YOUR FUTURE IN PHLEBOTOMY

After certification, phlebotomy technicians can work in a variety of settings including hospital and physician clinic labs, free-standing lab centers and blood donation services. Phlebotomists may choose to further their education in related clinical areas to broaden their scope of practice. Each of these specialized areas may require additional months or years of work experience, certification/degree(s) and commitment to obtain these advanced positions.

PHLEBOTOMY PROGRAM ADMISSION REQUIREMENTS

Admission Steps:
Admission to the college does not guarantee admission to the phlebotomy technician program. The following enrollment steps must be completed before your enrollment in the phlebotomy program is complete. To be a competent healthcare provider you must know how to read directions and perform tasks in a timely manner.
To be considered for continued acceptance into Neosho County Community College’s phlebotomy certificate program, you must:

☐ STEP 1 – Complete NCCC admission form.
Apply on-line by visiting www.neosho.edu, or call Chanute Campus: (620) 431-2820 or 800-729-6222, ext 280 or 288 / Ottawa Campus: (785) 242-2067 or (888) 466-2588 to request a NCCC admission form. Phlebotomy Students must submit their high school transcripts, as well as transcripts from all former colleges attended.

☐ STEP 2 – Apply for financial aid and scholarships
Please refer to the College Catalog, NCCC Student Handbook and call the Chanute campus (620) 431-2820 Ext 278 for funding options. Phlebotomy courses may be eligible for financial aid; contact the financial aid department directly to find out!

☐ STEP 3 – Complete Phlebotomy Program Application form available from program coordinator (csavage@neosho.edu), (620) 432-0398 or (800) 729-6222 Ext 214.
Admission Steps Continued:

☐ Step 4 – The Program Coordinator will assist you in enrolling in phlebotomy classes.
   Please call (620) 432-0398 or email csavage@neosho.edu to complete enrollment in your classes. The Program Coordinator will assist you in enrolling in phlebotomy classes and provide you with necessary program forms. In order to be assigned the proper advisor, the Occupational Intent Form must be completed or you must sign a paper copy of the change of college request for change of record form.

☐ Step 5 – Pay for your courses
   Payment for all classes should be done at enrollment. Be proactive in checking with financial aid and making payment arrangements. You may need to set up payment arrangements through the business office several weeks prior to course start. All students who have not paid in full, signed up for a payment plan, or have financial aid in place to cover all charges by the deadline may be dropped from their classes. For more information about the payment plans, call the business office at ext. 286. NCCC accepts major credit cards.

☐ Step 6 – Purchase your books at the NCCC Bookstore. Nursing/Medical books are not eligible for rental fee. Some books may be purchased from an outside source (ie Amazon.com).

☐ Step 7 – Submit required Phlebotomy Program “Health Forms” to the Program Coordinator (forms given to you in Step #4 above). If for any reason you have not visited with the Program Coordinator (in person, via telephone or by email), please call (620) 432-0398 or email csavage@neosho.edu immediately.

The following Phlebotomy Program Admission-Health Forms will be emailed and/or mailed to you for completion. These forms MUST be completed and submitted to the Coordinator, unless otherwise arranged, NO LATER THAN THE WEEK BEFORE PHLEBOTOMY LAB CLASS:

☐ #1 Phlebotomy Program Application must be on file for acceptance into the program prior to enrollment!
☐ #2 Submit a signed copy of the Confidentiality Statement.
☐ #3 Sign and submit a Substance Abuse Policy and Drug Screen Consent.
☐ #4 Sign and submit Consent for Criminal Background Check.
☐ #5 Sign and submit a program Physical Standards.
☐ #6 Submit a signed Waiver for Invasive procedures.
☐ #7 Submit a Signed Statement of General Health.
☐ #8 Submit the signed Program Handbook form, located on the last page of the handbook. (Can be completed the first night of lab class)

Complete by the end of semester 1:

☐ #9 Documentation that you have obtained MMR immunization.
☐ #10 Provide proof of obtaining the first injection or sign a waiver for Hepatitis B immunization.
☐ #11 Documentation that you have obtained a tuberculosis screen test.

NOTE: Students with criminal records should research their ability to gain employment and/or be accepted by outside certifying organizations prior to entering the program.

☐ Step 8 – Complete online orientation.
   Contact the program coordinator if you need additional assistance. You are required to check student email and InsideNC for gradebook updates, regardless if the course is on campus. Sign up for your student email account and log into InsideNC. Computers are available for you on campus, see your instructor, the Chanute Library/CAVE or the Ottawa Teaching Learning Center (TLC) for further information.
   Note: The course titled NC105 is designed for online orientation.

☐ Step 9 - Program Acceptance - given if step 1 through Step 8 have been completed. Students failing to complete steps 1 through 7 in a timely manner may forfeit their position in the class. Admission will be non-discriminatory with respect to race, color, creed, sex, age, handicap(s), or national origin. However, acceptance into the program is conditional and at the discretion of the program coordinator as availability of open slots and student success are considerations.
Phlebotomy Certificate

The Phlebotomy certificate program prepares students to be proficient in their profession and to demonstrate successful competence in the outcomes as established by the Commission on Accreditation of Allied Health Education Programs in their Standards and Guidelines for Medical Assisting Educational Programs that mandate phlebotomy training.

Upon successful completion of this program the student will have the skills to pass the RPT (Registered Phlebotomy Technician) examination administered by American Medical Technologists (AMT) or the CPT (Certified Phlebotomy Technician) exam through National Healthcareers Association to obtain an entry-level position in the profession.

General Education (GE) Courses
The phlebotomy program is designed as a terminal certificate program. Certificate students are not required to take specific elective courses for this program. If students choose to pursue continued education, the certificate will assist with skills needed in the medical assisting and nursing occupations. Students should work closely with their advisors to determine the most efficient method of obtaining career goals.

Program Core Courses

Program Outcomes
Demonstrate fundamental safety procedures.
Explain and perform specimen collections.
Process requisitions for tests performed in the laboratory.
Identify the circulatory system.
Explain and perform capillary punctures.
Communicate effectively when instructing patients on procedures.
Analyze legal and ethical concepts in healthcare and patient rights.
Demonstrate patient preparation for procedure(s).

Course Sequence
The listing that follows is a recommended sequence of courses for full-time students. The student should consult with an advisor for information specific to their academic situation. Upon completion, the student will be awarded a 16-credit hour Certificate of Phlebotomy issued by the college.

Recommended Sequence of Courses

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course Code</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>ALHE 105</td>
<td>Medical Terminology (or summer)</td>
<td>3</td>
</tr>
<tr>
<td>I</td>
<td>ALMA 126</td>
<td>Fundamentals of Phlebotomy I</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>II</td>
<td>ALMA 161</td>
<td>Fundamentals of Phlebotomy II</td>
<td>4</td>
</tr>
<tr>
<td>II</td>
<td>ALMA 182</td>
<td>Phlebotomy Clinical Lab</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>II</td>
<td>ALMA 181</td>
<td>Phlebotomy Practicum</td>
<td>2</td>
</tr>
<tr>
<td>II</td>
<td>ALMA 185</td>
<td>Phleb National Exam Review</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Total Certificate Credits</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

For more information contact:
Program advisor
Chrisy Savage, 620-432-0398
csavage@neosho.edu
PHLEBOTOMY PROGRAM APPLICATION

Please indicate which campus you are applying for: □ Chanute □ Ottawa □ Other □

Indicate year applying for: Fall □

Name: ________________________________

Last    First    Middle

Address: _____________________________________________________________

City: ___________________________ State: _______ Zip: __________

Home Ph: ___________________________ Mobile Ph: ______________________

SSN: ___________________________ NCCC Account Number (if known) __________

*Email Address (please print clearly) ________________________________________

*Email communication is used frequently, please check daily. Always use your panther email account for all correspondence (you may set it to forward to your personal email account).

EDUCATIONAL HISTORY

Are you a high school graduate or completed your GED? □ Yes □ No*

*The national examination agency requires proof of GED or HS diploma.

Have you previously applied for any Health Science Programs? □ No □ Yes*

*If yes, where? _______________________________________________________

How did you hear about this Health Science Program?

□ Radio □ School Sign □ T.V. □ Brochure □ Newspaper □ Friend □ Other __________

Please list any college degrees or vocational certificates held: ______________________

EMPLOYMENT HISTORY List your current/past employers □ See also attached resume

Employer: ___________________________________________________________

Address: ___________________________________________________________

Date employed: ___________________ Date of termination: ___________________

Employer: ___________________________________________________________

Address: ___________________________________________________________

Date employed: ___________________ Date of termination: ___________________

INFORMATION IN CASE OF EMERGENCY

List individual we may contact in an emergency:

Name: ___________________________ Ph: __________________________

Relationship: ______________________
LICENSURE
The national examination organization may refuse to permit an individual to write the exam, if convicted in a criminal prosecution.

Have you ever been convicted as an adult offender of any crime? No Yes*
*If yes, is your name on the Department of Social Services Disqualification List? No Yes
(This list includes people who have pled guilty or no contest to any A or B felony violation of chapters 565, 566, 569 RSMO). The felonies covered in these chapters focus primary on crimes against another person including:

- Murder
- Manslaughter
- First and Second degree assault of a law enforcement officer
- Sexual offenses
- First and Second degree robbery
- First and Second degree arson

NCCC DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, SEX, AGE OR HANDICAP IN ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT, IN ITS PROGRAMS AND ACTIVITIES. IF YOU HAVE QUESTIONS REGARDING THE ABOVE, PLEASE CONTACT: The Title IV and section 504 Coordinator at Neosho County Community College, 800 West 14th Street, Chanute, KS 66720 Telephone: 620-431-2820.

If accepted as a student, I give NCCC permission to release a copy of my school record for inquiries such as employment for educational purposes, according to the Family Educational and Privacy Act of 1974. In connection with my application to the college, I understand that a consumer report which may contain public records information is being requested. This report may include the following types of information: names and dates of previous employers; credit information, etc. I further understand that such report may contain public record information concerning my credit, bankruptcy proceedings, etc from federal, state and other agencies that maintain such records. Credit information is not accessed by the medical assistant/phlebotomy program coordinator for determination of acceptance or for any other reason. I AUTHORIZE, WITHOUT RESERVATION, ANY PART OR AGENCY CONTACTED TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have read the information on admission and refund policies. I certify that the information provided on this application is correct to the best of my knowledge and that falsification of any part of this application may be grounds for immediate dismissal from the Phlebotomy Program. Unless otherwise notified in writing, I give the program coordinator permission to use my information for registering for the national certification exam, including via online entry, and student membership as part of my certification.

I verify the above information is accurate and that I am at least 17 years of age.

Date: ___________________________ Signature: ___________________________

Return to: NCCC Medical Assistant/Phlebotomy Program
Atten: Chrsy Savage, RMA • Healthcare Clinical Support Instructor/Coordinator
PHYSICAL STANDARDS

*FREQUENCY KEY: O=Occasionally 1-33%; F=Frequently 34-66%; C=Constantly 67-100%

LIFT: up to 50 pounds to assist moving patients                      F
STOOP: to adjust equipment or position patients                    F
KNEEL: to perform CPR                                               O
CROUCH: to locate and plug in electrical equipment                  F
REACH: 5’ above the floor to attach devices to wall outlets         C
HANDLE: small and large equipment for storing, retrieving, moving   C
GRASP: syringes, instruments, etc.                                  C
STAND: for prolonged periods of time                                C
FEEL: to palpate veins                                              C
PUSH / PULL: large, wheeled equipment                              C
WALK: for extended periods of time to all areas of office, clinic, hallways, etc   C
MANIPULATE: knobs, dials associated with diagnostic/therapeutic devices C
HEAR: verbal directions                                             C
SEE: patient conditions such as skin color/ colors of vials for specimens F
TALK: to communicate in English goals / procedures to patients      C
READ: typed, handwritten and computer information in English       C
WRITE: to communicate in English pertinent information (e.g., patient evaluation data) C

MENTAL / ATTITUINAL STANDARDS
Function safely, effectively, and calmly under stressful situations.   C
Maintain composure while managing multiple tasks simultaneously.      C
Prioritize multiple tasks.                                           C
Exhibit social skills necessary to interact effectively with patients, families, supervisors, and co-workers of the same or different cultures such as respect, politeness, tact, collaboration, teamwork, discretion. C
Maintain personal hygiene consistent with close personal contact associated with patient care. C
Display attitudes/actions consistent with the ethical standards of the profession. C

Student Signature___________________________________________ Date ____________
STATEMENT OF GENERAL HEALTH

In accordance with Neosho County Community College’s Phlebotomy Program policy, we request a statement of your general health within 30 days of admission to the institution.

Please complete this form and submit it to the Program Coordinator (within 30 days of your scheduled start date). This statement will become part of your permanent program record. Thank you for your immediate attention to fulfilling this requirement.

Student’s Name (print): ____________________________________________

Student’s Address: ________________________________________________

__________________________________________________________________________

Student’s Phone Number: ___________________ DOB: ________________

Are there any known physical or emotional problems that may affect progress in the educational program or participation in the practicum activities (please view Physical Standards Form for list of required program physical standards), both as a student and upon graduation into the workforce?

No □ *Yes □ *If yes, explain below; also include any disabilities or any other barriers to learning not already described.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

____________________________________  ______________________

Student Signature  Date

Return to:
Neosho County Community College
Medical Assistant/Phlebotomy Program
800 West 14th Street  Chanute, KS  66720
900 E Logan Street  Ottawa, KS  66067
620-432-0398  csavage@neosho.edu

____________________________________  ______________________

Program Staff Signature  Date

Chrisy Savage  RMA  Healthcare Clinical Support Instructor/Coordinator
Printed Name  Credentials  Title

Medical Assistant/Phlebotomy Program  • 800 W 14th Street  • Chanute, KS  66720  • (620) 432-0398  • Fax 620-431-0082
HEPATITIS B IMMUNIZATION POLICY

HEPATITIS B VACCINATION RECORD

<table>
<thead>
<tr>
<th>Series</th>
<th>Date</th>
<th>Administered By</th>
<th>Lot #</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccine #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine #3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student’s name: ___________________________ Campus: ______________

HEPATITIS B VACCINATION EXEMPTION FORM (MANDATORY)

I hereby declare that I am exempt from the requirement of Hepatitis B vaccination because:

______ I have already received the complete Hepatitis B vaccination series (verification attached).

______ I have demonstrated immunity through antibody testing (verification attached).

______ The vaccine offers medical contraindications for me (verification attached).

Student’s name: ___________________________ Campus: ______________

Student’s Signature: ______________________ Date: _____________

HEPATITIS B VACCINE DECLINATION FORM (MANDATORY)

I understand that due to exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection in class and on my practicum site. I have been given the opportunity to get vaccinated with hepatitis B vaccine at my own cost; however, I declined to do. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. I acknowledge that my practicum site has notified the college of its need for documentation of my immunizations and my signed declination may not be sufficient. Thus, I may be withdrawn from this course if I am unable to secure a site and meet the requirements, unless otherwise taking steps to get vaccinated.

Student’s name: ___________________________ Campus: ______________

Student’s Signature: ______________________ Date: _____________
TUBERCULIN SKIN TEST

Students must have a Purified Protein Derivative (PPD) test for tuberculosis, or chest x-ray if the skin test is positive (Note: Tine test is not acceptable).

Documentation of the PPD test or chest x-ray must be submitted to the Program Coordinator BEFORE the second semester of the program to avoid being dropped from enrollment.

The skin test must have been administered no earlier than one year prior to the beginning of your practicum. You may be required to repeat the test prior to beginning your practicum if required by the facility.

*NOTE: The test must be read within 3 days; do not attempt to wait until the day before class starts to get it done.

PPD TUBERCULIN TEST

________________________________________________________________________
Print Student’s Name

__________________________
Step 1: Date Given: ______________

________________________________________________________________________
Signature of person administering test

________________________________________________________________________
Step 2: Date Read: ______________

Result: __________________________

________________________________________________________________________
Signature of person reading results

--------------------------------------------------------------------------------
I attest the above is true and accurate.

__________________________  __________________________
Student Signature          Date
Substance Abuse Screening Consent Form

I, the undersigned, hereby authorize laboratory testing of my blood, urine, and/or breath for the presence of drugs, alcohol, and controlled substances. I give consent for the release of test results to the Program’s Coordinator for appropriate review and action as described in the rules and policies of Neosho County Community College and medical assisting/phlebotomy program.

I understand that this testing is not part of any medical treatment, treatment for illness, or therapy. I agree to hold harmless and release from all liability all physicians, employees and agents who work to perform the testing or the disclosure of results from and against any claims, actions, or losses that arise as a result of the testing or disclosure of test results. I understand that I will not be allowed to participate at a clinical site under the influence of alcohol or drugs, including prescription narcotics or other mind/mood altering substances that will interfere with the performance of duties that may be harmful to patients or staff.

I acknowledge that this signed Substance Abuse Screening Consent Form is a requirement for consideration for acceptance into the Practicum course of the program. If I qualify and am accepted into the Practicum course contingent on a negative drug screen, I realize that a positive result will compromise my acceptance into the Practicum course. The Practicum course is a requirement for successful completion of the Phlebotomy program and to sit for the national phlebotomy examination as part of this program package. I will not hold anyone responsible but myself if my acceptance into the Practicum course is denied because of this testing.

Should my behaviors be called into question necessitating additional drug and/or alcohol screening during my Practicum, I will submit such at my expense and have the right to waive the results being sent to NCCC. However, the inability to produce a clean substance abuse screening exam will render me unable to attend the clinical practicum site rotation; hence I will be dropped from the program for failure to meet the program requirements. Due to the nature of this healthcare profession, there can be no tolerance for substance abuse that puts patients at risk because of life altering errors. The above statement is applicable for the current academic year.

__________________________
Signature of Applicant

__________________________
Print Your Name

__________________________
Date

NCCC Medical Assistant/Phlebotomy Program • 800 W 14th Street • Chanute, KS  66720 • (620) 432-0398 • Fax 620-431-0082
Background Check Consent Form

I consent to the release of any criminal history records to Neosho County Community College. My record will be considered for the purposes of determining my suitability for clinical practicum site placement. I do not authorize release of this information for any purposes beyond practicum acceptance requirements.

I understand that this Criminal Background Check Form must be signed and returned to the Medical Assistant/Phlebotomy Program in order to complete the final steps in the practicum application process.

NCCC Medical Assistant/Phlebotomy Program • 800 W 14th Street • Chanute, KS  66720 • (620) 432-0398 • Fax 620-0082

Name: ________________________________
(Please Print) Last First Middle

If married, Maiden/Previous Name(s): ________________________________

Social Security Number: _________ - _________ - _________ Date of Birth: ________________

All Addresses for the last five (5) years: If additional space is needed, please use the back of this form.

Current: _________________________________
City: __________________ State: _________ Zip: _________

Other: _________________________________
City: __________________ State: _________ Zip: _________

Other: _________________________________
City: __________________ State: _________ Zip: _________

I hereby authorize Neosho County Community College to obtain any background or informational reports on me as they may deem necessary. I acknowledge that this signed Criminal Background Check Form is a requirement for consideration for acceptance into the Practicum course of the program. If I qualify and am accepted into the Practicum course, I realize that a positive result may compromise my acceptance into the Practicum clinical site and/or taking the national examination (see AMT felony checklist). Falsifying ANY information on this form is reason for dismissal from the program and college.

Signature: __________________________________________ Date: ______________

**********************************************************************************************************************************************

Information below this line is for office use only.

Date: ______________ Initials: ______________
Report(s) ordered: State Criminal History from the following state(s):
( ) Missouri ( ) Kansas ( ) Oklahoma ( ) Arkansas

Other States: ____________________________ Other Reports: ____________________________
INVASIVE PROCEDURE WAIVER/ HEALTHCARE POLICY

The Phlebotomy Program and the health care facilities to which students are assigned do not provide health services or pay for health care services to students. In the event of illness or accident(s) during class, learning labs or practicum hours including needle sticks or other exposures, neither the college nor practicum site can assume responsibility. All payments for medical care provided are the student’s responsibility.

Illnesses and accidents are to be reported promptly to the classroom instructor, learning lab instructor, or practicum site preceptor. Neosho County Community College and the Phlebotomy Program recommend that all students carry health insurance.

While in the program, I agree not to perform any invasive procedure, in any location, without the physical presence of my instructor, or an approved practicum site preceptor. I may only demonstrate skills during practicum for which I have demonstrated proficiency during classroom lab skills. I understand it is my responsibility to inform my instructor if I have a medical condition or if I am taking medications that may interfere with this policy.

I am aware of the Program’s policy regarding student health services and health insurance. I assume responsibility for my own health care. I am also aware that all students must be capable of participating fully in all classroom, learning lab, and practicum activities. I will follow the handbook policy in reporting needle stick incidents.

Date: __________________________

Student’s name (please print) _______________________________________________________

Student’s signature ________________________________________________________________
MMR IMMUNIZATION NOTIFICATION

I have proof of one of the following:
(initial one)

_____ Documentation of having had the disease.

_____ Documentation of having received MMR/Rubella immunization.

_____ Documentation of positive screen for Rubella.
*Female students may be able to acquire proof of documentation from obtaining hospital record during hospitalization for childbirth. New mothers are required to have a titer drawn; if the titer was not positive for immunity a booster injection would have been administered.

I acknowledge the following as I currently do not have proof:
(initial both)

_____ I understand I must receive the trivalent vaccine for (MMR) measles, mumps and rubella (German Measles) as recommended by the State Department of Health.
*This vaccination is available to individuals at a reduced charge at the local health department. The vaccination may also be obtained from a private health care provider at your own expense.

_____ I understand that not providing proof of immunizations greater than one week prior to the start of class will result in the automatic withdrawal from the course as it prohibits me from completing the program requirements.

Student signature:_________________________________________________________

Student name:__________________________________________________________ Date:_____________

I have submitted the following documentation: ________________________________

________________________________________________________

If you are attaching tests that were obtained under your maiden or other names, list names here:

________________________________________________________
ADDITIONAL FORMS/INFORMATION REQUESTS

I understand that additional information may be requested at my Practicum site.
It is not the responsibility of Neosho County Community College or the practicum site to bear any expense regarding this. These forms/tests may include, but are not limited to:

» Tuberculosis screen test
» Hepatitis B screening (vaccine/titer)
» MMR vaccine/titer
» Criminal Background check
» Substance Abuse/Drug screen
» History and Physical exam
» HIPAA training
» CPR Certification
» Other testing or immunizations as deemed necessary

____________________________
Student’s name (please print)

____________________________
Student’s signature Date
CONFIDENTIALITY and NON-DISCLOSURE AGREEMENT

As a student, I understand that I may come in contact with confidential information both in the clinical facility and classroom settings through written records, documents, ledgers, verbal correspondence and/or communications, computer programs and applications.

I understand that patient information may not be discussed with anyone either inside or outside of the classroom or clinical facility setting except as needed to conduct the business of the day. I agree not to divulge or disclose to anyone, other than those persons who have the “need to know” for patient care or employment reasons, either during or after my completion of this program, any confidential information acquired during the course of this program. The following is strictly prohibited:

- Disclosure of protected health information (PHI) with anyone outside of the direct care of the patient and directly related to the learning activity.
- Discussion (verbal, written, electronic, etc) of said information in public areas (public buildings, Facebook, social networking sites, etc)
- Photocopying, printing or photographing any part of the patient chart for student use as this is unauthorized removal of patient health records.
- Accessing information on patients other than those as required for assignments and necessary to complete program responsibilities.
- Disclosure of any ID and/or passwords provided in order to conduct patient care/documentation.
- Use of any ID and/or passwords which belong to someone else, not assigned to me.

I further understand the above list is not comprehensive of all violations that I could encounter and I will take responsibility to ask questions should I be unclear on potential violations. I am required to abide by the Program and clinical site privacy policies and refrain from using patient identifiers on any clinical paperwork especially names, date of birth, account numbers, health plan beneficiary numbers, admission/discharge dates, etc. Any paperwork should be shredded and electronic resources purged of any identifiable information at program completion, or in the event of voluntary/involuntary dismissal.

I understand and acknowledge that breaching any provision of this agreement is cause for dismissal from the Phlebotomy Program, with or without notice, and for any other legal remedies available. It is my responsibility to discuss with my program coordinator, instructor, supervisor, preceptor, etc, if I have any questions regarding this, and will ask before making a disclosure that puts me in jeopardy of violating a patient’s rights. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) not only allows privacy, security and confidentiality violations to be cause for civil penalties and prosecution, but may also hinder my ability to work in the healthcare field indefinitely.

Student Signature: __________________________________________
Printed Name: __________________________________________ Date: __________

Program Coordinator Signature: ______________________________

Chrisy Savage, RMA • Healthcare Clinical Support Instructor/Coordinator Medical
Assistant/Phlebotomy Program • 800 W 14th Street • Chanute, KS 66720 • (620) 432-0398 • Fax820-431-0082