

STUDENT AFFILIATION PRE-PLACEMENT REQUIREMENTS

Below is the list of requirements that student/ faculty must meet prior to beginning their assignment with PH&S. The table addresses: the requirement, completing the requirement, and where to send the results. For your convenience, we have included each document referenced in the table.

REQUIREMENT	COMPLETING THE REQUIREMENT	WHERE DO I SEND THE RESULTS
<p>Background Check –</p> <p>A background investigation must be completed on all students 18 years of age or older who will be placed in a student affiliation assignment with Providence Health & Services – Oregon (PH&S). Background check results completed during the student’s participation in the program will be accepted, so long as it contains the criteria below.</p> <p>The background check will include the following checks:</p> <ol style="list-style-type: none"> Social Security Number (SSN) Trace Report – This report lists names and addresses used with the social security number and aides in identifying counties/states of residence. Office of Inspector General (OIG) Sanctions List and General Services Administration’s Excluded Parties Listing System (GSA/EPLS) – This verification identifies individuals that have been sanctioned by the Department of Health and Human Services (DHHS), Office of Inspector General (OIG) and the General Services Administration’s Excluded Parties Listing System (GSA/EPLS) for program related fraud who are ineligible to participate in federally or state funded health care programs. Criminal History – Criminal history records must be verified, dating back a minimum of 7 years. A conviction is not an automatic bar to participation in a student affiliation. Each case will be reviewed on an individual basis considering factors such as: recentness, seriousness, and nature of the offense as it relates to the 	<p><u>OPTION 1:</u></p> <p>If you do not have a background check dated with the required items listed on the left, PH&S can initiate a background check through HireRight.</p> <p>Please email us at: studentaffiliation@providence.org and we will email you the link to request the background check.</p> <p>Fee: \$38.80 (paid on-line to HireRight)</p> <p><u>OPTION 2:</u></p> <p>If you have a background check from your school containing the 4 criteria listed on the left, include it when you submit your compliance forms.</p>	<p><u>OPTION 1:</u></p> <p>Background check results obtained through HireRight will be emailed by the vendor directly to PH&S.</p> <p>To request a copy please email us at: studentaffiliation@providence.org and we will email you a copy of the background check.</p> <p><u>OPTION 2:</u></p> <p>Include the Background Check Results when you submit your compliance forms.</p> <p>Fax completed paperwork to: (877) 470-6431</p> <p>Email completed paperwork to: PHSImageNowHRORProvAffiliates@providence.org</p>

<p>position.</p> <p>4. Sex Offender Registry – Reports National Repository of Sex Offender records for all states.</p>		
<p>Pre-Placement Drug Screen –</p> <p>The school/student is responsible for ensuring that the student has passed a minimum of a 10-panel drug screen prior to starting any PH&S assignment.</p> <p>Specimen results received from the lab that are “dilute” will not be accepted. Student will be notified that a recollection is necessary. (Recollection fee will be at the student’s expense).</p> <p>Student will be responsible for additional fees if drug screen is reviewed by the Medical Review Officer.</p> <p>The 10-panel drug screen must include checks for: Alternate Amphetamines, Amphetamines, Cocaine, Opiates, THC, Phencyclidine, Barbiturates, Methadone, Benzodiazepine, Methaqualone, Propoxyphene, Alternate Opiates</p>	<p>Students who need to have a drug screening completed, have the following options depending on the area they are located.</p> <p><u>Option 1 – Portland Area</u></p> <p>The drug screen can be done at Legacy Lab or lab of your choice.</p> <p><i>Legacy Metro Lab:</i></p> <p>If choosing this vendor, you must complete the referral form (also included). Legacy Metro Lab’s drug screen collection fee is \$47.00. Students</p> <p>Students must present the Student Drug Screen Referral Form (included in this packet). Hours vary depending on location. Please refer to this form for hours & locations.</p> <p><u>Option 2 – Outside Portland Area</u></p> <p>Schools participating outside the Portland Service Area or Oregon Region can partner with any laboratory that can complete a 10-panel screening.</p> <p>You can find other locations at these links: http://www.concentra.com or http://www.ushealthworks.com/Home</p> <p>Fax results to us at: (877) 470-6431</p> <p><u>Option 3 – Within the Medford Area</u></p> <p>Providence Occupational Medicine:</p> <p>Students must present the Student Drug Screen Referral Form (included in this packet). Providence Occupational Medicine can be reached at: (503) 732-5554</p>	<p><u>Option 1 - Portland Area</u></p> <p>Legacy Metro Lab will fax urine drug screen results to PH&S Student Affiliations at: (877) 470-6431</p> <p><u>Option 2 – Outside Portland Area:</u></p> <p>Student should instruct the vendor to:</p> <p>Fax the results along with completed paperwork to: (877) 470-6431</p> <p>Email the results along with completed paperwork to: PHSImageNowHRORProvAffiliates@providence.org</p> <p><u>Option 3 – Within Medford Area:</u></p> <p>Providence Occupational Medicine will fax urine drug screen results to PH&S Student Affiliations at: (877) 470-6431.</p>
<p>Student Pre-Placement Checklist –</p>		

<p>This form provides a quick reference of requirements that need to be met.</p>	<p>Each box on the Student Pre-Placement Checklist form must be checked off. The form must be signed, and dated.</p> <p>The checklist needs to be printed and returned.</p>	<p>Fax completed paperwork to: (877) 470-6431</p> <p>Email completed paperwork to: PHSImageNowHRORProvAffiliates@providence.org</p>
<p>Non-Employee Acceptable Use and Confidentiality Agreement -</p> <p>Students will potentially be exposed to confidential information related without limitation to patients, customers, members, providers, groups, physician's healthcare information, employee records, and proprietary trade information. It is required that this form be completed as confirmation that the confidentiality of system information will be maintained.</p>	<p>Read attached policies:</p> <ul style="list-style-type: none"> • PROV-PSEC-802 – Acceptable Use of Data and IT Assets Policy. • PROV-ICP-716 – Confidentiality <p>Complete and sign the Non-Employee Acceptable Use and Confidentiality Agreement form.</p>	<p>Fax completed paperwork to: (877) 470-6431</p> <p>Email completed paperwork to: PHSImageNowHRORProvAffiliates@providence.org</p>
<p>Acceptable Use Agreement & Code of Conduct Acknowledgement</p> <p>This information describes the appropriate use of Providence information and technology resources including data, systems, networks and devices including but not limited to desktop computers, laptops, PDA's, fax machines and copiers and is intended to promote the confidentiality, integrity, and availability of PH&S information and technology.</p> <p>The Code of Conduct explains the expectations we have of our caregivers and the critical importance of being honest and just with our patients, members, colleagues, payers, and venders.</p> <p>It also details how to report a violation or concern about potential illegal or inappropriate actions.</p>	<p>Read the Acceptable Use Agreement & Code of Conduct Acknowledgement-policy PROV-PSEC-802.</p> <p>Review the Code of Conduct booklet which is included within this packet.</p> <ul style="list-style-type: none"> • Complete and sign the following forms: • Appendix A • Data Access Acceptable Use Agreement • Affiliate Acceptable Use Agreement and Code of Conduct Acknowledgment 	<p>Fax completed paperwork to: (877) 470-6431</p> <p>Email completed paperwork to: PHSImageNowHRORProvAffiliates@providence.org</p>

HIPAA Training	
REQUIREMENT	<p>Students will possibly be exposed to medical records and sensitive patient information, it a requirement that all students receive HIPAA (Health Insurance Portability and Accountability Act) training.</p> <p>School and PH&S are dually responsible for ensuring that students are trained on HIPAA rules and regulations.</p>
COMPLETING THE REQUIREMENT	<p>Check off the boxes on the Student Pre-Placement Checklist form titled: 'HIPAA Training' and 'Completed Providence specific HIPAA education (included with Compliance Information Packet)'</p>
WHERE DO I SEND THE RESULTS	<p>Fax completed paperwork to: (877) 470-6431</p> <p>Email completed paperwork to: PHSImageNowHRORProvAffiliates@providence.org</p>

Health Screen Verification –	
REQUIREMENT	<p>School will ensure that students have up-to-date immunizations. Students who will work in at risk departments are strongly encouraged to be protected against Hepatitis B.</p> <p>Students are required to be protected against Measles, Mumps and Rubella (MMR), Varicella (chickenpox), and Tetanus, Diphtheria, and Pertussis (Tdap), and demonstrate either a negative skin test or chest x-ray for Tuberculosis within the last 12 months.</p> <p>Students who will have direct contact with obstetric patients must have documented proof of immunity to Rubella (no declination accepted)</p>
COMPLETING THE REQUIREMENT	<p>Check off the boxes on the Student Pre-Placement Checklist form titled:</p> <ul style="list-style-type: none"> • ‘Health Screen Verification available upon request’ <p>Student will be required to provide the following immunization records within 24 hours if requested by PH&S:</p> <p>Hepatitis B:</p> <ul style="list-style-type: none"> (a) Completion of Hepatitis B series or declination statement from Health Care Provider –or- (b) Laboratory evidence of Hepatitis B status(a positive antibody titer for Hep B) <p>Measles, Mumps, Rubella(MMR)</p> <ul style="list-style-type: none"> (a) Written documentation of 2 doses of MMR from Health Care Provider –or- (b) Laboratory evidence of immunity. (a positive titer for MMR) <p>Varicella (Chickenpox):</p> <ul style="list-style-type: none"> (a) 2 doses of Varicella vaccine from Health Care Provider –or- (b) Laboratory evidence of immunity (a positive titer for Varicella) –or- (c) Immune by disease <p>Tuberculosis (TB)</p> <ul style="list-style-type: none"> (a) Quantiferon Gold TB test –or- (b) TB skin testing: <ul style="list-style-type: none"> If tuberculin skin testing is done <ol style="list-style-type: none"> 1. 2-step TB testing is required 2. Documentation of a TB skin test within the 12 months prior will be accepted as the initial test of the 2 step test. <p>Influenza vaccine</p> <ul style="list-style-type: none"> • Proof of vaccine for the current year from Health Care Provider –or- • Declination statement. <p>Tetanus, Diphtheria, Pertussis(Tdap)</p> <p>Proof of vaccine from Health Care Provider or other source. (Tdap is recommended for adults over the age of 19 years)</p>
WHERE DO I SEND THE RESULTS	<p>Not applicable until requested by Providence as part of the audit process.</p> <p>Once requested, student will need to comply within one (1) business day.</p>