Letter of Good Standing (FORM LETTER)

Date

From (College/University Address)

This letter of understanding verifies that Genesis Health System, 1227 East Rusholme Street, Davenport, IA will be precepting a student from the above named college or university. This student will be:

________________________/________________________ Beginning on: ______ Ending on: ______
student full name date of birth start date end date

The learning experience will for ______ hours. The preceptor within Genesis is ____________________________

name of Genesis employee

in the __________________________
department and/or clinic name and location

This letter verifies that the student listed above has met the following requisite items as stated in the Genesis Education Affiliation Agreement:

- Criminal Background check - state and federal - was completed on ________________
- HIPAA and Confidentiality Training
- Mandatory Abuse Reporter Training (for Iowa placement)
- Blood Borne Pathogens Training
- Health Screening and Immunization requirements
- Current CPR certification for Health Care Professional
- Current license: (#______________) if necessary

The above named college/university holds documentation of liability insurance with minimum limits of

$______________ single and $______________ aggregate as stipulated in the Education Affiliation agreement with

Genesis Health System.

The college/university contact is __________________________ Contact information: __________________________

Clinical Coordinator Name E-mail/phone

Clinical Coordinator Signature / Date
PRECEPTOR INFORMATION

NAME: ___________________ DEPT/CLINIC/LOCATION: ____________________

E-MAIL ADDRESS: ___________________ OFFICE MANAGER: ____________________

PHONE: ____________________

STUDENT INFORMATION

FULL NAME: ____________________ COLLEGE/PROGRAM: ____________________

ADDRESS: ____________________ CITY: ___________ STATE: _______ ZIP: _______

PHONE: _______________ CLINICAL HOURS NEEDED: ______ START DATE _______ END DATE _________

SCHOOL ID NUMBER: __________ E-MAIL: __________________ BIRTHDATE: ____________

COURSE OBJECTIVES PROVIDED: YES ☐ NO ☐

LETTER OF GOOD STANDING: YES ☐ NO ☐

EMERGENCY CONTACT: ___________________ RELATIONSHIP: ______________ PHONE: ______________

SCHOOL INFORMATION

THIS COLLEGE/UNIVERSITY HAS AN EDUCATION AFFILIATION AGREEMENT WITH GENESIS. YES ☐ NO ☐

IF NO, A CONTRACT MUST BE INITIATED BY GENESIS CALL 421-4081 TO PROCESS THESE FORMS

INSTRUCTOR/CLINICAL COORDINATOR NAME: ____________________

E-MAIL ADDRESS: ___________________ PHONE: ______________

RETURN THIS FORM TO:
Genesis Family Medical Center Madorino@GenesisHealth.com 563-421-4505
EXHIBIT “B”
HEALTH, TRAINING, CRIMINAL BACKGROUND CHECKS AND OTHER PREREQUISITE REQUIREMENTS

Health Requirements for Genesis:

Students and Faculty shall meet the following health requirements:

1. Free of communicable diseases that pose a significant risk to patients
2. Measles, Mumps & Rubella - MMR Immunization (2 doses) or positive Titer or vaccine verification
3. Tetanus/Diptheria/Pertussis (T-dap) - Within 10 years (highly recommended)
4. Varicella (Chicken Pox) - Disease, titer or vaccination verification
5. Hepatitis B – Hep B Series, disease, immunity or waiver signed
6. M. tuberculosis (TB test) - The student is free from active tuberculosis as documented by a negative QuantiFERON®-TB Gold test.
   If documentation of a positive TB, a chest x-ray confirmation is required.
7. Flu Immunization - required annually for clinical experiences occurring during flu season.
8. Physical Exam/Health Screening - Within one year of commencement of the Student’s unpaid student clinical experience or upon entrance to the Educational Institution’s Program and repeated after four years.

Training Requirements for Genesis:

Students and Faculty shall have fulfilled the following training requirements:

1. OSHA bloodborne pathogens and standards/infections control
2. Privacy/HIPAA & Confidentiality Training
3. Current healthcare professional CPR (does not apply to non-clinical students)
4. Physical Abuse and compliance training (does not apply to non-clinical students or Illinois clinical experiences)

Criminal Background Checks and Other Prerequisites for Genesis:

Students and Faculty shall have fulfilled the following criminal background checks and other prerequisites requirements:

1. Criminal background check(s), federal and state
2. If requested, a Letter of Good Standing from the Educational Institution verifying that the Student meets all criteria to participate in educational experience at Genesis
3. No other prerequisites, unless communicated in advance by Genesis to Educational Institution prior to the Student’s Educational Experience

Student Health Requirements 2013
Legal version 10.31.13.v2
CONFIDENTIALITY STATEMENT
GENESIS HEALTH SYSTEM - DAVENPORT, IOWA

All Hospital activities are to remain confidential. Patients have a legal right to privacy. A patient and his/her condition are to be discussed in a professional manner only, in a proper place and only with those directly responsible for taking care of that patient. Fellow employees also have a right to have their activities at the hospital remain confidential. Breach of confidentiality is considered a serious disciplinary issue (see Corrective Action Policy).

Employees will be subject to corrective actions up to and including termination for any unauthorized possession, use, copying or disclosure of patient, employee, hospital or business information of a confidential nature to persons inside or outside of the hospital who are not authorized or required to receive such information.

1. It is the policy and obligation of Genesis Medical Center to keep in strict confidence all information that pertains to any patient and his/her affairs. This obligation is shared by every person employed in any position at Genesis Medical Center. Therefore, information regarding the diagnosis, condition and treatment of patients is confidential and may be disclosed only by individuals specifically authorized to do so. Non-medical information of a personal nature is patient and/or Genesis Medical Center.

2. The Hospital recognizes the confidential nature of employee records and respects the need for protecting such personal information. An employee's activities and performance while at work shall be discussed only in a professional manner and only with those individuals having a need to know.

3. Employees who have computer access/signature codes must keep them confidential. Computer access/signature codes are unique in character and define you as a system user. The code replaces your handwritten signature and is in fact equal to a handwritten signature in legal terms. If you violate the confidentiality of your access code, you will be committing an illegal and/or professional action.

Computer violations include, but are not limited to, the following actions:
1. Unwarranted viewing of patient or employee information on a video terminal or unwarranted viewing of printouts or requests for printouts of this data.
2. Disclosing your access code to another individual.

Please indicate by signing below that you have read, understand and agree to adhere to the Hospital's confidentiality policy. This agreement will be placed in your personnel file.

Date: ____________________  Student Name: ________________________________

Student Signature: _______________________________________________________

130-021G, Rev 1/95 bge
MEMO

Date:

To:

Re: Student Name__________________________________________, ARNP/PA

University________________________________________________

Rotation Start Date _______________ End Date _______________

Rotation Specialty____________________ Clinical Hours required ______

Preceptor__________________________________________________

This is to verify that I have reviewed the documentation submitted for the above student. This student has met the requirements of Genesis Health System and is approved for clinical placement of the above rotation.

We request that the Preceptor as well as Office Manager sign off to assure placement is well communicated. Thank you for providing this valuable educational experience to students.

__________________________________________

Preceptor Office Manager/Administrator

__________________________________________

Collaborating Physician (if indicated)

Please sign & email to Olivia N. Madorin, madorino@genesishealth.com (563) 421-4505. _____

Assistant to Trish Halligan, Residency Coordinator, Genesis Family Medicine Residency