St Luke's
UNIVERSITY HEALTH NETWORK

# Student Intern Registration Form

| First Name: | MI | Last Name: | Gender: |
|---|---|---|---|
| Address: | | | |
| City: | | State: | Zip: |
| E-mail: | | Date of Birth: | Phone: |

**Emergency Contact Information**

| First Name: | Last Name: | Contact Number: |
|---|---|---|

**Internship/Assignment Information**

| Assigned Department and Campus/Practice: | St. Luke's Supervisor: | Student type: |
|---|---|---|
| School: | Start Date | End Date |

**COVID Vaccine:** ___ Moderna ___ Pfizer ___ J&J **CDC Card MUST be submitted**

**Date(s) administered**: _____ _____ _____
Dose 1 Dose 2 Dose 3 (optional)

**Background Clearances/Consents**

Have you ever been convicted of a felony and/or misdemeanor? ☐ Yes ☐ No
If yes, please explain.

Have you ever been involved in a founded or indicated report of abuse or neglect of children or adults under the laws of Pennsylvania, New Jersey or any other jurisdiction? ☐ Yes ☐ No (If yes, please explain)

Have you ever been or are you now excluded, suspended or otherwise ineligible from participation in any federally funded health care program – included Medicare or Medicaid – and are you aware of any threatened or potential exclusion from a federally funded health care program? ☐ Yes ☐ No (If yes, please explain)

Have you ever been relieved of your assignment or dismissed as a volunteer, student or employee, resigned to avoid an involuntary termination of assignment or dismissal, or asked to resign in either a volunteer, student or employment capacity? ☐ Yes ☐ No
If yes, please explain.

Have you ever been employed by, or completed an application for employment with St. Luke's Hospital and Health Network? ☐ Yes ☐ No
If so, please provide dates of employment or application(s):

I authorize representatives of St. Luke's Hospital & Health Network ("St. Luke's") to conduct a criminal background check and a thorough investigation of my personal, educational and employment history to determine my suitability to serve in the capacity of student intern. I release from all liability or responsibility all persons, organizations, institutions or agencies requesting or supplying such information. I understand my placement at St. Luke's is contingent upon background check clearance. I give permission for St. Luke's to use my name and/or picture in any St. Luke's publication or media format for marketing or any other business purpose.
☐ Yes ☐ No

**By signing this, I agree to the following**: 1. The above information is accurate, 2. I have completed all steps outlined at www.sluhn.org/intern and provided to my school program director/instructor for their files, 3. If going to a NJ location, I have completed all three PA State Criminal Clearances AND the New Jersey State Name Check, 4. Those needing IT Access have additionally completed the IT Agreement and have on file with the school.

**Authentic signature required & date:**

**School Verification:** Please have your School Program Director sign this form stating you have verified the student has met ***all*** St. Luke's requirements outlined at www.sluhn.org/intern and all requirements are on file at the school.

**Authentic signature required & date:**

**School Name:**

March 24, 2005; 6/08; 8/10/09, 12/09, 10/10; 5/11; 9/13; 10/18; 8/21; 10/21

# HIPAA Education Sheet for Students

HIPAA: The Health Insurance Portability and Accountability Act of 1996 is an important federal law that affects how our organization handles confidential patient health information. It is intended to protect the confidentiality and privacy of the patient's Protected Health Information (PHI). Students' concern with HIPAA regulations center around PATIENT PRIVACY.

Any information that can identify a patient is considered Protected Health Information (PHI). PHI includes any past, present, or future information that is related to the patient to include addresses, serial numbers, images, conditions, and locations. Divulging this information either in written or oral form is a violation of the regulations. St. Luke's has strict policies against capturing images (photographing) of any protected information to include images of patients, such as x-rays. Students should be aware that using an unauthorized text message device to discuss or share any patient data is a violation of HIPAA. Additionally, students should be aware that sharing patient information on social media is always against St. Luke's policies, and a violation of HIPAA.

It is the patient's right, and our obligation to protect their information from unauthorized disclosure. If students need to know something to complete a task, they should ask an authorized person to receive the minimum information necessary to do the job. Employees and students are on a "need to know" basis. Looking up information concerning friends, family, or acquaintances on a computer or the alphabetical census report is a violation of HIPAA.

Conversations with patients should be limited to only what is needed to provide patient care. Students should avoid listening to medical information being discussed between the patient and staff, unless it is a part of patient care.

When transporting patient information, students should put it in a folder, cover the top sheet with a blank piece of paper to hide the name/s or, if it is a medical chart, turn it upside down with the name facing the body. Computer passwords must be kept confidential.

Remember: Students must always remember WHAT they are saying, WHERE they are saying it, and TO WHOM they are saying it. These three W's can determine whether or not a student is being compliant with the HIPAA regulations. Students must keep this in mind when discussing patient situations.

By signing this form, I attest that I have read and will abide by this information:

Student name Student Signature Date