

NUMBER: 2.1.24**DATE: 10/23/2008****REVISION: 1/12/2011; 01/02/2013; 08/03/2016; 1/23/2020****PAGE: 1 of 6****SECTION: HIPAA****AREA: HIPAA PRIVACY/SECURITY POLICIES****SUBJECT: JOB SHADOWING**

PURPOSE

In furtherance of UAMS's mission to provide excellent educational opportunities, the purpose of this policy is to establish a program for individuals age 16 and over who are not yet enrolled in a healthcare-related education program but who have an interest in pursuing a healthcare education and career to participate in job shadowing, while ensuring that safeguards are in place to protect the confidentiality of patient information and other Confidential Information as defined by this policy.

SCOPE

This policy applies only to individuals who meet the definition of Student Shadower (below). It does not apply to shadowing by UAMS students, employees who are job shadowing as part of their employment duties at UAMS, volunteers, visiting physicians, foreign medical students or residents, or others who are already enrolled in a healthcare educational program or who are already healthcare providers.

DEFINITIONS

Confidential Information includes information concerning UAMS research projects, confidential employee information, information concerning the UAMS research programs, proprietary information of UAMS, and sign-on and password codes for access to UAMS computer systems. Confidential information shall include Protected Health Information.

Student Shadower means an individual interested in pursuing a career in the healthcare field, who (a) has completed the training and forms required by this policy, (2) has been approved by a Department, and (3) has been assigned an employee or Faculty member to shadow. Student Shadower does not include students enrolled in an academic program at UAMS, volunteers, patients, or family members or friends visiting or accompanying patients. Student Shadower does not include any health care provider, such as a visiting nurse or physician, regardless of their credentials.

Protected Health Information (PHI) means information that is part of an individual's health information that identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual, including demographic information, and that (i) relates to the past, present or future physical or mental health or condition of the individual; (ii) relates to the provision of health care services to the individual; or (iii) relates to the past, present, or future payment for the provision of health care services to an individual. This includes PHI which is recorded or transmitted in any form or medium (verbally, or in writing, or electronically). PHI excludes health information maintained in educational records covered by the federal Family

Educational Rights Privacy Act, health information about UAMS employees maintained by UAMS in its role as an employer and health information regarding a person who has been deceased for more than 50 years.

UAMS Workforce means, for purposes of this Policy, physicians, employees, volunteers, trainees, and other persons whose conduct, in the performance of work for UAMS, are under the direct control of UAMS, whether or not they are paid by UAMS.

To access any other terms or definitions referenced in this policy:

<https://hipaa.uams.edu/wp-content/uploads/sites/136/2019/02/DEFINITIONS-HIPAA.pdf>

POLICY

It is the policy of UAMS to allow individuals age 16 and over who are interested in pursuing careers in the medical field the opportunity to shadow employees and/or faculty of UAMS for a period of time authorized and approved by the Department not to exceed 32 hours, when the safeguards of this policy are followed. An individual who wishes to shadow an employee or faculty member at UAMS must request advance permission and meet the requirements of this policy. UAMS is not required to grant such permission, and such permission may be rescinded at the discretion of head of the Department in which the student is to participate in job shadowing. It is the responsibility of the Department where the individual will shadow to ensure that patients' protected health information and other Confidential Information is properly safeguarded in accordance with UAMS policies and state and federal confidentiality laws, including HIPAA.

PROCEDURES

1. **Department Responsibility**: Departments, faculty members and staff who sponsor a Student Shadower are responsible for the supervision of the Student Shadower and agree to ensure that the Student Shadower complies with all UAMS policies. The decision to sponsor a Student Shadower is at the sole discretion of the Department supervisor. If, during shadowing, the Student Shadower will be spending a substantial amount of time in another Department, the sponsoring Department will also obtain permission in advance from the supervisor of the other Department. Departments may have stricter requirements for participants, such as a higher age limit, additional training, minimum GPA, or further limitations on Student Shadower access to patient areas.
2. **Application**: Applicants wishing to shadow must be at least sixteen (16) years old. Applicants under the age of eighteen (18) must provide written permission from a parent or legal guardian. Applicants must give at least one (1) week notice prior to participating in job shadowing. The applicant must submit a Request to Shadow form ([Appendix A](#)) to the department where shadowing is to occur. The Department supervisor may allow or disallow the shadowing, or place further restrictions on the student, for any reason or for no reason; however, applicants will be accepted and assigned without regard to race, color, religion, marital status, national origin, or disability.

3. **Training & Required Forms:** Once an applicant has been accepted, and prior to the applicant participating in job shadowing, the applicant must complete the Level I HIPAA Training for Vendors & Visitors located on the HIPAA website (hipaa.uams.edu), or other appropriate HIPAA training offered or otherwise approved by the UAMS HIPAA Office, and a confidentiality and hold harmless agreement ([Appendix B](#)). The applicant shall complete the training and return the signed confidentiality and hold harmless agreement to the Department. If the applicant is under the age of eighteen (18), the confidentiality and hold harmless agreement must be signed by the applicant's parent or legal guardian ([Appendix C](#)). All agreements must be on file the day the shadowing begins, and must be kept by the Department for a period of three (3) years.

4. **Job Shadowing:** The Student Shadower is not an employee of UAMS and will not be compensated. The Student Shadower must be accompanied by a UAMS employee at all times while on the UAMS campus. The Student Shadower must wear a name badge, identifying themselves as a participant in the job shadowing program. The Student Shadower shall not wear any clothing that would give the appearance that they are a healthcare provider or UAMS employee (such as a lab coat) or do anything that might otherwise indicate that they are a healthcare provider or UAMS employee, unless it is determined by the Department that protective clothing is necessary for the safety of the Student Shadower or the patients. The Student Shadower will present an appropriate professional appearance and act in compliance with the UAMS Code of Conduct and the UAMS dress code. The Student Shadower may not perform any task that would normally be performed by a healthcare provider. Student Shadowers are prohibited from observing in the following areas: mental health, sexual assault, communicable disease, emergency department, and children under the age of eighteen (18) unless parent permission is obtained. The job shadowing must not exceed a total of 32 hours. If during the course of the job shadowing, the Department wishes to terminate the shadowing, it may do so for any reason.

5. **Patient Confidentiality:** Proper use and disclosure of PHI is the responsibility of the Department, staff, and faculty member sponsoring the Student Shadower. Patients should be informed that job shadowing is taking place, and be asked if they consent to having the Student Shadower present during their exam. The patient shall not be asked to give their consent in the presence of the Student Shadower. If the patient does provide consent, it is recommended that the consent be in writing. If verbal consent is obtained, the individual obtaining the consent should document that the patient agreed to the Student Shadower's presence during the exam. The patient must be informed of their right to, at any time, change their mind and request that the Student Shadower not be present. In situations where the patient may be unable to provide consent, shadowing should not occur. Student Shadowers are not permitted to use, disclose or obtain copies of PHI. The staff or faculty member sponsoring the Student Shadower shall minimize the amount of PHI disclosed to the Student Shadower.

Signature 

Date: January 23, 2020

APPENDIX A

Request to Shadow

DATE: _____

Name: _____

Date of Birth: _____

Age: _____

Address: _____

Telephone Number: _____

Parent(s) Name (if under 18): _____

Location/Department at UAMS where you wish to shadow: _____

UAMS Employee or Faculty member sponsoring shadowing: _____

School where you are currently enrolled (if Applicable): _____

Proposed date of shadowing: _____

Please complete this form at least one week prior to the proposed date of shadowing and send to the Department where job shadowing is to take place.

APPENDIX B

Confidentiality Statement and Hold Harmless Agreement

I, the undersigned, hereby request permission to participate in job shadowing program at the University of Arkansas for Medical Sciences (UAMS) Campus. I agree to abide by all rules and requirements requested by UAMS and to conduct myself in an appropriate manner.

I understand that in the course of this program I may have incidental exposure to confidential information. Confidential information means all patient, employee, student information and information of a proprietary, trade secret or confidential nature. I will maintain the confidentiality of this information at all times. I agree not to disclose the confidential information in any way or in any form without the specific written authorization of UAMS except as may be required by law.

I understand that there are certain risks inherent to and associated with the activities of any facility in which patient care and research are conducted at UAMS. I agree to the assumption of those risks and to not hold the University of Arkansas or its officers, board members, agents or employees responsible for any harm or injury, from any cause, which may befall me related to or arising out of participation in the program, and hereby release said entities and persons from any liability relating thereto. I further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other person on my behalf, or in their own right, arising out of said participation. I similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I understand and agree that this Agreement is not intended to include a release from harm caused by an individual's criminal conduct or by the conduct of an individual constituting an intentional tort recognized under Arkansas law; and any such criminal conduct or intentional tort is against UAMS policy and therefore outside the scope of the person's employment or relationship with UAMS for which UAMS is not vicariously liable. I agree that these conditions and agreements are binding on all of my heirs, executors, administrators, representatives, assignees and successors in action.

I have read and understand the above and willingly agree to said terms and conditions.

Signature: _____ Date: _____

Printed Name: _____

APPENDIX C

Confidentiality Statement and Hold Harmless Agreement (Minor)

The undersigned parent(s) or legal guardian(s) of _____, a minor child, do(es) hereby consent to the participation of said child in the job shadowing program at the University of Arkansas for Medical Sciences (UAMS) Campus. Said child is to abide by all reasonable rules and requirements of appropriate cooperation and conduct.

I (We) understand that in the course of this tour said child may be incidentally exposed to confidential information. Confidential information means all patient, employee, student information and information of a proprietary, trade secret or confidential nature. I (We) agree that said child will not disclose the confidential information in any way or in any form without the specific written authorization of UAMS except as may be required by law.

I (We) understand that there are certain risks associated with the facilities and activities of patient care and research conducted at UAMS. I (We) agree to not hold the University of Arkansas or its officers, agents or employees responsible for any harm or injury, from any cause, which may befall said minor child related to or arising out of participation in the tour of UAMS, and hereby release said entities and persons from any liability relating thereto. I (We) further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other person on said child, or in their own right, arising out of said participation. I (We) similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I (We) agree that these conditions and agreements are binding on all of my (our) heirs, executors, administrators, representatives, assignees and successors in action.

I (We) have read and understand the above and willingly agree to said terms and conditions.

Signature _____ Date: _____

Printed Name: _____

Signature _____ Date: _____

Printed Name: _____