

**Lakeshore Health Care Alliance
College Student/Adult
Job Shadowing Program**

Welcome to your job shadowing experience! To ensure that you get maximum benefit, there are several topics about which you need to know. Please read the following information, sign the attached sheet and submit with your application. **Allow two weeks for the forms to be completed and reviewed.**

THE SHADOWING EXPERIENCE

Job Shadowing is meant to be an observational experience. There will be no hands-on experience. You will be assigned a particular person in the department to follow so that you will get a feel for the everyday experiences of someone in that particular job. Please come prepared to ask pertinent questions about the job so that you will meet all of your school and/or personal objectives for the shadowing experience.

CONFIDENTIALITY/HIPAA

HIPAA (Health Insurance Portability Accountability Act): This federal law defines “protected health information” such as name, address, phone number, date of birth, financial information, diagnosis, treatment of any individuals you may come in contact with during this job shadow. For example, if a friend says, “I heard that Mary Smith is in the hospital. Did you see her there?” You should respond something like, “I have no information about that.”

The nature of the health care industry and the state and federal privacy laws require all employees, volunteers and job shadow participants to maintain a high level of confidentiality with respect to all information of medical or business nature concerning patients, doctors, or employees. Under no circumstances are you to discuss such information with any unauthorized person(s) either outside or inside the facility. To engage in discussions of confidential information is not only a breach of confidence and a lack of concern for others, but may also involve you in legal proceedings (i.e. fines and even imprisonment). **A Job Shadowing/Confidentiality Agreement must be signed prior to participation in the job shadowing program.**

GENERAL SAFETY

If there are any unusual occurrences while you are shadowing, you will be given instructions by the person assigned to you. There is no smoking allowed at the facility.

If you are not feeling well due to colds, flu, or other reasons, please reschedule your job shadowing experience. We do not want to put our patients at risk.

It is required that you wash your hands upon entering and leaving the facility. Proper hand washing helps to prevent the spread of infections from one person to another.

DRESS CODE

Appropriate professional business attire is expected. The following are **not** considered appropriate: jeans, capris, T-shirts, bare midriffs, shirts with advertising, written messages or objectionable pictures, spandex and dangling earrings. You are also asked to wear clean, comfortable walking shoes with closed toes and a professionally acceptable hairstyle. **If dressed inappropriately, your job shadow will be rescheduled.**

We have noticed that participants who have not eaten prior to coming to shadow may experience dizziness and other discomforts during their job shadowing experience. To prevent this from happening, **PLEASE BE SURE TO EAT BEFORE COMING TO THE FACILITY.** If you are unable to report for your scheduled job shadowing experience due to an emergency or illness, please notify the person you will be shadowing or the department/clinic to which you will be going. Thank you.

**Lakeshore Health Care Alliance
College Student/Adult
Job Shadowing Information and Confidentiality Agreement**

Name _____

Address _____

Home Phone _____ Alternate Phone _____ Email _____

Job Title(s) of Interest(*refer to Job Title Sheets*) _____

Please advise us of any physical limitations that need to be accommodated.

Name of Job Shadow Facility _____

Date _____ Time _____ Number of Hours Requested/Required _____

Please remember to bring a Photo ID with you to the Job Shadow appointment.

JOB SHADOWING/CONFIDENTIALITY AGREEMENT

I have read the attached sheet of information prior to my job shadowing experience and have had all of my questions about the information answered. I agree to abide by the rules identified in the information and keep all patient information confidential. Should I need medical attention during or as a result of this job shadowing experience, I assume full responsibility for any treatment deemed necessary.

Signature

Date

Emergency Contact Person

Phone