FREEMAN
Health System

1102 West 32nd Street | Joplin, MO 64804 | 417.347.1111
freemanhealth.com

2021 Job Shadowing Request Packet

Name		
Gender	Female	Male
Are you over the age of 18?	Yes	No
Mailing Address		
City, State, ZIP		
Phone		
Email		
Emergency Contact Name and Number		
Name of Sending School		
Did you have a flu shot this flu season: October – April? Participants who do not receive flu shots will be required to wear a mask during this timeframe.	Yes	No
Area/Specialty Requested		
Date(s) Requested (Monday-Friday most departments)		
Number of Hours Requested		Please note, anything more than 16 hours per calendar year requires proof of requirement from academic program
If this is for an academic program requiring more than 16 hours please provide documentation from the academic program and submit along with the completed job shadow application for processing. Request for more than 16 hours will only be submitted for approval with proof from an academic program.		
Any additional info we should know such as scheduling conflicts, special accommodations to be made, pre-arranged shadowing dates, etc.:		

- Return this completed packet to Professional Development **at least 4 weeks prior** to requested shadow date.
- Your application must be completed entirely before processing the request.
- Job shadowing hours will be limited to 2 days up to 16 hours in a calendar year (January 1-December 31).
- Hours and days of job shadowing availability are Monday-Friday; 7:30am-4:30pm.
- Viewing of a HIPAA video in the Office of Human Resources is required prior to shadow experience.
- Participants will pick up a job shadowing ID badge in the Office of Human Resources on the date of their shadow and will return at the end of day, each day of their shadow(s). Failure to wear the ID badge at all times will result in termination from the job shadowing program.
- Proof of identification will be required to be presented at time of obtaining a job shadowing ID badge.

Professional Development
Kasandra Acuff, RN, MSN
Job Shadow Program
932 E. 34th St.
Joplin, MO 64804

Phone: 417-347-2554
Fax: 417-347-9316
Email: klacuff@freemanhealth.com
Email: jobshadow@freemanhealth.com

FREEMAN HEALTH SYSTEM
Confidentiality and Non-Disclosure Agreement

I understand that Organizational Information including, but not limited to, financial, patient identifiable (including patient list), patient medical records, employee identifiable, intellectual property, financial non-public, contractual, of a competitive nature, from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.) shall be considered the Confidential Information. I agree to preserve and maintain the confidentiality and integrity of the Confidential Information. Certain information is protected by law and by the policies of Freeman Health System. The intent of these laws and policies is to assure that confidential information will remains confidential and is used, only as a necessity to accomplish the mission of Freeman.

As a condition of employment, contractual relationship or being granted access to any form of the Confidential Information, I, agree to comply with the following terms and conditions:

1. I will not access or request any information that I have no responsibilities for, including personnel, billing, PHI or other private information.
2. I will not access or disclose any Confidential Information unless required to do so in the official capacity of my employment or contract. I understand that I have no right or ownership interest in any confidential information.
3. I will comply with all policies and procedures and other rules of Freeman Health System relating to confidentiality of information.
4. I understand that my use of the system will be periodically monitored to ensure compliance with this agreement.
5. I agree not to use any Freeman information in any way detrimental to Freeman and will keep all such information confidential.
6. I will not disclose protected health information (PHI) or other information that is considered proprietary, sensitive, or confidential unless for treatment purposes or other Freeman authorized uses.
7. I will limit distribution of Confidential Information to parties with a legitimate need to have the information for performance of the organization's mission.
8. I agree that disclosure of Confidential Information is prohibited indefinitely, even after termination of employment or business relationship, unless specifically waived in writing by an authorized signatory of Freeman Health System.

I further understand that if I violate any of the above terms, I may be subjected to corrective action, including discharge, loss of privileges, termination of contract, legal action for monetary damages or injunction, or both, or any other remedy available to Freeman Health System.

USER'S NAME (Please Print)		DATE	
USER'S SIGNATURE			
LAST 4 OF SSN		DEPT.	Professional Development

Observational Experience Agreement

Definition:

Freeman Health System defines an observational experience as the observation of a medical professional in his/her professional role with no physical patient contact. The observer is not allowed to document in the medical record or participate in clinical care of the patient including procedures. The observer should only interact with patients in the presence of the medical professional. The observational experience does not fulfill any clinical or residency requirements; nor does it provide any hands-on experience. The experience is designed as a one-time observation and is only available to individuals.

Agreement:

- I understand that I will not receive academic credit for this experience. This experience does not constitute medical education or direct patient care experience.
- I understand that I am not to function as a medical student, resident or medical staff member at the facility.
- I agree not to represent myself as such either now or in the future. I must refer to this experience as an "observation", not as an elective, externship, voluntary experience, or clinical rotation.
- I understand that I will not provide any hands-on care during this experience. I will not, by way of example, take a medical history, examine a patient, provide medical advice to a patient, assist in procedures, or write/document in the medical record.
- I will inform each patient that I observe that I am an observer, and ask his or her permission. If permission is refused, I will leave the area. I understand that all observations are confidential and cannot be disclosed.
- I understand that I will not have independent access to patient information (electronic or written) or restricted areas of the medical center.
- I understand that this experience is voluntary and does not give me preference for future employment at Freeman Health System.
- I assume all risk of injury to me that may occur because of my being an observer even if such injury is caused by the negligence of Freeman. I release Freeman and its employees from any liability to me.
- I understand that I may be exposed to one or more contagious diseases, body fluids and other hazards; I agree to follow all safety precautions required by Freeman policies and good practices.
- I agree to maintain a safe distance from a disruptive patient.
- I agree not to handle biohazards or “sharps” including needles.

By signing below, I acknowledge that I have read and understand the above statements.
(If the observer is under the age of 18, a parent or guardian must also sign below consenting to the observation.)

Observer (Job Shadowing Participant)			
Observer Name (Print)		Date	
Observer Signature			
Witness (Somebody that watches you sign this form, please don’t leave blank)			
Witness Name (Print)		Date	
Witness Signature			
Parent or guardian consenting to observation for student under age of 18			
Parent/Guardian Name (Print)		Date	
Parent/Guardian Signature			

FREEMAN Health System

Observational Expectations and Regulations

We are happy to provide this observational experience at Freeman Health System, and we want you to have a positive learning experience.

Rules of Conduct

Please remember, you are a guest and will be expected to behave in a courteous and respectful manner. If at any time during your job shadow you are not acting in a courteous manner or you do not follow the guidelines set forth in this application, you may be asked to leave.

Freeman Health System is a smoke free facility. Smoking on the premises is strictly prohibited. Smoking on the premises will result in the applicant being asked to leave the current job shadow.

If an applicant is asked to leave a job shadow as a result of not upholding the application, the applicant is no longer permitted to job shadow at Freeman Health System.

Cell Phones

Cell phone use is not permitted during your observational experience. You are prohibited from taking any photographs while being an observer.

Parking

You will receive information about where to park at the time of your job shadow confirmation.

Illness Policy

Our first priority on the medical center campus is to protect the health and safety of patients and their families. If you are sick on the day of your scheduled observation, you must reschedule your observation. Participants who are visibly ill will not be allowed to observe. Please stay home if you don't feel well.

Dress Code

A professional appearance is essential for all. This means your clothing should be neat, tidy, and clean. It is important to wear comfortable, non-slip shoes- as your shadowing may require you to be on your feet for extended periods of time.

- Id badge obtained from the Office of Human Resources will be worn at all times
- NO jeans or sweatpants
- NO tank tops or bare midriffs
- NO baggy clothing or clothing that drags on the floor
- NO exposed undergarments
- NO sandals or flip flops
- NO dangling jewelry
- NO ball caps or hats
- Body piercings (other than ears) should be covered
- NO visible tattoos

Safety

Hospital staff has been trained for many safety situations. Remain with the staff member that you have been assigned to shadow. In case of fire, weather, or medical emergency, follow your preceptor's instructions. If you have a latex or other significant allergy or medical condition, please advise your preceptor. Please report any injuries or illness that occurs during your job observational experience to your facilitator.

Miscellaneous Information

During your observational experience, you will not need a purse, cell phone, pager, or backpack. It is not advisable to bring large amounts of cash, books, journals, etc. Freeman Health System is not liable for any theft of or damage to personal property while on campus for your observational experience. It is best to leave important personal items at home.

Observer (Job Shadowing Participant)			
Observer Name (Print)		Date	
Observer Signature			