



INFECTION CONTROL INFORMATION

Pink Eye (Conjunctivitis)

Must be on antibiotics for 24 hours and showing improvement in symptoms.

Shingles, Skin Rash, Boils, and Impetigo

Require a Doctor's diagnosis and release before returning to work.

Respiratory Infections

Requiring medical treatment. Must be fever free (<100.0 without fever reducing medications) for 24 hours before returning to work.

Strep Throat

Must be on antibiotics and fever free (<100.0 without fever reducing medications) for 24 hours prior to returning to work.

Diarrhea

Use good hand washing technique. Must be fever free (<100.0 without fever reducing medications) and diarrhea free for 24 hours.

Questions? Call Employee Health at (563)-589-2650



Demographic Information

Student Name: _____

First

Middle

Last

Preferred pronoun: she/her/hers he/him/his they/them/theirs

Date of Birth: _____ **Last four digits of SSN:** _____

Address: _____

Street

City

State

Zip Code

Phone Number: () _____ **E-mail:** _____

Emergency contact: _____ **Phone #:** _____

Academic Information:

College: _____

College address: _____

Street

City

State

Zip Code

College Contact: _____ **Phone #:** () _____

Current Program/Major: _____

Name of Finley preceptor: _____

Select one: Preceptorship Internship Shadow/Observation

Location of clinical learning:

Finley Hospital Department/Unit name: _____

UnityPoint Clinic name: _____

Anticipated start date: _____ **End date:** _____ **Total hours:** _____



PERSONAL APPEARANCE/DRESS CODE

PURPOSE: To maintain a consistent and professional appearance, guidelines for Finley Hospital have been established concerning appropriate work attire and appearance.

1. **IDENTIFICATION BADGE:** All job shadows and students will wear identification at all times. It must be worn at chest level with photo and name visible.
2. **FOOTWEAR:** Hose/socks and shoes are required. Shoes should be polished or clean to promote a professional appearance. Footwear should meet safety standards for the job performed. Sports sandals (i.e. Nike or Reebok sandals) and beach footwear are not acceptable. The color of socks should be appropriate for the uniform. Staff working in healthcare settings that have a reasonable expectation of exposure to blood or other potentially infectious materials, or have potential exposure to sharps, or are moving carts and /or equipment must wear footwear with a completely closed toe box and heel enclosure. Any holes in the top of footwear should be no greater than ¼". The footwear should be made of sturdy material.
3. **HAIR:** Hair should be neat and clean. For safety and patient care, long hair should be pulled back away from the face and secured so it does not fall onto patient or interfere with your work area. Beards and mustaches must be kept clean and neatly trimmed. Hairnets or hair covers may be required in some areas. Hats should be removed when entering the facility.
4. **NAILS:** Fingernails should be clean and neatly trimmed. Long nails and long artificial nails are not appropriate in-patient care areas. Nail length should be limited to ¼" in all patient care areas and in the Food Service Department. If nail polish is worn, it needs to be free of chips.
5. **CLOTHING:** Clothing should be clean, pressed, in good condition (free of holes and tears) and appropriate in length, fit, style, and color coordination. Undergarments must be worn and should not be visible through clothing. Departmental policies will address uniforms or special clothing for a position and department. Professional dress is preferred. Hospital provided scrub suits may not be worn out of the hospital. Extremely casual clothing is not appropriate for the workplace. Some clothing is altogether inappropriate. Some examples of inappropriate clothing include, but are not limited to the following: leggings can only be worn under a top/tunic that hits knee length full thighs or buttocks must not be visible, yoga pants or anything similar, tank tops, halter tops or dresses, hood sweatshirts, t-shirts and sweatshirts with logos other than our organization, blue jeans, bib overalls, spandex pants, jogging suits, pants that drag on the ground, tight clothing to include uniforms, skirts, dresses, pants, or tops, and revealing clothing such as low-cut tops, high slit skirts, bare midriff or very short skirts. For additional information, contact the department manager or the Human Resources Department.
6. **ODOR:** Excellent personal hygiene is an expectation of all team members. Body odor, tobacco/cigarette smoke odor and perfume/cologne can be offensive to patients, family members or co-workers. Some perfumes/colognes can cause an allergic reaction in sensitive individuals. Perfumes and colognes should not be work in areas with patient contact. In other work areas, perfumes and colognes may be work in moderation and must be discontinued if a problem exists. Strong and/or offensive odor of any kind is unacceptable.
7. **ACCESSORIES:** Some accessories may detract from the excellent patient care and service that patients and family members deserve and should be avoided. The following accessories are not appropriate for professional attire: excessive jewelry; including, but not limited to the following: more than three rings total, multiple bracelets, long necklaces, more than three earrings per ear, and visible body piercing except in ears, visible tattoos, excessive make-up, fingernails longer than ¼ inches, unusual hair color and other adornments.
8. **MEDICAL OR OTHER EXCEPTIONS:** Any medical, religious or other exception to the "Personal Appearance/Dress Code" policy must be approved by Human Resources. Documentation to support reasons may be required. Permanent medical exceptions must be updated annually.
9. **ENFORCEMENT:** It is the responsibility of the department director/manager to communicate and enforce the dress code standards for his/her department.

I have read through the above information and will abide by the Personal Appearance and Dress Code for UnityPoint Health - Finley Hospital.

Name: _____ Signature: _____ Date: _____



Finley Hospital Policies and Procedures FACT SHEET

<p>History</p>	<p>The Finley Hospital was the home of Mrs. Helen Finley who bequeathed it in memory of her husband, Dr. John Finley as a non-sectarian hospital in 1890.</p> <p>Today UnityPoint Health Finley Hospital is:</p> <ul style="list-style-type: none"> • A 126-bed hospital accredited by The Joint Commission (TJC). • A not-for-profit community owned and controlled healthcare facility that is guided by a local Hospital Board of Directors. • Under the umbrella of Finley Tri-States Health Group, Inc., along with the Visiting Nurses Association (VNA), UnityPoint at Home (Finley Homecare services), and the Finley Health Foundation.
<p>Patient Rights and Responsibilities</p>	<p>Each patient is provided a written copy of Patient Rights and Responsibilities at the time of admission. This information is posted in outpatient areas and copies are available.</p>
<p>Mission</p> <p>Vision</p> <p>Values</p>	<p>Improve the health of the people and the communities we serve.</p> <p>Best Outcome for Every Patient Every Time</p> <p>FOCUS Values</p> <ul style="list-style-type: none"> • Foster Unity • Own the Moment • Champion Excellence • UnityPoint • Seize Opportunities
<p>Compliance</p>	<ul style="list-style-type: none"> • The Compliance helpline is operated by an independent service which allows your call to be anonymous. Compliance Helpline: 1-800-548-8778 • UnityPoint Health will take disciplinary action against any employee who engages in or condones illegal or unethical conduct or who fails to report a known wrongdoing. <p>The Finley Compliance Officer may be contacted through the hospital administration office at 563-557-2814.</p>
<p>Confidentiality/HIPAA/Privacy</p>	<ul style="list-style-type: none"> • Patient information will be provided on a ‘need to know’ basis only • All persons having access to information about patients will hold this information in confidence. • Information is not to be obtained on patients you are not assigned to care for. • Violation on any patient’s rights to confidentiality may result in termination of your employment. • Finley Privacy Officer phone number: 319-369-7121
<p>Incident Reporting</p>	<p>Report and document any injury to you, a patient, or visitor. Contact a staff member to do so.</p>
<p>Cultural Diversity & Sensitivity</p>	<p>As members of the healthcare team, we are ethically obligated to provide culturally fitting care to all individuals who enter our facility. This includes race, color, sex, national origin, age, religion, sexual orientation, gender identity, or any other protected class in any manner prohibited by federal or state laws.</p>
<p>Ethics</p>	<p>A policy exists stating that staff may request not to participate in an aspect of patient care or treatment, because of perceived conflict with cultural values, ethics, or religious beliefs.</p> <p>All patients, families, hospital staff and others who utilize Finley Hospital have access to the resources of the hospital’s Ethics Committee on any matter that has to do with questions or medical ethics. To access the Ethics Committee, contact a nurse, the hospital chaplain, or a social worker.</p>



UnityPoint Health

Finley Hospital

Service Excellence	<p>It is the 'right thing to do' and 'it's everybody's job'. Every person is responsible for good patient and family service.</p> <ul style="list-style-type: none">• Courtesy counts• Go the extra mile• Look the part• Keep it quiet• Be responsible• Be informative
Tobacco Free Environment	<p>Tobacco use refers to the use of any tobacco products including smokeless tobacco or electric cigarette products for employees of UPH Finley Hospital. This includes the odor of tobacco or smoke on the breath or clothing, all areas within the hospital buildings and all property maintained by the hospital (whether leased, owned, adjacent sidewalks, parking lots, and ramps).</p>
Infection Control	<p>If you are in a situation where you could be exposed to body fluids, personal protection equipment will be provided (gloves, mask, gowns, etc.). Frequent hand washing is required.</p>
Latex Sensitivity/Allergy	<ul style="list-style-type: none">• Institution will provide low-protein, powder-free gloves and will develop and maintain an inventory of latex containing products and substitutes and provide guidelines for safe and consistent care of the patient with a latex allergy.• Latex allergy precautions are implemented for known latex allergy/sensitivity. Patient will wear a green wrist band unless only present for lab tests.• Latex free products will be used as needed. NO latex balloons.
Restraints/Seclusion	<ul style="list-style-type: none">• Patients may require soft or leather restraints for medical and/or safety reasons.• Handcuffs may be used by law enforcement.• Patients may be required to be secluded in isolation for medical reasons. You will be informed of any special required garments/personal protective equipment, if needed.
Wristband Alerts	<p>To have a standardized process that identifies and communicates patient specific risk factors or special needs. The color-coded wristband alert is based on the patient's assessment, wishes, and medical status. Need to communicate necessity of wristband with patient/family.</p> <ul style="list-style-type: none">• Red – Allergies• Yellow – Fall Risk• Purple – DNR• Pink – Restricted Limb• Green – Latex Allergy• Purple/White- Modified Code
Missing Person	<p>Missing Person is announced when there has been an abduction or elopement of a patient. Report any suspicious looking person to a nurse or other staff member. Exits will be manned.</p>
Code Blue/Code Pink	<ul style="list-style-type: none">• If an adult suddenly collapses with no respirations or pulse, call for help. Dial 500 and tell the operator 'Code Blue' and your location or room number• If a child suddenly collapses with no respirations or pulse call for help. Dial 500 and tell the operator 'Code Pink' and your location or room number.
Trauma Alert	<p>Trauma alert is announced to notify the services needed to report to the Emergency Department to care for a trauma patient. The main staff include ED, Lab, X-ray, RT, OR, & ICU.</p>
Combative Patient	<p>Combative Patient is announced when a patient or visitor has become violent and help is needed to restrain. Staff have specific duties when they respond.</p>
Disaster Plan	<p>A Disaster Plan is announced when there has been a disaster with multiple victims declared. All staff will have specific duties. Security will be at all doors. There may be delays in scheduled events (lab, x-ray, etc.).</p>



UnityPoint Health

Finley Hospital

Bomb Threat	<ul style="list-style-type: none"> • A Bomb Threat will not be announced. You will be told by word of mouth if an evacuation is ordered. • If you answer a phone and receive a threat, try to determine where and when the bomb is set to go off and then notify police: Dial 9-911.
Hazardous Material Exposure	<ul style="list-style-type: none"> • If you have any contact with a hazardous material, you will be sent to the Emergency Department for treatment (if needed). • All of the specific hazardous substances are listed on the Safety Data Sheets (SDS) which are found on the Intranet (HUB).
Electrical Safety	<p>If you notice frayed cords, broken plugs, equipment fails, label and remove item from service and notify staff. In the event of a power outage, a generator will activate. Red covered outlets will have power.</p>
Decontamination Plan	<ul style="list-style-type: none"> • ‘Haz Mat Team please respond to the ED’ will be announced over the PA system when the Emergency Department is expecting a patient exposed to hazardous materials. If you are not a trained member of the decontamination team, DO NOT enter the Emergency Department.
Storm/Tornado Plan	<ul style="list-style-type: none"> • <u>Severe storm watch/tornado watch</u>: Thunderstorms are possible, or conditions are favorable for the formation of a tornado. No action needed. • <u>Severe thunderstorm warning</u> is in effect: Winds of 58mph or higher and/or 1-inch hail or larger is occurring or imminent in the area. Staff will prepare patients for worsening conditions. • <u>Tornado Warning</u>: Immediate action is required when there is a tornado warning, or a tornado has been spotted in the area. If visiting the building, go to an interior hallway without windows. Highly encourage the visitor to remain in the building rather than leaving. Patients will be moved away from the window in their room with the head of the bed rear facing the window. Give patient blanket for cover. It is preferred that the patient be moved into their bathroom for safety. • An ‘All Clear’ will be announced over the public address system when it is safe to move patients back.
Fire	<ul style="list-style-type: none"> • If ‘Fire’ is announced, patients may need to be evacuated. • If you discover a fire, use RACE: <ul style="list-style-type: none"> ○ R – Rescue persons who are in immediate danger from fire and move them to a designated point away from the fire. ○ A – Alarm the system with a pull station nearest to the area of the fire, if not already activated. ○ C – Confine the spread of fire and smoke by closing doors and windows. ○ E – Evacuate people from the fire area and Extinguish the fire with an extinguisher or wet blanket, if possible and do safely. <p>An ‘All Clear’ will be announced when it is safe.</p>

I have read the above covered throughout the Fact Sheet, including the confidentiality statements. I have the ability to perform the criteria independent and without supervision.

Name: _____ Signature: _____ Date: _____

Reviewed and Revised 9/04, 3/05, 6/05, 3/10, 7/12, 11/13, 3/17, 1/19, 1/21

Revised 01/21

UnityPoint Health
INFORMATION SECURITY AGREEMENT

Patient, financial, and other business-related information in any form, electronic or printed, is a valuable asset, and is considered private and sensitive. Employees, physicians, physician office staff, consultants, vendors, contracted agency staff, nursing home staff, students, and other authorized users may have access to confidential information in the performance of their duties. Those charged with this responsibility must comply with information confidentiality/security policies in effect at UnityPoint Health (UPH) and its affiliates. This agreement applies regardless of the method of access used.

In consideration of being allowed access to UnityPoint Health information systems, I, the undersigned, hereby agree to the following provisions:

1. I agree to abide by all confidentiality/security policies and procedures for UPH and its affiliates. Updates to state and federal regulations and/or risk mitigation concerns will prompt policy changes from time to time, and I understand it is always my responsibility to abide by the then-current UPH policies. I understand that such policies and procedures are available on the Intranet or will be provided to me upon request.
2. I will not operate or attempt to operate UPH computer equipment without specific authorization.
3. I will not demonstrate the operation of UPH computer equipment or applications to anyone without specific authorization.
4. I agree to maintain a unique password, known only to myself, to access the system to read, edit and authenticate data. I understand that my unique password constitutes my electronic signature and that it should be treated as confidential information. I agree not to share my password with any other individual or allow any other individual to use the system once I have accessed it. I understand that I may change my password at any time, and it is my responsibility to reset my password immediately if I suspect it has been compromised.
5. I agree only to access the patient, financial, and/or other UPH business-related information needed for the performance of my duties and responsibilities. I understand that accessing my own patient record or the patient records of my family members is only appropriate to do via the Patient Portal or through the Release of Medical Information process. I agree that I will not use my access granted to me for my job role to look at my record or the records of my family members or others, unless it is in accordance with my professional job duties and responsibilities.
6. I will contact my supervisor, the affiliate compliance officer or Information Security Officer (ISO), or the IT department if I have reason to believe the confidentiality and security of my account has been compromised.
7. I will not disclose any portion of the computerized systems to any unauthorized individuals. This includes, but is not limited to, the design, programming techniques, flow charts, source code, screens, and documentation created by employees, outside resources, or third parties.
8. I will not disclose any portion of the patient's record except to a recipient designated by the patient or to a recipient authorized by UPH who has a "need to know" in order to provide continuing care of the patient.
9. I understand that applications are available outside of the UPH network via various remote access methods (i.e. VPN, Citrix, and/or Web), and I agree to abide by the following when accessing UPH computer systems from remote locations:
 - a. I will only access UPH computer systems from remote locations if I am authorized to do so.
 - b. I will use discretion in choosing when and where to access UPH computer systems remotely in order to prevent inadvertent or intentional viewing of displayed or printed information by unauthorized individuals.
 - c. I will use proper disposal procedures for all printed materials containing confidential or sensitive information.
 - d. I understand that if I choose to use my personal equipment to access UPH computer systems remotely, it is my responsibility to provide internet connectivity, configure firewall and virus protection appropriately, properly maintain security patches, and to install any necessary software/hardware. UPH is not responsible if the installation of software necessary for accessing UPH computer systems remotely interferes or disrupts the performance of other software/hardware on my personal equipment. UPH will restrict personal devices from connecting to UPH information systems if security posture checks do not pass.
 - e. I understand that by using my personal equipment to access UPH computer systems that my computer is a de facto extension of the UPH network while connected, and as such is subject to the same rules and regulations that apply to UPH owned equipment.
10. If I will be using a mobile device to access the UPH network or network services (through a personally-owned or UPH-owned device) that include, but is not limited to, email, VPN, or other remote access capabilities, I will allow UPH limited control of my mobile device for the protection of UPH data and its assets. For this context a mobile device is currently identified as a mobile phone, tablet, or other miniaturized computing system. This limited control can include the enforcement of a password/pin and/or remote wiping of the mobile device in the event of loss or theft or other factors that may present a risk of harm to the UPH network, its data, or applications.
 - a. I understand using the talk-to-text feature built into the mobile device, like Siri, is not HIPAA-compliant, and I agree to avoid using talk-to-text features if patient information is included unless the talk-to-text tool has been specifically approved by UPH IT.



Revised 01/21

b. In the event of loss or theft of my personal device, I agree to the remote wiping of all content on my mobile device, including any personal information I may have stored on the device, such as, but not limited to, photos, videos, and other content stored on the hard drive of the device.

c. In the event of an investigation or inquiry by the internal compliance department at UPH or the government, or in the event of litigation, I agree to provide UPH and/or its affiliate(s) with access to my device to copy and retain information related to the investigation, inquiry, or litigation. I understand that UPH will take reasonable steps to limit access to personal information, such as using key word searches to identify relevant material.

11. I understand the UPH computer systems are intended to be used for business purposes with limited personal use, such as saving a family picture or my resume, is permitted. If I chose to save my personal files or emails on UPH computer systems, I will save them in a folder clearly marked "personal". I understand that upon my departure with the organization, all business-related emails and files that are not clearly saved in my "personal" folder may be transferred to my manager or their designee in order to continue business operations.

12. I agree to report any activity which is contrary to UPH policies or the terms of this agreement to my supervisor, the affiliate compliance officer, or to the IT Service Center at 800-681-2060.

I understand that I must sign this Agreement as a precondition to issuance of a computer password for access to the UPH network and/or patient information and that failure to comply with the preceding provisions will result in formal disciplinary action, which may include, but will not be limited to, termination of access, termination of employment in the case of employees, termination of agreements in the case of contractors, or revocation of clinical privileges in the case of medical staff members, taken in accordance with applicable medical staff by-laws, rules and regulations.

PRINT NAME _____

SIGNATURE _____ **DATE** _____

DEPARTMENT _____

COMPANY _____

**PLEASE SIGN AND SCAN THE FORM THEN EMAIL TO INFORMATION PROTECTION AT
UPH_SecurityAgreements@unitypoint.org**



Employee Health

The following are immunization and/or testing requirements for new contracted staff and interns at Finley. A CERTIFICATE OF IMMUNIZATION that has been SIGNED by your health care provider must be included in the packet of information submitted for approval, including all of the following:

1. MMR (Measles, Mumps and Rubella combination vaccine) Immunization (2 required)
OR
 Measles (Rubeola or HARD Measles) Immunization, Mumps Immunization, and Rubella (German Measles) Immunization (2 of each required required)
OR
 Rubella Titer, Mumps Titer and Rubeola Titer
2. Varivax Immunization (2 required) or Varicella Titer
3. TB Spot Test or 2-step TB skin test (if you have not had yearly TB testing with a history of a 2-step test). If you have a history of a positive TB test a copy of your MOST RECENT, with in the past 12 months, chest x-ray report must be provided.
4. Hepatitis B Immunizations (#1, #2, #3) OR Hepatitis B Antibody Titer. These are optional but you must sign a declination if you choose not to receive it.
5. Tetanus Vaccination (Tdap if working with children <12 months of age)
6. Annual Influenza Vaccination

MEDICAL HISTORY:

CIRCLE

COMMENTS (If yes, list when and/or where)

- | | | |
|---|--------------|--|
| 1. Have you ever lived or traveled outside the United States? | Yes No _____ | |
| 2. Have you ever had hepatitis (yellow jaundice)? | Yes No _____ | |
| 3. Do you have skin infection or draining wound? | Yes No _____ | |
| 4. If yes, has this infection ever re-occurred? | Yes No _____ | |
| 5. Have you ever had Chicken Pox or Shingles? | Yes No _____ | |
| 6. Have you ever had Mumps? | Yes No _____ | |
| 7. Have you ever had Rubella (German Measles)? | Yes No _____ | |
| 8. Have you ever had Rubeola (Red or hard Measles)? | Yes No _____ | |
| 9. Have you ever had Diphtheria? | Yes No _____ | |
| 10. When was your last Tetanus Vaccination (DT, Tdap) | Yes No _____ | |

LATEX ALLERGIES

CIRCLE

- | | |
|--|--------|
| 1. Do you have any known latex sensitivity? | Yes No |
| 2. Have you ever filled out the long Latex Sensitivity Questionnaire? | Yes No |
| 3. Do you have a history of allergic reactions after eating fruit? | Yes No |
| 4. Have you ever noticed a rash, swelling, shortness of breath, cough, wheezing, runny nose, sneezing, or itchy eyes while using latex or rubber products? | Yes No |
| 5. Has a doctor ever said you had an allergic reaction or problem of unknown cause during surgery or a hospitalization? | Yes No |

Name: _____ **Signature:** _____ **Date:** _____

If you need additional information or assistance feel free to contact the Finley Hospital Education Department at 563.589.2389.

**EMPLOYEE HEALTH
BLOODBORNE PATHOGENS EDUCATION**

Bloodborne pathogens are germs in blood and body fluids that can cause disease in humans. They include the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV), and the Hepatitis C Virus (HCV). HBC and HCV cause hepatitis and HIV causes AIDS. Experts also think that there are other Bloodborne pathogens (germs) that have not yet been identified. These bloodborne germs can also be found in other bodily fluids that have the potential to cause infection such as semen, vaginal secretions, spinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures, and any other body fluids that may or may not be visibly contaminated with blood. In situations where it is hard or impossible to differentiate whether blood or body fluids are present or have the potential to be present, **STANDARD PRECAUTIONS** must be used.

STANDARD PRECAUTIONS are specific ways to handle all potentially infectious blood and body fluids. It means handling all situations where blood and body fluids may be present as if they are infected with Bloodborne pathogens. These work practice controls are ways to decrease the chance of an exposure to one of these very dangerous germs. Needles **MUST NEVER** be recapped by a two-handed technique. Needles must be disposed of in a puncture resistant container. **YOU MUST ALWAYS WASH YOUR HANDS** after contact with **ANY** blood or body fluids and again **AFTER** gloves and other personal protective equipment are removed. Food and drink **WILL NOT** be kept in refrigerators, shelves, or counter tops where blood or other body fluids are present. Specimens containing blood or body fluids **MUST BE** placed in **RED BAGS** and containers with the **RED ORANGE BIOHAZARD SEAL**. Linen is placed in designated fluid resistant bags located on each unit.

Personal protective equipment is available in cabinets in the designated work areas. These cabinets contain gloves, gowns, masks, goggles, and pocket masks. **THIS MUST BE WORN** when it is likely that you will have contact with blood or body fluids. A phenolic cleaner and disinfectant is also in the cabinet. This is used to clean surfaces that are contaminated with potentially infectious materials.

There is **NOT** a vaccination for HIV or HCV. **A vaccination for the HEPATITIS B VIRUS (HBV) IS AVAILABLE AT NO COST** for those employees who work in an area with potential for an exposure to blood and/or body fluids.

What to do if you have an exposure to blood and/or body fluids:

- Immediately wash area with soap and water
- Complete an Employee Injury/Illness Incident report on the computer.
- Call the Employee Health and Wellness Dept at ext 2650 and report the incident and schedule post exposure follow-up
- If the incident involves a patient and occurs after hours when Employee Health and Wellness is closed (evenings, weekends, and holidays), contact the House Coordinator or Unit Designee so appropriate follow up is done with the patient.

A copy of the Hospital's Exposure Control Plan as well as the Bloodborne Pathogen Standard is available for your review on the Intranet (HUB).

I have read and understand the above educational information on Bloodborne Pathogens.

Name: _____ Signature: _____ Date: _____



WHAT IS HIPAA?

The Healthcare Insurance Portability and Accountability Act (HIPAA) is an important federal law dealing with the privacy and security of protected health information. Complying with HIPAA is very important to UnityPoint Health Dubuque. There are fines and even criminal penalties if we do not take reasonable steps to comply.

HIPAA is not just for doctors and nurses. HIPAA also applies to our employees, volunteers and students.

What is Protected Health Information?

Protected health information is any information about past, present or future physical or mental health, health care or payment for healthcare that identifies a patient. Examples of protected health information include:

- **Name**
- **Location smaller than a State**
- **All elements of date except year**
- **Telephone and fax numbers**
- **Email addresses**
- **Social Security numbers**
- **Medical Record numbers**
- **Health Plan beneficiary numbers**
- **Account numbers**
- **Certificate/License numbers**
- **Vehicle identifier and serial number**
- **Device identifier and serial number**
- **Web universal resource locators**
- **Internet protocol address numbers**
- **Biometric identifiers (including voice and finger prints)**
- **Full face photos**
- **Any other identifying number, characteristic or code**
- **Certificate/license numbers**

HIPAA Privacy Rules

Privacy refers to our duty to prevent others from seeing or using protected health information about our patients. Under HIPAA, we can only use and disclose protected health information for certain permitted purposes. If we use or disclose the information for any other purpose, we may have violated the law.

As a member of our workforce, this means that you should not see or obtain protected health information unless it is part of your job. The Finley Hospital has adopted policies and safeguards to help you understand these rules and to limit your access to information you do not need.

HIPAA Security Rules

Security refers to our duty to keep health information secure and available. Security also refers to steps UnityPoint Health takes to make sure protected health information stays private.

For example, our privacy policies prohibit members of our workforce from obtaining protected health information unless they need it to do their job. Our security safeguards will limit who has a key to the records room or who can log on and view patient information. Thus, privacy and security go hand-in hand!

