



Health Care Coalition of Lafayette County
DBA Health Care Collaborative of Rural Missouri
825 South Business Highway 13, Lexington, MO 64067 660-259-2440

DBA Live Well Community Health Centers
324 S. Hudson, St., P.O. Box 512, Buckner, MO 64016 816-249-1521
300 E. 9th St., Carrollton, MO 64633 660-329-9005
206 N. Bismark, Concordia, MO 64020 660-463-0234
608 Missouri St., Waverly, MO 64096 660-493-2262



POLICY AND PROCEDURE AGREEMENT

Purpose: The intent of this policy is to alert students who are participating in training programs at HCC/LWCHC for the need of discretion at all times and is not intended to inhibit normal business communication.

REQUIREMENTS FOR CLINICAL TRAINING

Immunizations: All students who are participating in training programs at HCC/LWCHC need to have the following immunizations/tests, before beginning their clinical training program. If said student cannot receive one or all of these immunizations or tests, they must provide the appropriate documentation.

- ✓ TB Test
- ✓ Flu Shot
- ✓ Immunization Records

CONFIDENTIALITY AGREEMENT

General: Our clients and other parties with whom we do business entrust Health Care Coalition of Lafayette County with personal and private information that may include or pertain to protected health information. It is our policy that all information considered protected and confidential will not be disclosed to external parties or to contractors without a "need to know". If there is a question of whether certain information is considered confidential, the student should first check with his/her immediate supervisor.

I hereby acknowledge, by my signature below, that I understand that the Personal Health Information (PHI), other confidential records, and data to which I have knowledge and access in the course of my agreement with Health Care Coalition of Lafayette County is to be kept confidential, and this confidentiality is a condition of my agreement. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my educational requirements. I understand that my duty to maintain confidentiality continues even after I am no longer associated with Health Care Coalition of Lafayette County.

I am familiar with the guidelines in place at Health Care Coalition of Lafayette County pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of Health Care Coalition of Lafayette County is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of Health Care Coalition of Lafayette County is grounds for disciplinary action, up to and including immediate dismissal.

PHOTO RELEASE STATEMENT

I hereby give my consent for Health Care Coalition of Lafayette County to use my photograph and likeness in its publications, including its website and video. I release them from any expectation of confidentiality for the undersigned listed below.

QUALITY COMMITMENT

I agree that I am committed to ensuring quality patient care and will comply with all quality guidelines and take direction from the quality staff, led by HCC Medical Director.

CONFLICT OF INTEREST STATEMENT

This statement is to be read and signed by all students who are in the health care field training program. It is prudent to ensure that duality of interest be identified and that any potential conflict of interest, real or perceived, be avoided through established HCC of Rural Missouri/Live Well Community Health Center procedures.

ALCOHOL AND/OR NON-PRESCRIBED CONTROLLED SUBSTANCE POLICY

The use of alcohol and/or non-prescribed controlled substance is not an acceptable practice while performing HCC of Rural MO/Live Well Community Health Center activities, during normal working hours or at other times when performing said activities.

HCC of Rural MO/Live Well Community Health Center are not responsible for any students who are participation in the health care field training programs who may sustain an injury which is related to or actually caused by the use of alcohol and/or non-prescribed controlled substances while performing HCC of Rural MO/Live Well Community Health Center activities.

Students who are participating in the training program with HCC/LWCHC will sign this form regarding notice of this policy and it will be retained in said students personnel file.

Signature

Date

