

CENTRA Demographic Form for Student Short-term Observational Experiences

Please complete as appropriate.

Student Name*	
Address (street, city, state, zip)*	
Last four numbers of SSN & Birth Date*	
Is student under 18 years of age? *	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please attach signed Parental Permission form)
Home Phone*	
Alternate Phone	
E-mail Address*	
Emergency Contact Name & Relationship*	
Emergency Contact Phone*	
Name of School/ College/University	
Graduate/Undergraduate*	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> High School <input type="checkbox"/> Other (_____)
Major/ Observation Focus*	
<ul style="list-style-type: none"> • Is this a short term shadowing experience? (less than 12 hours) 	<input type="checkbox"/> Yes (answer b) <input type="checkbox"/> No
Facility/CMG Practice/Department where observation will occur*	
Who are you shadowing at Centra?*	
Hours scheduled to shadow?	
Date Scheduled to shadow*(may be approximate)	
Uniform Requirements	Business Casual

Below for Centra use Only	
Human Resources (if applicable) Background Check	Date: _____ Time: _____ Signature: _____
Health Works- Health Forms Sent	Date: _____ Signature: _____
General Orientation (eHealthcareIT)	On-line Orientation Required: ___ Yes ___X_ No
Forms Received in Student Affairs Dept.	Date:
Name person who collected forms	

Centra Confidentiality Agreement No Computer Access

Effective security and confidentiality is a team effort involving the participation and support of every Centra Health employee and affiliate who deals with information and/or information systems. It is the responsibility of all users to know these guidelines and to conduct their activities accordingly.

Centra Health's policy is that all information is confidential, including, but not limited to patient diagnoses or courses of treatment, physician or other professional activities, Centra Health procedures, or financial and operating statistics. This policy applies whether the information is obtained through verbal, written, or electronic means. Information is to be accessed only on a "need to know" basis. The term "need to know" means the information is essential for performance of work responsibilities at Centra Health.

By my signature, I acknowledge that I have read the Confidentiality Policy and I understand the content and importance of these policies. I accept the responsibility that is placed on me as a Centra Health employee or affiliate to comply with these obligations and agree to abide by the policies of Centra Health as outlined in in the online orientation. I understand and agree that my obligation to maintain the confidentiality and security of the information shall continue after my relationship with Centra Health ends. I will contact Corporate Compliance if I have questions about policies or to request a paper copy of policies.

Signed: _____ Date: _____

Rules and Policies

By signing below, the intern/student understands that failure to follow the rules and policies of Centra will result in the termination of their learning experience. The following is not permitted:

1. Acceptance of money or valuable gifts from patients, families, vendors, or other work related parties is not allowed.
2. Being under the influence or possessing drugs or alcohol.
3. Deliberate destruction or misuse of property.
4. Fighting or other disorderly conduct.
5. Insubordination or failure to carry out supervisor instructions.
6. Leaving work area without permission.
7. Theft, fraud, or misappropriation of property.
8. Threatening, intimidating or coercing others by words or deeds, or use of vile or abusive language.
9. Unauthorized accessing, discussions, and/or release of confidential information concerning patients or employees.
10. Abuse or inconsiderate treatment of patients.
11. Gambling.
12. Possession of weapons.

****Complete copies of all policies referenced above are available from Corporate Compliance*

Observer Conduct

1. Observers will follow the departmental dress code.
2. Centra "Student" ID badges are not to be worn when students are observing outside of clinical rotations.
3. Observers will not use personal cell phone for taking pictures, calls or texting in patient or public areas or while observing patient care. Observers may carry a cell phone for emergency use only.
4. The Observer will not participate in any hands-on or direct patient care activities.

Signature: _____ Date: _____

Print Name: _____

Parental Permission Form for Students Under 18 Years of Age

I have read the Rules and Policies pertaining to Observers at Centra, and I grant permission for my son or daughter, _____, to participate in a learning experience at Centra. I am aware that the time spent is in a health care environment and its inherent risks.

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Date: _____