Also notify the Volunteer Office.
- Depending on severity of incident, you will go to University Health Service or the Emergency Department for care.
- All bills for care rendered to volunteers are submitted to Hospital Administration.

UKHC’s Harassment Policy
- UK Healthcare does not tolerate inappropriate behavior that is disruptive, that is verbally or physically abusive and which could interfere with work performance and the delivery of safe quality patient care.
- Inappropriate & disruptive behaviors may include but are not limited to: condescending language, angry outbursts, threatening body language, fighting, physical violence or threat of physical violence while on the job. Verbal abuse can be blatant or subtle and consist of communication through words, tone or manner that, intimidates, threatens, accuses or disrespects another.
- Please contact the Volunteer Office ASAP if you experience any of these behaviors!

Anyone can become violent; usually there are warning signs:
- Threats
- Talking about or carrying a weapon
- Screaming, cursing
- Restlessness, pacing
- Violent gestures

All incidents of workplace violence must be reported to UKHC Security (323-6156). If someone is brandishing a weapon, call 911.
End of Program

- Students who successfully complete the program will be mailed a letter (which includes total hours worked) in early August.
- Successfully complete = attending at least 4 of the 6 weeks and having no disciplinary issues.
- There will be a Summer Teen Celebration in late July – event and location TBA.

Welcome to UK HealthCare!

We are so glad you want to spend your summer with us!
Teen Orientation Guide Exam

Please answer the following questions AFTER reading through the entire orientation guide.

1. List two ways to notify the office if you are unable to make it to your shift: ____________________________

2. During a fire, I should not use the elevators. (circle) True or False

3. Which of these things should you be as a teen volunteer?
   a. Friendly
   b. Respectful
   c. Helpful
   d. All of the above
   e. None of the above

4. I can leave UKHC campus on my lunch break. (circle) True or False

5. What is the #1 way to prevent the spread of infections? ____________________________

6. Where should you wear your ID badge?
   a. Above waist
   b. Below waist
   c. Doesn’t matter

7. What does RACE stand for?
   a. R________
   b. A________
   c. C________
   d. E________

8. During which Emergency Code must all staff and volunteers respond and “Adopt an Exit?”
   a. Code Red
   b. Code Yellow
   c. Code Pink
   d. Code Silver

9. How many weeks must a teen volunteer in order to successfully complete the program?
   ____________________________

10. Where can I use my cell phone during the day?
    ____________________________
11. In an Active Shooter scenario, what is one thing I could do?  

12. When washing your hands, how many times should you sing the "Happy Birthday" song?  

13. The dress code consists of a light blue UKHC polo shirt, khaki or dark business pants, closed toe shoes and ID badge. (circle) True or False  

14. List 3 reasons you should call security:  
   a.  
   b.  
   c.  

15. What happens if I forget my ID badge at home?  

Acknowledgement of Orientation  
I have read the orientation guide and received additional information and instruction, as it pertains to my assignment, about UK HealthCare policy, procedures and practice.  

I understand the expectations, and I agree to abide by UK HealthCare policy, procedures, and practice during my assignment at University of Kentucky Healthcare.  

Name  

Signature  

Date  

Agency–University of Kentucky for UK HealthCare
HIPAA Education – Level One
For Volunteers & Observers

~ What does HIPAA stand for?
   H – Health
   I – Insurance
   P – Portability
   A – And Accountability
   Act

The federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, along with state law, mandates the privacy and security of Protected Health Information (PHI); the portability of health insurance and simplification of electronic billing.

~ Components of HIPAA
   1.) Transactions (codes used in billing)
   2.) Privacy
   3.) Security

~ What is the purpose of HIPAA?
   • Protects the privacy of an individual’s health information
   • Ensures physical and technical security of an individual’s health information
   • Governs the use and disclosure of an individual’s health information for treatment, health care billing, research, marketing and other functions.

~ What are the benefits of HIPAA?
   • Privacy Notice – The University of Kentucky will be required to notify individuals in writing how their Protected Health Information may be used and disclosed.
   • Accounting of Disclosures – A history of non-routine disclosures – those other than treatment, payment and health care operations, or those for which authorizations have been obtained – must be provided to individuals upon their request.
   • Recourse – Individuals may file formal complaints with the University via the Privacy Officer or the Department of Health and Human Services Office of Civil Rights.
   • Access – Individuals will be able to access, inspect and get copies of their medical records, and also may request amendments to those records.
   • Restrictions – Individuals will have the right to request restrictions on the uses and disclosures of their information. The University of Kentucky may refuse such a request on grounds that we could not accommodate the request.
     Example: Mandatory reporting of gunshot wounds

~ Why do you have to take HIPAA training?
   • Federal law requires this training. Observance of HIPAA regulations is the way we will conduct business in the future.
   • This is the first stage of HIPAA training. You may require additional training specific to your area at a future date.
~ Who is required to comply with HIPAA?
All health plans, clearinghouses and health care providers who conduct business electronically, must comply with the standards. These groups are referred to as “Covered Entities.”
Covered Entities include:
- Hospitals, durable medical equipment suppliers, sole practitioners and Physician practice groups, dentists, pharmacies, home health agencies, and nursing homes, among others.
- Laboratories/departments conducting human research, financial offices, third party administrators, insurance carriers who deal with protected health information, internal audit, and legal counsel.
- Business associates who contract with the University of Kentucky.

The University of Kentucky is a “covered entity.”

~ What makes the University of Kentucky a “covered entity?”
The University of Kentucky is comprised of several groups that make it a “covered entity” including, University of Kentucky Chandler Medical Center, medical benefit plans, human research, dental clinics, student health services and athletics, among others.

~ The Privacy Rule
The HIPAA Privacy Rule establishes minimum safeguards to protect confidentiality of an individual’s health information.

STATE LAWS, WHICH PROVIDE STRONGER PRIVACY PROTECTIONS FOR INDIVIDUALS, WILL STILL APPLY INSTEAD OF THE FEDERAL PRIVACY STANDARDS.

The HIPAA Privacy Rule protects:
- An individual’s health information in all forms: electronic, paper, spoken, and whether past, present or future.
- The rule protects individuals, living and dead, and or groups in both the public and private sector.

~ What is Protected Health Information?
Protected Health Information is commonly referred to as PHI.

PHI is defined as facts about an individual’s past, present or future physical or mental health condition.

~ What information is included in PHI?
Use of any one of the 18 identifiers listed, when combined with information regarding a person’s health, is protected under HIPAA.

- Name
- Address
- Medical record #, account #
- Dates
- Social Security #
- Health plan beneficiary #
- Birth
- License or ID #
- Photographs
- Date of admission
- Drivers license #
- Fingerprint, voice prints
- Date of discharge
- Vehicle plate #
- Device identifiers & serial #’s
- Death
- Telephone #
- Full face photo/other images
- Certificate/license #
- Fax #
- Email/URL/IP address #
- Any other unique ID#, characters, or code

~ Under what conditions must you protect any of the previously mentioned pieces of information?
Whenever:
- The information relates to the person’s physical and mental health, provision of health care or payment for health care
- The information will identify, or could be used to identify, the subject of the information, and
- The information is transmitted or maintained in any form or medium.  
  Examples: fax, computer files, paper records

ALWAYS REMEMBER...

All information regarding an individual's health care is confidential. DO NOT share this information with your friends, family or neighbors. In other words, if you learned it through your work or other associations with UK, it is considered private.

You also must be careful about where and when and with whom you share information required to perform your job. Share information only with co-workers who HAVE a legitimate need to know for treatment, payment or health care operations. Hallways, break rooms, elevators, the shuttle and parking lots, for example, are not appropriate places to share PHI.

~ The Security Rule
- What is information security?
  - Maintains confidentiality, integrity, availability and privacy of employee, patient, physician,
    research subjects and University information

  - Applies to all information – electronic, paper, or spoken—that is created, communicated, stored or processed by your office, department, hospital or school

~ UK and the Security Rule
- Guidelines:
  - If you have access to written or electronic confidential health information, you may be asked as a condition of your affiliation with UK, to sign a confidential agreement.

~ "You" and the Security Rule
- How do you secure the various types of protected health information you encounter on a regular basis?

PAPER
- Only authorized personnel generate or copy confidential documents.
- Confidential documents must not be left in areas accessible by unauthorized persons.
- Confidential documents must be disposed of in a confidential recycling bin, shredded, or rendered unreadable.
- Patient medical records must not be taken home or to any non work-related place.

  If in doubt about confidentiality of a document, handle as if confidential.

COMPUTERS
- Use a unique password
- Do not share your password
- Store laptops, PDAs, floppy disks and CDs in a secure location when not in use
- Log out when leaving a workstation*
- Sign off applications WHEN leaving your workstation
- Use only password-protected portable computing devices
- Do not download unauthorized software from the Internet

* If you have an exception, contact the Compliance Office at 323-6044

TELECOMMUNICATIONS
- Devices such as cordless phones, cell phones, pagers, faxes and intercoms
- At UK confidential information can be communicated by phone and fax
- Use a cover sheet that includes a confidentiality statement to indicate who is to see the fax
- Prior to sending the fax, notify the person to whom the fax is being transmitted
- The sender is responsible for keeping receipts of fax transmissions

~ Securing the physical environment in which you work
- Keep records and protected health information in secure areas
- Dispose properly of confidential or protected health information (shredding or placing in secured recyclable bins)
- Ensure that unauthorized individuals cannot see protected health information on your computer screen, fax machine, or in your work area

~ Why do we need to be so careful?
A New York State congressional candidate’s past suicide attempt was made public during the election. She won the election and sued the hospital for failing to maintain the confidentiality of her medical records.

An employee of a large Blue Cross/Blue Shield plan obtained unauthorized access to the medical records of a friend’s ex-wife and sent them to the friend.

A bank member of a state health commission accessed a list of local cancer patients and cross-referenced it to a list of his customers. He then called in their loans.

A Tampa, Florida man stole a list of 4,000 HIV-positive patients from a state health worker and sent the list to the Tampa Tribune, which did not publish it. The man was found guilty and sentenced to jail.

~ Why is this important to you?
You are responsible for securing PHI and keeping it private. If you don’t you may be liable!

The University of Kentucky will not be responsible for individual employee penalties if the breach was intentional or happened outside the scope of the individual’s job responsibilities.

~ What else do you need to know?
The University of Kentucky will facilitate compliance with the HIPAA regulations through electronic monitoring of computer access to PHI, and by conducting physical inspections of University areas that handle confidential health information.

~ What are the penalties for non-compliance?
- Disciplinary action by the University of Kentucky: up to and including termination of employment or expulsion from the academic program
- Federal Criminal penalties:
  - $100 per violation, up to $25,000 per person, per year, for each requirement or prohibition violated
- Federal Criminal penalties for knowing violations:
  - Up to $50,000 and one year in prison
  - Under “false pretenses” – up to $100,000, and up to five years in prison
  - Intent to sell, transfer or use – up to $250,000 and up to 10 years in prison

~ What should you do if you see violations?
- Tell your supervisor or academic advisor, who will investigate the situation
- If you aren’t comfortable telling your supervisor or academic advisor, contact the Compliance Office at 323-6044 or by email at mches@email.uky.edu
- Violations also may be reported anonymously to the ComplyLine-(877) 898-6072
UK HealthCare HIPAA Test

In order to receive credit for HIPAA training-level one, you must complete the following questions with 100% accuracy as well as fill in the employee information at the end of the questions.

1. HIPAA (Health Insurance Portability Accountability Act) protects an individual’s health information.
   - True
   - False

2. HIPAA protects an individual’s health information in which of the following forms?
   - Electronic
   - Paper
   - Spoken
   - All of the above

3. Which of the following items of information are considered PHI (Protected Health Information) when combined with information about an individual’s health history, whether in the past or present?
   - Name
   - Social Security number
   - Date of birth
   - Full face photograph
   - All of the above are considered PHI

4. If you intentionally violate any of the provisions of the HIPPA law after receiving this training, you will NOT be covered by the University’s liability insurance and therefore will be personally responsible for any fines, penalties, or imprisonment.
   - True
   - False

5. The University of Kentucky is required to monitor itself for compliance with HIPAA regulations. Therefore periodic audits will be done of computer access to health information and observations of interactions of those involved in working with health information.
   - True
   - False

6. All information regarding any individual’s health care is confidential and must not be shared with anyone who does not have a legitimate need to know.
   - True
   - False

7. If you have access to written or electronic confidential health information, you may be asked as a condition of your affiliation with the University of Kentucky to sign a confidentiality agreement.
   - True
   - False
8. If you convey PHI to another person who does have a right to know, which method of communication is acceptable?
   - Send a fax without a cover sheet
   - Face to face communication in the elevator
   - Face to face in a room with a close door, and only occupied by others with a need to know
   - Message left on unsecured answering machine
   - All are acceptable methods

9. Which of the following actions is NOT acceptable when working with PHI on the computer?
   - Using a unique password
   - Sharing your password only with those whom you work or study
   - Logging out when leaving a shared workstation
   - Ensure that your computer is facing away from the public view
   - None are acceptable

10. I have reviewed and understand the HIPAA privacy rules restricting use and disclosure of protected health information. I further understand that I am required to comply with the HIPAA rules and that my compliance with them is a condition of my employment, enrollment or affiliation with the University of Kentucky. I understand that failure to follow the HIPAA rules may result in disciplinary action, including termination of my employment, enrollment or affiliation at the University.
   - Yes
   - No

Date _______________

First Name __________________________

Last Name __________________________

Last 4 digits of SSN ________________

Email Address _______________________________________

Signature _______________________________________

If you are under 18 years of age, please have your parent/guardian co-sign this HIPAA document.
Behavioral Standards:

UK HealthCare recognizes the patient as our premier customer and promises to provide excellent customer services to patients, colleagues, co-workers and all others who seek our services. By applying for a position with UK HealthCare, I am indicating my commitment to service excellence and expressing my agreement to consistently recognize that:

- Our customer is every person we come into contact with during our workday.

- Service is being flexible, courteous and respectful while anticipating and fulfilling the needs of our customers.

- Quality is the foundation of everything we do. It is our desire to provide exceptional service to every patient and customer we serve.

- Careful, efficient and responsible management of our resources is vital to our success.

- We want to attract, develop and retain highly skilled and competent co-workers, which will in turn achieve customer loyalty and promote the growth of UK HealthCare.

By certifying this statement and submitting my application for employment with UK HealthCare, I acknowledge that I will be held accountable to follow the UK HealthCare Behavioral Expectations if selected for a position with UK HealthCare.

I have read the above standards:

_________________________________________________________________
Print Name

_________________________________________________________________
Signature
UNIVERSITY OF KENTUCKY

Authorization of Use

☐ General Use
☐ Specific Project: ________________________________________________

I, (print full name) ________________________________________ (*)& hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association and UK Research Foundation, to interview, photograph and/or videotape me, or my minor child, and/or to supervise any others who may do the interview, photography and/or videotaping and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

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✓ Any University Social Media Initiatives
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Signature: __________________________________ Date: ______________

Witness: __________________________________ Date: ______________

Name and mailing address (please print)

Name: __________________________________

Address: __________________________________

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E-mail: ___________________________

Phone: ___________________________

*If the individual to be interviewed, photographed and/or videotaped is under the age of 18, please indicate your relationship or authority to consent: ______________________

Signature of Parent or Guardian: ______________________ Date: ______________