

RELEASE AND INDEMNITY AGREEMENT

The undersigned, [Click here to enter text](#), agrees to participate only as an observation student at Brooks Rehabilitation.

In consideration of permitting the above-named party to participate as an observation student, I hereby release and discharge, and agree to indemnify and hold harmless, Brooks Rehabilitation and all affiliated or related entities, their respective officers, directors, trustees, employees, agents and representatives from any claims, liabilities and financial responsibility resulting from or arising out of any incident, injury or accident occurring while I am attending or participating in the observation activity or I am on Brooks Rehabilitation property, excluding any claims or liabilities arising out of the gross negligence or willful misconduct of Brooks Rehabilitation or its employees or agents.

[Click here to enter text](#)

Signature

[Click here to enter a date](#)

Date

*Please use handwritten signature

MANDATORY EDUCATION REVIEW

Please read the attached Mandatory Education Information in its entirety.

- Observation Program Guidelines
- Confidentiality and Security Agreement
- Health Insurance Portability & Accountability Act - HIPAA

Keep this packet as a reference while you are observing at Brooks Rehabilitation.

By signing below, you are verifying that you have read this entire packet, you understand its contents and you will at all times abide by the mandates set forth herein.

OBSERVATION PROGRAM GUIDELINES

- You are expected to look and behave in a professional manner at all times. Business Casual dress is required.
- Do not use your cell phone for calls, texts, social media, or any other application while observing/shadowing.
- If you no call/no show your confirmed observation date/time, it will not be rescheduled.
- Must have reliable transportation.
- Do not come in to observe if you are ill or if you feel there is a possibility of infecting others.
- If you are unable to attend your scheduled hours, you must cancel your sign up no later than 48 hours before the scheduled observation (refer to the sign up confirmation email to access cancellation).
- Observation/Shadowing students are prohibited from any physical contact with any/all Brooks Rehabilitation patients.
- Observation/Shadowing students are prohibited from reviewing or documenting within the patient's medical record.
- I UNDERSTAND I AM BEING GIVEN AN OPPORTUNITY TO OBTAIN AN OBSERVATION EXPERIENCE AT BROOKS REHABILITATION. IF I FAIL TO FOLLOW THESE GUIDELINES, IT WILL RESULT IN MY INABILITY TO CONTINUE TO OBSERVE OR CONTINUE IN THE PROGRAM.

CONFIDENTIALITY AND SECURITY AGREEMENT

I understand that Brooks Rehabilitation (Brooks) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Brooks must also assure the confidentiality of its human resources, payroll, research, internal reporting, strategic planning and computer systems. I understand that observing/shadowing at Brooks may involve the generation, receipt, or exchange of Confidential Information as well as Protected Health Information (PHI). I will access and use this information only when it is necessary to perform duties directly related to my observation/shadowing assignment and will at all times comply with Brooks' Privacy and Security Policies.

I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Brooks' information.

- I will not disclose or discuss any Confidential Information or Protected Health Information with others, including friends or family, who do not have a need to know it.
- I will not in any way divulge; copy; release; sell; loan; alter; or destroy any Confidential Information except as properly authorized.
- I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient's name is not used.
- I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information.
- I agree that my obligations under this Agreement will continue after termination of my relationship with Brooks.
- I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with Brooks.
- I will act in the best interest of the Company and in accordance with its Code of Conduct and will support applicable compliance laws and regulations at all times during my relationship with Brooks.
- I understand that violation of this Agreement may result in disciplinary action, up to and including suspension and loss of privileges, and/or termination of authorization to observe/shadow, volunteer or work within the Company, in accordance with Brooks' policies.
- I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.

HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT – HIPAA

It is the obligation and policy of Brooks Rehabilitation to maintain the confidentiality of all patient information and to protect the patient's right to privacy.

HIPAA requires that Brooks protect our patients' health information. Information accessed and shared is limited to "the minimum amount necessary" to perform your responsibilities. Always dispose of patient information in one of the secured, locked bins located throughout the facility. Keep confidential information out of public areas and do not discuss patient information with anyone unless that individual has a legitimate role-based business "need to know."

A HIPAA Privacy HELPLINE has been established to investigate any concerns regarding privacy. Call the HELPLINE at 866-TELL-BHS; or report Online at: lighthouse-services.com/brooksrehab.

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HIPAA: Health Insurance Portability & Accountability Act

Corporate Compliance Department



- HIPAA requires Brooks to exercise strict controls to ensure that Patients' or Residents' confidential health, billing and demographic information (called "protected health information" or **PHI**) is protected from improper use and/or disclosure
- HIPAA establishes regulations for the use and disclosure of **PHI** in all its forms
 - Oral, written and electronic

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HIPAA Rules

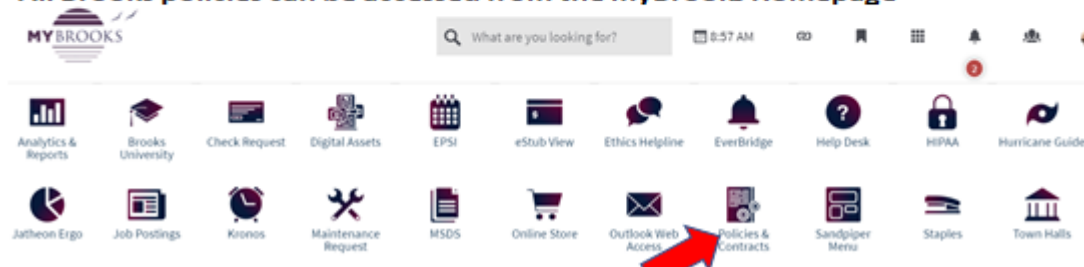
What Every Workforce Member Must Do

Read
Understand
Follow



- **ALL Brooks workforce members (including students, interns or volunteers) are responsible for following the requirements of the HIPAA Privacy Rules and Brooks' HIPAA-related Policies and Procedures**

- **All Brooks policies can be accessed from the myBrooks Homepage**



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Protected Health Information (PHI)

What is it?

- **ANY** oral, written or electronic *individually-identifiable health information* created, received, stored or transmitted by an entity covered under HIPAA rules [such as Brooks]
- Individually-identifiable health information is considered to be **PHI** when it relates to:
 - ✓ The past, present or future physical, mental health, or condition of the individual
 - ✓ Health care provided to the individual
 - ✓ Past, present or future payment for health care of the individual

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PHI Identifiers: What We Need to Safeguard

The following **18 identifiers** of the individual **OR** of relatives, employers, or household members of the individual, are considered to be protected health information (PHI) and data containing these identifiers can only be "de-identified" if all 18 identifiers have been removed from the data

PHI IDENTIFIERS

1. Names	10. Account numbers
2. All elements of dates (except year) for dates directly related to an individual, including: Birth date; Admission date; Discharge date; and Date of death	11. Certificate/License numbers
3. All geographic subdivisions smaller than a State, including: Street address; City; County; Precinct; and Zip code	12. Vehicle identifiers and serial numbers, including license plate numbers
4. Telephone numbers	13. Device identifiers and serial numbers
5. Fax numbers	14. Web Universal Resource Locators (URLs)
6. Electronic mail addresses	15. Internet Protocol (IP) address numbers
7. Social security numbers	16. Biometric identifiers, including finger and voice prints
8. Medical record numbers	17. Full face photographic images and any comparable images
9. Health plan beneficiary numbers	18. Any other unique identifying number, characteristic, or code (Whether generally available in the public realm or not)

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HIPAA: Access, Use & Disclosure of PHI



ONLY those workforce members (including students, interns or volunteers) with a legitimate role-based "business need to know" may access, use or disclose PHI

The HIPAA Privacy Rule permits access, use and disclosure of PHI for three (3) distinct business purposes only.

- Those purposes are:
 - **Treatment** (e.g. the hands-on care and services provided to patients/residents)
 - **Payment** (e.g. billing and receiving payment for services provided)
 - **Health care operations** (e.g. care coordination)

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HIPAA: MINIMUM NECESSARY Rule



Even workforce members with a legitimate role-based business need to access or use PHI for treatment, payment, or health care operations must:

- **LIMIT** the amount of information accessed to the **minimum amount** necessary to perform his/her designated job responsibilities *regardless of the extent of access provided*
 - **Failure to follow the Minimum Necessary Rule is a HIPAA violation**
- See Brooks Policy CC-018: *HIPAA Minimum Necessary Standards*

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When You Disclose PHI to Other Workforce Members



Not every Brooks workforce member has the same right-of-access to PHI

- Only workforce members with a legitimate *role-based business need to know* are authorized under HIPAA to access or use a Patient's or Resident's PHI
- Anyone who is not directly involved in a treatment, payment, or health care operations activity for the Patient/Resident has no right to that person's PHI
 - If you "share" the PHI with individuals who do not have a role-based reason to obtain the PHI, you have violated HIPAA

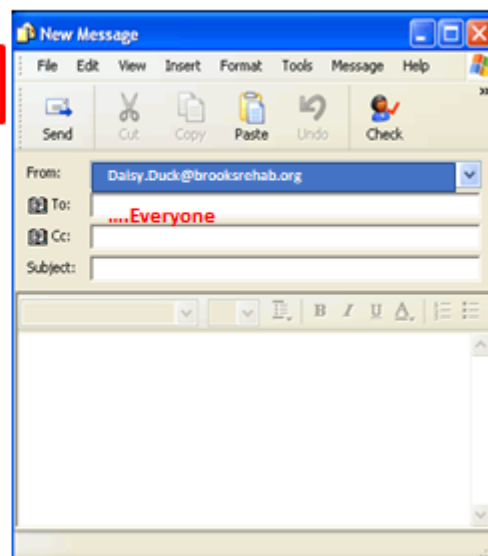
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When You Disclose PHI to Other Workforce Members



Are you violating HIPAA?

- Email is one of the **MOST COMMON** ways that Brooks staff can violate HIPAA's role-based "business need to know" requirements and potentially cause a breach of PHI
 - **For example: Blasting an email out to an entire group**
 - Because very often most of the email recipients do NOT have any legitimate involvement in the treatment, payment, or health care operations related to the Patient(s) or Resident(s) being discussed in the email communication
- **Students are not permitted to send emails which include PHI, even if the intended recipient is a Brooks workforce member**



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HIPAA: Safeguarding PHI



Access by workforce members to electronic record systems containing PHI
IS MONITORED AND AUDITED

ALWAYS STOP & THINK

BEFORE YOU ACCESS A PATIENT/RESIDENT RECORD

- Do you have a true, role-based need for the PHI?
 - ✓ Consider: Treatment, payment, or health care operations
- If you are going to disclose the PHI to other workforce members –
 - ✓ Do they ALSO have a genuine, role-based reason to receive the PHI?

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HIPAA: Safeguarding PHI

**CHECK YOUR POCKETS, PURSE, BACKPACK,
ETC. BEFORE YOU LEAVE THE BUILDING**



ARE YOU SURE YOU AREN'T ACCIDENTALLY CARRYING PROTECTED HEALTH INFORMATION (PHI) OUT OF THE FACILITY?

- **PLEASE CHECK FOR:**
 - **ANYTHING** you might have in your possession which contains Patient or Resident PHI - e.g.
 - Copies of Patient/Resident appointment schedules
 - Any type of Patient/Resident census data
 - Hand written notes
 - Nursing or Therapy Patient or Resident progress notes/reports
 - Team Conference notes
- **LOCK IT UP IF YOU HAVE A BUSINESS NEED TO KEEP IT, or**
- **PUT IT IN A SECURE/LOCKED SHRED BIN FOR DESTRUCTION**

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HIPAA: Safeguarding PHI

Make certain you follow the guidelines established in Policy CC-037 *Transporting Paper Protected Health Information (PHI)*



- **Do not remove PHI from any Brooks facility** unless you have an unavoidable and justifiable business-related reason to do so. If your job role necessitates that you carry PHI in paper form outside a Brooks facility:
 - Put the PHI in a closeable carrier—preferably one with safety features such as a lock or a zipper
 - Transport the closed carrier in the trunk of your vehicle out of sight
 - Never leave the PHI outside in your trunk overnight
 - Make certain you know exactly which Patients'/Residents' PHI you are taking out of the building and exactly what information about each Patient/Resident is on those papers/documents
- **Make sure the PHI is safeguarded from loss and keep the information out of public view at all times.**

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HIPAA: Safeguarding PHI



Always maintain the privacy of Patient/Resident protected health information (PHI) by using the following safeguards in your daily activities:

- **Keep PHI secure at all times by protecting it from being viewed by people who should not see it**
 - Do not leave PHI unattended -- and be aware of all the types of PHI around you
 - If the PHI is viewed by unauthorized individuals [such as an unauthorized Brooks staff member, another Patient/Resident, or a visitor to the Facility], *that is an impermissible disclosure under HIPAA.*
 - Do not leave paperwork containing PHI in conference rooms; on desks/counters; at copiers/fax machines/printers; or other areas where the PHI may be accessible to persons who do not have a need to know the information.
 - **Don't forget** about the PHI on I.D. stickers/medication labels/forms/etc. and always properly dispose of the PHI in a locked shred bin when the PHI is no longer needed. NEVER dispose of PHI in a regular trash can.
- **Turn computer screens away from traffic or use privacy screens**
 - Always be aware of those around you when using PHI on computers. Log off or lock your computer prior to stepping away from it—even when you intend to only step away from the computer for a very brief period. Some kind of interruption is always a possibility!!

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HIPAA: Safeguarding PHI

BE AWARE OF WHO MIGHT BE NEARBY



- **NEVER DISCUSS** PATIENTS/RESIDENTS OR ANY INFORMATION ABOUT THEM IN PUBLIC AREAS SUCH AS
 - HALLWAYS
 - ELEVATORS
 - CAFETERIA
 - OPEN WAITING AREAS
 - CLINIC/DEPARTMENT BREAK ROOMS
- **USE PRIVATE AREAS** TO DISCUSS PATIENT OR RESIDENT INFORMATION WHENEVER POSSIBLE
- **LOWER YOUR VOICE** TO AVOID BEING OVERHEARD WHEN YOU ARE DISCUSSING PROTECTED HEALTH INFORMATION WITH ANYONE
 - AND ALWAYS MAKE SURE YOU ARE IN AN APPROPRIATE ENVIRONMENT WHEN THE DISCUSSION IS OCCURRING

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Social Media

All workforce members are expected to abide by [Brooks' Social Media Policy: CC-024](#)

[Some VIP policy highlights are listed below]

- Do not use a Brooks email address or work phone number in association with any **personal** social media accounts.
- **Always preserve Patient/Resident privacy.** The unauthorized disclosure of any protected health information (PHI) is a violation of federal regulations.
 - **NEVER** post/discuss Patient or Resident information on Social Media sites.
 - **Don't forget:** A photographic image is PHI and the posting of Patient/Resident photos is strictly prohibited.
 - Make certain you know and understand Brooks' policy regarding the use of cameras in the workplace. Except for very limited, specifically authorized cases, videotaping, audio recording or any other form of still photography of patients being treated in a Brooks facility is prohibited.
- Do not answer health-related questions on social networking sites.
- Do not speak on behalf of Brooks unless you have specific, written authorization to do so.
- Never initiate friend requests or social relationships with current or former Patients or Residents.
- Employees are encouraged to participate in **Brooks-hosted** social media sites.



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ADDITIONAL RESTRICTIONS ON PHI ACCESS

Policy CC-018 Minimum Necessary Standards
Policy CC-023 Privacy and Security Sanctions

- **There are times when PHI must never be used, accessed or disclosed.** In addition to the restrictions imposed by HIPAA, Brooks has established supplementary policies prohibiting workforce members from accessing the PHI pertaining to:
 - Your own individual/personal PHI
 - Fellow Employees
 - Friends
 - Neighbors
 - Family members
 - VIP's
- **The prohibition against accessing the PHI specified above is set forth in Policy CC-018 and Policy CC-023.** You should read and familiarize yourself with these policies which establish the additional restrictions on PHI use/access/disclosure. If you commit a violation, you will not be excused from any applicable sanction simply because you are unfamiliar with the information set forth in the policies.
- **Any employee who violates Brooks' privacy-related policies may be subject to disciplinary action, up to and including termination of employment.**

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Breaches of Protected Health Information

→ What is a Breach?

A breach is: The acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule, which compromises the security or privacy of the PHI



"Somehow your medical records got faxed to a complete stranger. He has no idea what's wrong with you either."

- The HIPAA Breach Notification Rule requires covered entities and their business associates to provide notification following a breach of UNSECURED protected health information (PHI)
- **Unsecured:** Unsecured PHI is protected health information that has not been rendered unusable, unreadable, or indecipherable to unauthorized persons.
 - Information must be encrypted or destroyed in order to be considered "secured"

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BREACHES Occur in Many Different Ways



These are examples of how a breach might occur:

- Giving a Patient/Resident **another individual's** paperwork
- Emailing unencrypted Patient/Resident information to an external email address
 - You must use the [sendsecure] function
- Sharing Patient/Resident information with an unauthorized individual
- Throwing *any type* of PHI in the trash
 - (e.g. -- a face sheet; lab or test results; prescriptions; a wound assessment; a nutrition assessment; therapy notes)
- Posting PHI on Social Media sites
- Snooping in the medical records of VIPs, relatives, friends, or co-workers
- Taking photographs of Patients/Residents without a signed authorization
- Not logging off a computer or forgetting to lock the screen when you step away

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If a Breach Has Occurred..... Now What?

All workforce members are required by Brooks policy to report any HIPAA Privacy violation

➡ SEE Policy CC-006 HIPAA Breach Notification

BREACHES MUST BE REPORTED **IMMEDIATELY** !!!



Immediately report any HIPAA privacy incident to your Manager or Supervisor so proper notification can be given to the Brooks Privacy Officer

ALL PRIVACY INCIDENTS ARE CONSIDERED A BREACH AND MUST BE REPORTED so the Brooks Corporate Compliance Department can account for the disclosure and complete the mandatory risk assessment to determine if the incident requires reporting to Federal authorities at the Office for Civil Rights

➤ Privacy Officer -- Phone: 904-345-7010
Email: Privacy.Officer@brooksrehab.org

➤ Please copy the following individuals when reporting to the Privacy Officer email address
john.falcetano@brooksrehab.org
cheryl.swails@brooksrehab.org

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??? Hesitant to Report A Breach or Other Concern to Your Manager or Supervisor ???

To report a potential violation, or to obtain guidance on a HIPAA, ethics, or compliance issue, you may choose from several options:

- Consult the Brooks Privacy Officer: (904) 345-7010
- Email the Privacy Officer: Privacy.Officer@brooksrehab.org
- Email Corporate Compliance: Brooks.Compliance@Brooksrehab.org
- Call the Brooks HELPLINE: 1-866-TELL-BHS
- Report online at: lighthouse-services.com/brooksrehab



As long as the reporting is done in good faith, there will be no retaliation for asking questions, raising concerns, or for reporting improper conduct

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By signing this document, I acknowledge that I have read this entire Agreement and will comply with all the terms and conditions stated herein.

Student Signature:

[Click here to sign.](#)

Facility Name

BROOKS REHABILITATION

Date

[Click here to enter a date.](#)

*Please use handwritten signature

Brooks Rehabilitation - TB Screening Questionnaire
NO BLANK SPACES

Name: _____ **Home/Cell #** _____

A. TB SYMPTOMS QUESTIONNAIRE:

Persistent cough	No _____ Yes _____	Weight loss w/o dieting	No _____ Yes _____
Night sweats	No _____ Yes _____	Loss of appetite	No _____ Yes _____
Persistent fever	No _____ Yes _____	Chest pain	No _____ Yes _____
Chronic Fatigue	No _____ Yes _____	Coughing up blood	No _____ Yes _____

I realize I must contact Employee Health (EH) if any of these symptoms are present _____
Initial

B. TB Screening History:

Have you ever had a reaction (induration) to a TB skin test?	No _____ Yes _____ Year: _____
Have you ever had an abnormal TB lab test? (Q.Gold or Tspot)	No _____ Yes _____ Year: _____
Have you ever taken medications for TB (Isoniazid [INH])?	No _____ Yes _____ Year: _____
Have you ever had a BCG vaccine/inoculation for TB?	No _____ Yes _____ Year: _____
Have you ever been told your Chest X-Ray was abnormal?	No _____ Yes _____ Year: _____
Are you pregnant or Breastfeeding?	No _____ Yes _____
As far as you know, have you recently been exposed to TB?	No _____ Yes _____
Are you immunocompromised? More susceptible to illness?	No _____ Yes _____

Signature: _____ **Date:** _____

*Please use handwritten signature

This Section for EH Office Use only

TB Screening Completed: N _____ Y _____ Date Completed _____ Referral Made? N _____ Y _____

Comments _____ Cleared for duty? N _____ Y _____

Employee Health Staff Signature: _____ Date: _____

RETURN COMPLETED FORM CONFIDENTIALLY TO EMPLOYEE HEALTH REV 2/20
3599 University Blvd. South Jacksonville, Florida 32216
(904) 345-7926 Phone · (904) 345-7656 Fax
brooks.employeehealth@brooksrehab.org