

WYOMING MEDICAL CENTER HUMAN RESOURCES 1233 EAST 2ND STREET CASPER, WYOMING 82601 (307) 577-2406 www.wyomingmedicalcenter.com	NON-EMPLOYEE PROFESSIONALS APPLICATION FOR ENTRY TO WYOMING MEDICAL CENTER Low <input type="checkbox"/> Non-Employee # (HR Use) _____
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Last Name	First	Middle	Social Security #
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Local Address	Local Phone #
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City, State, Zip	Agency/Sponsor Affiliation
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Mailing Address (please provide the counties & states in which you have resided for the past 10 years)	Agency/Sponsor Phone #
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Position Applying for: Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Forensic <input type="checkbox"/> Traveler <input type="checkbox"/> Vendor <input type="checkbox"/> Contractor <input type="checkbox"/> Health care professional <input type="checkbox"/> Other: _____ <input type="checkbox"/>	Wyoming Medical Center Department
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Agency/Sponsor Liability Insurance Provider & Address	Policy #
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REQUEST TO ACCESS WMC

Reason for the request and scope of activities while at Wyoming Medical Center facilities:

Start Date:	End Date:
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Have you ever plead guilty to or been convicted of a misdemeanor or felony (except minor traffic violation)?
Yes _____ No _____ (* A yes answer does not automatically disqualify you from Non-Employee Status at WMC. The nature of the offense, date and area you are applying for will be taken into consideration.) New Personnel must undergo a thorough background investigation upon applying at Wyoming Medical Center. The information furnished below will be used strictly for the purpose if identification, facilitating the background investigation and validating its findings. The personal history information contained herein will be retained in the WMC Human Resources Department. **Failure to disclose any misdemeanor or felony will result in complete termination of all privileges to conduct business at Wyoming Medical Center.**

I hereby request status as a Non-Employee of Wyoming Medical Center (WMC). All of the information submitted by me in this application is true to the best of my knowledge and belief. **I fully understand that any significant misrepresentation or omission constitutes cause for denial or revocation of my status as a non-employee.** I acknowledge and understand that as a non-employee, I am subject to WMC's policies and procedures as relevant to the scope of activities outlined above and approved within this document. I acknowledge that I can only perform activities that are listed within this document or are demonstrated in the competencies documentation that I have provided and that are retained with WMC. I will act professionally and within guidelines of WMC Service Excellence Standards. I also understand that WMC reserves the right to ask me to leave the facility at any time due to my behavior or organizational need.

Non-Employee Signature	Date
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Human Resources Approval	Date
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Department Permission Sought & Notification Sent	<input type="checkbox"/>
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Physician Approval (if applicable)	Date
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HIPAA PRIVACY STANDARDS

This handbook is designed to give you a basic overview of the HIPAA Privacy Standards, and to help you understand how and why to comply. If you should have any questions during the course of reading this material, please call the Human Resources department at 577-2406, Don Claunch at 577-2494, or Nick Belveal at 577-2464.

WHAT IS HIPAA?

HIPAA stands for the **Health Insurance Portability and Accountability Act of 1996**.

This Federal law was created for three basic reasons:

1. To ensure that insurance was portable from one employer to the next.
2. To increase the efforts against fraudulent activity in the health care industry.
3. To standardize the transmission of electronic data within the healthcare industry. *

The creators of the law realized that if they standardized the transmission of electronic data, several privacy and security issues would become a factor in order to keep patient information confidential. **This led to 3 different sets of rules with 3 different implementation deadlines.**

WHAT DOES THAT MEAN TO WYOMING MEDICAL CENTER?

1. New restrictions for the use and disclosure of protected health information (PHI).
2. Implementing a new billing system to submit electronic claims in a HIPAA mandated format.
3. Informing patients of their right to the protection of their health information and how we intend to accomplish that.

COMPLIANCE DEADLINES

Privacy Standards – April 14, 2003.

The privacy standards deal with the protection of information that is either written or verbal.

Transaction Standards (TCS) – October 16, 2003.

The transaction standards address the standardization of electronic submission. (Are we billing the same way everyone else is?)

Security Standards – February, 2005.

The security standards deal with the protection of data that is stored on computers, servers, etc.

*This is the area of concern for our hospital

WHAT IS A COVERED ENTITY?

Covered entity means:

A health plan.

A health care clearinghouse.

A health care provider who transmits any health information in electronic form in connection with a transaction covered by the HIPAA regulations.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information is information given to a covered entity about an individual's physical or mental condition. PHI includes the services provided by the covered entity or billing information related to the services provided. PHI also includes any information that can connect an individual to that information such as address, social security number, name, etc.

WHEN IS PHI USED?

PHI is used when it is shared, examined, applied or analyzed.

WHEN IS IT OK TO USE OR DISCLOSE PATIENT INFORMATION?

Covered entities can use or disclose information for the purposes of:

1. Treatment
2. Payment
3. Other healthcare operations.

WHEN IS AN AUTHORIZATION REQUIRED?

Generally, an authorization is required to use PHI outside of the three areas listed above. By filling out an authorization form, the patient gives us the authority to use their information in the manner prescribed by the patient. There are times when an authorization is not needed to use or disclose PHI.

The Health Information Management department is the gatekeeper of the releasing of patient information. All requests for the release of information should be coordinated through this department.

WHEN IS AN AUTHORIZATION NOT REQUIRED?

PHI can be used or disclosed without an authorization for the following reasons:

1. Patient directory listing patients in the hospital.
2. Keep family members or other identified individuals informed.
3. Inform appropriate agencies during disaster relief efforts.
4. Public health activities related to the prevention or control of disease.
5. To report victims of abuse, neglect, or domestic violence.
6. Health oversight activities.
7. Coroners, medical examiners, or funeral home directors.
8. Tissue/organ donations.
9. To avert a crime from being committed.

If you have a question about disclosing information, please call the hospital's Privacy Officer or Privacy Official.

PRIVACY OFFICER

Wyoming Medical Center is required to identify in writing who the Privacy Officer is. The Privacy Officer is the individual who is chiefly responsible for implementing the HIPAA standards and maintaining privacy throughout the organization. The current Privacy Officer is Don Claunch.

MINIMUM NECESSARY

Wyoming Medical Center must develop policies and procedures that address the minimum necessary use of PHI. This means information that is disclosed is the minimum amount needed to get the job done. Also, Wyoming Medical Center is required to limit access to PHI on a need to know basis only, which is currently determined by your manager.

NOTICE OF PRIVACY PRACTICES

Wyoming Medical Center has developed a Notice of Privacy Practices (NPP), which contains the patient's privacy rights and our legal duty to protect those rights. The NPP is displayed in the admitting areas, and a copy is handed out to every patient that comes into the hospital at their initial visit. The NPP is also posted on our website.

WHAT HAPPENS TO THOSE WHO DON'T COMPLY?

\$100 fine per day for each unmet standard. (Up to \$25,000 per person, per year, per standard.)

\$50,000 fine + one year in prison for improper disclosure of health information.

\$100,000 fine + five years in prison for obtaining health information under false pretenses.

\$250,000 fine + ten years in prison for using health information for personal gain.

IMPLICATIONS FOR YOU AS AN EMPLOYEE?

1. You are expected to share information only when needed and only as much as is necessary. (This means do not share patient information with co-workers in the elevators, in the cafeteria, or other anywhere else that is not appropriate.)
2. You are responsible for protecting the rights of the patients that come to Wyoming Medical Center.
3. You put yourself and the hospital at risk when you share patient information inappropriately.

WHAT HAS WYOMING MEDICAL CENTER DONE TO COMPLY?

1. Named a Privacy Officer to coordinate the HIPAA implementation effort.
2. Created a Notice of Privacy Practices to inform patients of their rights.
3. Developed a Business Associate Agreement to ensure that our partners in business are using our patient's information appropriately.
4. Formed a HIPAA committee to address the HIPAA standards.

HIPAA TEST

1. Who is Wyoming Medical Center's Privacy Officer?

Don Claunch

2. Name 3 instances when an authorization is not required?

- Patient Directory
- Keep family members informed.
- Inform appropriate agencies during disaster relief efforts.
- Public health activities related to the prevention or control of disease.
- To report victims of abuse, neglect, or domestic violence.
- Health oversight activities.
- Coroners, medical examiners, or funeral home directors.
- Tissue/organ donations.
- To avert a crime from being committed.

3. When is it OK to use of disclose patient information?

Treatment, Payment, or Other healthcare operations.

4. Who should you contact (Gatekeeper) when a patient requests a copy of their patient records?

HIMS or Release of Information

5. What does HIPAA stand for?

The Health Insurance Portability and Accountability Act of 1996.

6. A patient should get a copy of our Notice of Privacy Practices upon their initial visit. (T or F) T

7. Who should you call if you have a question about HIPAA or patient confidentiality?

Privacy Officer or Don Claunch

Date

Non-Employee Signature

Non-Employee Number

Employee Name Printed

STATEMENT OF CONFIDENTIALITY

All information obtained through the hospital computer system with respect to patients' charts, employee files, or learned through conference with physicians, employees, patients, or family members is to be handled in a highly confidential manner and is not to be discussed with anyone not directly involved. I understand that any violation of the confidentiality of patient medical or business information may result in disciplinary action, up to and including discharge.

Date

Non-Employee Signature

Non-Employee Number

Non-Employee Name Printed

ORIENTATION

Low Risk

Confidentiality - All information obtained by being employed or associated at Wyoming Medical Center must remain confidential. Only by maintaining confidentiality can an organization maintain the trust of the community. If a breach of confidentiality occurs, a non-employee may not be allowed on WMC premises.

Vision - WMC will be the regional healthcare provider of choice for patients, staff and physicians.

Mission - WMC is a quality regional healthcare provider focused on patient, staff and provider satisfaction.

Elevator Rules - The first priority for elevator use is for the patient. Wyoming Medical Center associates are to give right-of-way to patient, family and guests. An employee of the medical center will further explain elevator etiquette.

Exits - An employee will show you where all the exits are for the area you are in.

Fire Extinguisher - An employee will point out all the fire extinguisher for the area you are in.

Codes are methods of communication at Wyoming Medical Center. Codes are generally announced over the PA system.

Code **Red** indicates Fire

The acronym RACE is used to define the process for working through a fire.

Rescue anyone in immediate danger

Activate the nearest fire alarm pull station, alert other staff members

Confine the fire by closing all doors

Evacuate or Extinguish if the fire is small enough and you have been trained in how to use a fire extinguisher.

Code **Blue** indicates Cardiac or Respiratory Arrest

Code **Black** indicates Bomb Threat

Code **Orange** indicates Disaster

Code **Pink** indicates Abducted Child

Code **Green** indicates Physician not in attendance at delivery

Code **Gray** indicates a Behavioral Emergency

Code **Tan** indicates a Staffing Crisis

Code **Yellow** indicates a Hostage Situation (Requires no staff response)

Call 3333 on campus and Call 9-911 is off campus when you identify one of these situations.

Campus is defined as the main hospital building, the parking structure, the oncology building and the WMC Support Services Building. This is the area between Conwell Street and Washington Street going north to south and Second Street and Third Street going east to west.

Infection Control - Blood/Body Fluids (BBF)

In a healthcare facility, you may encounter bloodborne pathogens. To routinely prevent contact with germs:

- Use Standard precaution procedure with all patients.
- Wash hands for 10 seconds before/after hand or glove contact with patient
- Wear gown and gloves to protect yourself from splashing if BBF is likely
- Wear mask and eye gear (or face shield) if BBF soiling is likely
- *Any contact with an isolation patient requires further education*

Smoking - Wyoming Medical Center is a smoke-free environment. For your convenience a smoking area is located on the sixth floor of the parking structure and the west end of the Support Services Building. These are the only designated smoking areas.

Dress Code - The expectation is everyone that wears an identification badge with the Wyoming Medical Center logo is a representative of the medical center. The dress of each person should be professional and appropriate for the function the individual provides.

If you have any questions about this topic contact the nursing coordinator at 2173 or page through the hospital operator.

I have read and understand the information presented by the Wyoming Medical Center employee and that which is on this form. I understand that is my responsibility to adhere to Wyoming Medical Center policies.

Print Name

Affiliation

Signature

Date