

North Mississippi Health Services

Job Shadow Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth: _____

If under 18, Parent/Guardian information required:

Name: _____ Phone: _____

Education Status (check all that apply):

- High School
- College
- Prerequisite for admission into a clinical program (*specify in comment box below*)
- Not in school but looking into career in healthcare

Preferred discipline and department: _____

Mentor name (if known): _____

Number of hours needed? _____ Date(s) preferred: _____

Complete the [Shadowing Orientation](#) and attach the following documents:

- Signed Job Shadow Agreement
- Proof of Immunizations
 - o 2 MMR vaccines after first birthday
 - o Initial 2 step and up-to-date TB skin test followed by annual testing or QuantiFERON Gold serum laboratory test followed by annual testing
 - o Tetanus vaccination within the last 10 years
 - o Tetanus/diphtheria/pertussis vaccination in the past
 - o 3 Hepatitis-B vaccinations or in process
 - o Flu vaccine (if rotations fall between October 1 - March 31) or wear mask
 - o COVID-19 vaccination

****Sending an incomplete application could delay your request.
Your request will not be processed until ALL items on the checklist are collected****

Other comments:

Return to Student Experience Navigator via email (capolson@nmhs.net)

STUDENT JOB SHADOW AGREEMENT

As part of North Mississippi Medical Center's (NMMC) effort to promote health care careers, it allows students to participate in job shadowing. The student must agree to the following requirements:

1. Generally, job shadowing consists of observing various clinical roles for a short duration, from a few hours to a few days.
2. The student will comply with all policies and requirements of NMMC. The Student recognizes and agrees that NMMC shall have the right to refuse the use of the facility to the Student if NMMC determines, in its sole discretion that the Student's behavior or performance is disruptive, inappropriate, insubordinate, inadequate or a potential threat to the welfare of patients, staff or for other reasons in the sole discretion of the manager of any department.
3. The Student recognizes and agrees that the Student will not be considered an employee of NMMC for any purpose whatsoever and that there is no contract of hire or apprenticeship, express or implied, between the Student and NMMC and no employer-employee relationship between NMMC and the Student.
4. The Student will receive no payment or compensation from NMMC and has no expectation of any payment or compensation.
5. Before participating in the program, the student must be free from all communicable diseases and be up to date on all shots.
6. As a Student with access to confidential information, the Student is required to conduct him/herself in strict conformance with applicable laws and NMMC policies regarding confidential information. The Student's principal obligations in this area are explained below:
 - a. **Confidential Information** means documents and shall include written and other tangible materials containing health information, medical records, conversations, billing information, financial information, demographic information, employment information of patients at NMMC, its affiliates and other affiliated health care providers.
 - b. **Use of Confidential Information** – Student shall not disclose such confidential information for any purpose or any reason other than in the active treatment of patient, in conjunction with the legitimate and authorized functions of the Program (i.e., quality assurance, medical education, medical teaching, and medical research) or any other instances where specific written authorization has been provided (i.e., third party payor utilization review).
 - c. **Access to Confidential Information** – Student shall take appropriate measures to assure the confidentiality and security of any information accessed by Student. Confidentiality applies to both computerized records, paper records and all other forms of recordation (i.e., x-ray films).
 - d. **Duration** – Student's obligation of confidentiality as expressed herein shall extend perpetually and shall survive Student's participation in the Program.
 - e. **Student Obligation.**
 - i. Student agrees that the patients have legal rights under both federal and state law regarding their personal privacy and confidentiality of their medical information.
 - ii. Student agrees that he/she is responsible for maintaining and safeguarding patient information.
 - iii. Student agrees not to discuss his/her involvement in the treatment of any patient, whether a friend, relative or stranger, with any individual, including other students, employees, or members of the medical staff, except for a) the active treatment of a patient, b) express authorization by the patient, c) a legitimate and authorized education function, medical research or d) instances where specific written authorization has been provided.
 - iv. Student also agrees not to use the computer access to view patient confidential information records on any patients (whether a colleague, friend, family member or employee of North Mississippi Health Services and its subsidiaries) unless Student is actively involved in the patient's treatment, has express authorization from the patient or is reviewing the records pursuant to a legitimate and authorized medical staff function or other instances where specific written authorization has been provided.
 - v. Student understands that North Mississippi Health Services and its subsidiaries operates a tobacco free campus and will abide by the policy.
 - vi. Student agrees to comply with TJC Standards including safety and infection control.
 - vii. Student represents that he/she has not been disbarred or sanctioned by Medicare or Medicaid.
 - viii. Student understands and agrees that he/she is prohibited from placing information about patients, staff, and employees of NMMC on blogs, web pages, and other electronic media (e.g. Twitter, Instagram, Snapchat, Facebook, etc.).
 - ix. Student understands that if he/she violates any of the above, Student will be Terminated from the program.

STUDENT SIGNATURE

DATE