

EXSTROM PHYSICAL THERAPY

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OVERVIEW OF POLICIES AND PROCEDURES FOR SHADOW/INTERN STUDENTS

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Authority: Privacy Officer and Business Owner

A copy of this document should be given to each student/intern and signed before starting their experience.

While there are many policies directed at singular aspects of privacy and confidentiality, this overview is directed at developing a simple overall guideline for the understanding of the relationship between the staff and the clients of Exstrom Physical Therapy.

The electronic and paper record resources of Exstrom Physical Therapy are provided for the singular purpose of facilitating patient care and business processes. Any person who uses Exstrom Physical Therapy's paper records and/or computing resources for non-business or unauthorized purposes may be subject to disciplinary action, up to and including termination and civil or criminal legal action.

Management at all levels is responsible for monitoring the actions of their staff and enforcing the intent of this overview. All questions, concerns or infractions should be directed to the Privacy Official.

Prohibited Activities

Though students who shadow with Exstrom Physical Therapy are not allowed computer access, the following are examples of prohibited activities:

1. Using Exstrom Physical Therapy's computing systems or data for personal business or gain;
2. Specific violations of Exstrom Physical Therapy's electronic mail, Internet and facsimile machine policy;
3. Unauthorized browsing of patient, personnel, financial, or other records for the purpose of personal curiosity or with the intent of improperly disclosing the information contained in those records;
4. Interfering with the operation of any Exstrom Physical Therapy's computing systems or using a Exstrom Physical Therapy computer to disrupt any external computing system;
5. Altering or deleting any of Exstrom Physical Therapy's data, software, or files except when performing authorized business functions;
6. Installing unauthorized or illegally-copied software on any of Exstrom Physical Therapy's computer workstations;
7. Divulging; user IDs, passwords, encryption keys, wireless network SSIDs or other Information Technology knowledge to unauthorized outside parties or non-employed personnel; and
8. Any unauthorized utilization of workstations, company internet, intranet, network storage or other computing resources.

Responsibilities of a Shadow Student

1. Patient care comes first and foremost. It is the student's responsibility to take an active role in their shadowing experience and engage their mentoring Physical Therapist, Employees and Patients.

2. Student who shadow with Exstrom Physical Therapy are there for the purpose of shadowing a Physical Therapist for gaining personal experience in the field.
3. Students will be expected to present themselves in a professional manner which includes dressing and acting appropriately and be well groomed for a professional medical environment as described in the following section.
4. Students who do not meet these requirements will not be allowed to shadow that day and if behavior continues they will be dismissed from their shadowing experience.
5. Workload of the Physical Therapist can vary from day to day and while we try to schedule students on days with many patient interactions. We cannot foresee cancellations; therefore it is the student's responsibility to engage in questioning and interacting with their Physical Therapist, other employees and patients to fully gain an understanding of the field.
6. Hours are to be tracked by the student. We ask that students use our attached sheet to track hours for us to keep on record for future reference.
7. It is the student's responsibility to talk with their mentoring Physical Therapist and figure out days and times they will come in and be expected to show accordingly.

Dress and Conduct

1. We strive to maintain a professional atmosphere which includes appearing and acting appropriately
2. This includes but is not limited to;
 - a. Good Hygiene
 - b. Making an effort to maintain personal cleanliness
 - c. Following Appropriate Dress Code; Both males and females are allowed to wear medical scrubs. Our professional attire typically consists of: polo with khaki or dress pants. Females may wear other professional clothing if desired as long as it is proper fitting and not low-cut nor revealing of body parts or undergarments.
 - d. Fridays consist of Casual Dress; jeans, khaki shorts and appropriate t-shirts are allowed on this day
 - e. Gym Clothes, Clothes in disrepair (holes, stains, etc), sandals and clothing that reveal or do not cover inappropriate body parts or undergarments are never allowed.
3. Attitude at or clinic is very important. We expect you to present with a positive attitude and avoid making negative or degrading remarks regardless of their content. If you desire to express criticism, do so by contacting your mentoring Physical Therapist in private.

Behavior in Interacting with Patients

Shadowing Students of Exstrom Physical Therapy are obligated to make sure that medical information is not disclosed inappropriately, accidentally or negligently. In order to do this we must take appropriate precautions to safeguard medical information, as described below.

1. Keep patient charts and encounter forms face down. Never leave them out where others can see them.
2. Use confidential trash bins when disposing of medical information. Any documents with a patient's name, insurance number or partial medical record is considered medical information.
3. Place medical record charges and other medical information outside exam rooms or clinical offices so that they face the door wall.
4. Do not discuss patient information with anyone in a social conversation.
5. Do not discuss the reason for a patient's visit in the waiting area or in front of others.

General Areas for Consideration

Patient's Rights:

1. Right to be informed of organization privacy practices. Responsibilities for implementing procedures for ensuring that the patient is informed of the policies related to patient information should be defined.
2. Right to Privacy. Relevant patient information may only be disclosed to those directly involved in the care of the patient, for the protection of the public health as provided by law, for the payment

of services as authorized by the patient, to assist researchers as authorized by the patient, or for any other purposes required by law or authorized by the patient. These rights are defined in the Policy and Procedure on Uses and Disclosures of Protected Health Information.

3. Rights to Review Information. Patients are entitled to know which information about them is in the possession of the organization and are entitled to review that information. Any category of information that may be withheld from the patient in accordance with the law should be defined in the Policy and Procedure on Patient's Rights to Access Health Information.
4. Right to Clear and Complete Presentation of Information. Policies related to making information from the computer-based patient record available to the patient in a clear, logical, understandable format should be developed. Any policies for presenting information in a format should be developed. Any policies for presenting information in a format not maintained by the organization should be defined. The organization's policies related to the costs associated with the presentation of information should also be defined.
5. Right to Amend Correct Information. Information cannot be deleted, but erroneous information can be marked as such and correct information amended. The rights of the patient to provide supplemental information or an appendix should also be defined in the Policy and Procedure on Patient's Right to Request Amendment of their Health Information.
6. Right to Restrict the Use and Disclosure of Specific Information. The patient's rights to segment information and block the release of specific information should be clearly stated in the Policy and Procedure to Request Restrictions on Use and Disclosure of Protected Health Information. The rights of the organization to identify and explain any consequences of such blockage should also be included.
7. Right to an Accounting for Disclosures of Information. The patient's rights to know which individuals, organizations, and government agencies have authority to access, and have actually gained access to, specific information identified with the patient should be clearly defined in the Policy and Procedure on Accounting for Disclosures.
8. Right to Protection of Information Released to Third Parties. The policy should define the commitment for protection required from a third party prior to the release of information to that organization. The policy may also specify the responsibility for monitoring these commitments.
9. Right to Integrity and Availability. Records must be protected from unauthorized modification and destruction. The patient has the right to expect that the organization will take reasonable precautions to protect the information from destruction by accident or vandalism, and by fire, flood, earthquake, or other disasters. Policies requiring that provisions be made for the patient records to survive the organization in the event of mergers, bankruptcy.

The Release of Data

Although the requirements for release of some patient information are defined by law, Exstrom Physical Therapy has policies addressing the responsibilities and determining the methods of complying with these laws.

The organizations policies related to complying with the law for the release of patient, caregiver and institutional information to public health authorities should be defined.

Factors to consider in the release and sharing of information include:

- Which information may be released?
- To whom may information be released?
- What responsibility does the institution have regarding the protection of information it has released from its custody?

Data should never be released without the express, specific, written consent of the patient or a court order. In all cases, where there is any question as to the appropriateness of the release of data, the Privacy Official, or a member of management, must be contacted for a decision before any data is released.

