



JOB SHADOWING PROGRAM

Thank you for your interest in participating in the Riverside Health Job Shadowing Program. Riverside Health is committed to quality healthcare, safety and the confidentiality of our patients, staff, and students. The Job Shadow Program provides learning opportunities to help you explore a career in healthcare. The purpose of this Shadow Program is to broaden your understanding of a particular career by observing an experienced, competent mentor while they perform their job duties and responsibilities within the work environment. This is an observation only experience and will not be approved as a volunteer, intern, or for clinical rotation.

During shadowing you will be expected:

- To observe the mentor performing their daily duties and responsibilities.
- To engage in taking notes and asking questions to expand your knowledge of the observed profession.
- To always remain with the mentor while in work areas.
- To avoid any interference with the mentor's ability to perform their duties We are excited to provide this valuable and rewarding experience to you!

Eligibility Criteria must meet all of the following criteria:

- You must be at least 18 years of age or older.
- You must be a High School graduate.

To properly facilitate your request for participation in the Job Shadowing Program, please submit the following application along with a \$15.00 check/money order, payable to Riverside College of Health Science. Inquiries and completed applications should be sent to the address a.

Application Process:

To apply for participation in the Job Shadow Program, follow these steps.

- Read the Shadowing Program overview and all required forms.
- Make sure you meet all the eligibility criteria.
- Complete the application and other required forms.
- Submit your completed application and forms for review **30 days prior to your requested shadowing date.**
- After the application and all required forms are received and reviewed, you will be contacted by a Riverside Health employee to schedule your shadowing experience

*Due to the number of requests received and the length of time to prepare each experience, a **minimum of 30 days is required to complete arrangements.** Every effort will be made to schedule your experience in a timely manner.*

Required Documentation:

To be considered for the Shadowing Program, you must submit the following documents together:

1. Job Shadow Application
2. Non-refundable processing fee of \$15.00
3. Documentation of Tuberculosis immunity (IGRA or TST testing within the last year)
4. Documentation of Influenza vaccine (flu) (October - April)
5. Confidentiality Agreement

The application must also indicate:

- The medical practice with the Practice Manager’s name or the facility and department you are requesting.
- Month(s) requested to shadow.
- The Riverside healthcare professional who has agreed to accommodate you. (You are responsible for finding a Riverside professional to shadow.)

Submit the application and ALL required forms by physical drop off, mail, or email to:

**Riverside College of Health Sciences
Education and Clinical Coordinator
316 Main Street
Newport News, VA 23601**

For questions please email: studentplacement@rivhs.com.

We are unable to contact Shadowing applicants whose submitted forms and required documentation are incomplete or missing.

AUTHORIZED BY: T. Del Corso, Dean, Education Campus Policy Committee Chair		
DATE OF ORIGIN: 8/9/2011	LAST DATE OF REVIEW: 9/20/2024	LAST REVISION DATE: 9/20/2024

JOB SHADOWING APPLICATION

1. First Name _____ Last Name _____
 2. Address _____
 3. Phone Number _____ Date of Birth _____ Last 4 of SSN _____
 4. Email Address _____
 5. Are you in college? _____ Anticipated graduation date? _____
 6. School currently attending _____
 7. Present grade/level _____ Program/Major _____
 8. Emergency Contact _____ Relationship to you _____
 9. Emergency Contact Phone Number _____
 10. What are your preferred dates for your shadow experience? **Please provide three available dates that are at least 30 days from now.** Shadowing can be scheduled Monday-Friday, daytime hours.
1st choice _____ 2nd choice _____ 3rd choice _____
 11. Have you already spoken to the Riverside Health employee that you wish to shadow? If yes, please provide their full name, facility / department, and Practice Manager's name (if a medical practice).

 12. Reason for Job Shadowing? _____

- _____
(Student Applicant Signature)
- _____
(Today's Date)

JOB SHADOWING IMMUNIZATION REQUIREMENTS

(Copies of all documentation must be attached to the Application.)

Name: _____ Date of Birth: _____

Influenza Vaccine

Attach documentation of Influenza (flu) vaccine (For shadowing experiences between October and April)

Note: Influenza vaccine received in the spring of one year does not meet the requirement for a shadowing experience during the fall of the same year.

Tuberculosis (TB) Screening

Attach documentation of either a Mantoux Tuberculin Skin Test (TST) with negative results received within the last 12 months or IGRA testing (QuantiFERON® or T-SPOT®) showing immunity.

Test: _____ Date of Test: _____ Test result: _____

1. Have you received INH treatment? _____ If yes, date: _____
2. Have you received BCG vaccine? (This is only given outside the United States.) _____
3. Have you been exposed to TB in the last 12 months through a family member, friends, school, or work? (Please explain) _____
4. Please check all of the following symptoms that you have been experiencing for three weeks or longer.

_____ Chronic/productive cough

_____ Coughing up blood

_____ Chronic fatigue (tiredness)

_____ Unexplained weight loss

_____ Fever, and/or chills

_____ Persistent night sweats (not hormonal)

_____ I currently have **no symptoms**.

FOR RIVERSIDE HEALTH ONLY: (do not write in this box)

_____ 18 years of age or older

Scheduled Shadowing:

_____ High School graduate

Mentor: _____

_____ Job Shadow Application & Fee

Date: _____

_____ Confidential Agreement

Time: _____

_____ TB & Flu

Location: _____

Notes:

CONFIDENTIALITY AGREEMENT

1. **PROTECTION OF CONFIDENTIAL INFORMATION**

By signing below, you agree to safeguard all Confidential Information (as defined below) of Riverside Healthcare Association, Inc. d/b/a Riverside Health, its subsidiaries and affiliates (together, "RH") to prevent unauthorized access and disclosure.

2. **DEFINITION OF CONFIDENTIAL INFORMATION**

"**Confidential Information**" includes all patient, financial and strategic information that is proprietary to RH, including but not limited to patient medical records, information contained in computer systems and servers, RH trade secrets, and information that is developed for or on behalf of RH by its employees, agents, contractors, consultants, vendors, volunteers, medical staff members, directors, officers, board members and any other persons for or on behalf of RH ("**Person(s)**"). Confidential Information also includes Individually Identifiable Health Information (as defined in RH Policy - Minimum Necessary Standard for the Use and Disclosure of PHI) and RH proprietary information, whether in the form of a paper record, microfilm, computer data, reports, conversations, mail (either electronic or paper), a picture, graphic or multimedia representation. Confidential Information includes any information that RH (or any Person as a result of their relationship to RH) is contractually or legally required to keep confidential.

3. **YOUR OBLIGATIONS**

By signing below, you agree to the following with respect to Confidential Information and RH systems:

- a. You will dispose of Confidential Information in a responsible manner so as not to risk a breach in privacy or security, in accordance with RH policies as applicable.
- b. You will not release Confidential Information to anyone who does not have a legitimate Need to Know the information in relation to an Authorized Activity. For Protected Health Information ("**PHI**"), apply the Minimum Necessary standard.
 - (1) An "**Authorized Activity**" is necessary to complete your responsibilities as a volunteer, intern, or student at RH, or for other lawful purposes authorized by RH.
 - (2) "**Need to Know**" is the principle that states that a user should access only the specific information necessary for the person's Authorized Activity.
 - (3) "**Minimum Necessary**" is the smallest amount of PHI needed to accomplish the purpose(s) of a request for use or disclosure.
- c. You will not access any information outside of your area or responsibility and/or Authorized Activity. Use of computer software, files, and records is strictly limited to Authorized Activity on a Need-to-Know basis.
- d. You will not use RH internet or email systems for purposes that are not authorized, appropriate, or consistent with RH policies. You further understand that you have no right or expectation of privacy in your use of RH internet or intranet, RH systems, Riverside-owned devices or any RH electronic communication resources.
- e. You will not cause damage, corruption, or inappropriate deletion, or prevent rightful access to or unauthorized copying, of any information asset or computer programs.
- f. RH may provide you with a User-ID and password. Your computer security User-ID and password are your means of access to various RH computer systems and software, and they are confidential. You will not provide or surrender passwords to any other persons or use another person's User-ID or password. You will not allow any other person to use your RH badge and will return your badge immediately upon RH request.
- g. You will log-out after use of an application and/or RH computer system and will not leave a workstation unattended for any period of time that might allow unauthorized persons to gain access to Confidential Information.
- h. You will take reasonable steps to prevent the misuse, theft, or improper access or disclosure of Confidential Information.
- i. You will not tamper with or engage in unauthorized duplication of any RH computer hardware or software.
- j. You will not install unauthorized software or hardware on any RH computer.

4. **REPORTING A BREACH**

- a. You will report breaches of privacy to the Compliance Office for Riverside at privacy.support@rivhs.com or 757-534-6764.
- b. You will report breaches of security to the Riverside Helpdesk, at 757-534-7104.
- c. You also have the option to report any security or privacy concerns to the compliance hotline at 1-800-303-5678.

5. **SANCTIONS**

Failing to meet the obligations outlined above or accessing Confidential Information without a Need to Know may result in sanctions, up to and including revocation of computer privileges and/or access to RH systems, administrative, civil and/or criminal sanctions, dismissal from RH, and possible legal action.

6. **PROPERTY OF RIVERSIDE**

RH may take appropriate action to verify that Confidential Information is not being accessed or disclosed in an unauthorized manner, and to ensure that systems are not being used or abused in any manner not authorized by RH.

By signing below, I agree to abide by this Agreement.

Signature: _____

Date of Signature: _____

Name (Please Print): _____

SSN (last 4 digits): _____

School/Program: _____

Assigned Location: _____