



## **Kettering Health Job Shadow Participant Acknowledgments**

### **Section I: Insurance and Liability**

Please provide proof of health insurance upon submittal of this application. It is required that all students conducting job shadowing at a Kettering Health facility carry health insurance.

*I agree to perform only those functions assigned to me by qualified personnel as designate by my department observation facilitator. Additionally, I will not hold Kettering Health (KH) for any contracted illness or personal injuries to me while under this agreement. I will assume financial liability for any emergency or medical care needed in relation to this job shadowing experience.*

**Initial:** \_\_\_\_\_

### **Section II: Confidentiality & HIPAA**

*As a job shadow program participant of Kettering Health (KH), I agree to observe the privacy rights of the patients and their medical information as regulated by the Federal Health Insurance Portability and Accountability Act of 1996. This means that any individual medical data or information that I may hear, see, or observe is not to be disclosed to any individual outside the intent and purpose of the job shadow visit. The information may be discussed with the people directly involved in conducting the visit. I understand the need for and agree to maintain confidentiality. This means I cannot read the patient's chart, cannot tell others outside the hospital that this person is in the hospital, and cannot tell anyone any information about the patient. Furthermore, I understand that if I disclose patient specific data and information to any unauthorized individual, I may be liable for severe fines and penalties.*

**Initial:** \_\_\_\_\_

### **Section III:**

*I understand that if I have a known infectious disease, I shall not place myself in areas in which I would jeopardize others in Kettering Health. If I become aware that I have or suspect a serious infectious disease, I will notify my Department contact person.*

**Initial:** \_\_\_\_\_

### **Section IV: KH Policy and Behavior**

*I, the undersigned individual, understand that I am participating in this job shadowing visit as a volunteer to gain a deeper understanding about careers in the medical field and this visit is a privilege for me. I expect no compensation for this job shadowing experience.*

*I will conduct my job shadowing activities at Kettering Health only under the supervision of the designated Kettering Health employee. I will support the philosophy of Kettering Health and the department in which the experience is being obtained.*

*I agree to support Kettering Health’s policy of professional appearance. T-shirts, shorts, jeans, capris, sandals, and open toed shoes are not allowed. Each person must be neat, clean and devoid of strong perfumes or body odors. Make-up and nail polish can be used in neutral or moderate shades. Visible tattoos are to be covered.*

*I agree to conduct my job shadowing activities in a professional manner. I agree to not smoking and not using illegal drugs or alcohol or foul language anywhere on the premises.*

*I agree to arrive for my job shadowing hours at the scheduled time in the department which the experience is being obtained. I understand that the listed policies and behaviors of the Kettering Health must be adhered to or I may be asked to leave and not return for any job shadowing opportunities in the future.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If visitor is under 18 years)

**Printed name of parent/guardian:** \_\_\_\_\_