

Child Life, Music Therapy, & Creative Arts Department
Shadow/Observation Program
245 Governors Drive
Huntsville, AL 35801



256-265-2788
stephanie.hopkinson@hhsys.org

Application for The Child Life Shadow/Observation Program Child Life, Music Therapy, & Creative Arts Department



Child Life Shadow/Observation Program

Eligibility

Participants must be, at a minimum, high school juniors or seniors to be eligible to participate. The minimum age to participate in the program is 16 years old. Other interested adults are welcome to participate in the shadow program as well.

Shadow Time

- The shadow program allows a student or adult to shadow/observe one child life specialist for a **3-hour block of time**.
- The shadow participant remains in an observatory role, without having hands-on contact with a patient or family.
- Shadow opportunities are offered throughout the year, **excluding** June and the weeks of Thanksgiving through December.
- The time and day of shadowing is dependent on the child life specialist's schedule.

Pre-requisites for Participation in the Program

- Complete the shadow packet provided
 - **HIPAA Test**
 - **Affirmation Statement**
 - **Hold Harmless Form**
 - **Dress and Appearance Policy Form**
- Have a **current negative TB skin test** result documentation from your doctor. The test should be read within a year to be valid.
- Review the **PowerPoint** provided by the Child Life Department in preparation for your time spent with a child life specialist.
- Review the **Child Life Website**: www.childlife.org
- Complete the following **reading** and subsequent **quiz**:
 - American Academy of Pediatrics Child Life Statement
<https://pediatrics.aappublications.org/content/pediatrics/147/1/e2020040261.full.pdf>
 - Evidence-Based Practice Statement: Therapeutic Play in Pediatric Healthcare

Submission

Please submit your complete shadow packet either by scan/email to:

Stephanie Hopkinson –256-265-2788
stephanie.hopkinson@hhsys.org

Or by mail to:

Child Life, Music Therapy, & Creative Arts Department

*Shadow Program
245 Governors Drive
Huntsville, AL 35801*

Please be aware that it can take up to five business days for the packet to be received by mail.

For questions, please call **256-265-2788**.

CHILD LIFE SHADOW/OBSERVATION APPLICATION

APPLICANT INFORMATION

Name:		
(Minimum age to participate is 16) Date of birth:	Phone:	E-mail:
Current address:		
City:	State:	ZIP Code:
If applicant is under the age 18, Name of Parent/Guardian:		Phone of Parent/Guardian:

EMERGENCY CONTACT

Name of Emergency Contact:		
Address:		
City:	State:	ZIP Code:
Phone Number 1:	Phone Number 2:	
Relationship:		

STUDENT STATUS

<input type="checkbox"/> High School Student	Name of School:
<input type="checkbox"/> College Student	Name of School:
<input type="checkbox"/> Adult Learner	Employer:

IMMUNIZATIONS

Please provide following documentation from your doctor for the following:

In the last year, I:
 Have had a flu shot; Date: _____ Have not had a flu shot

In the last year, I:
 Have had a COVID Vaccines; Dates: _____ Have not had a COVID vaccine

In the last year, I
 Have had a negative TB skin test Have had a positive TB skin test Have had a positive TB skin test with a follow up chest X-ray

SCHEDULE AVAILABILITY

Please include the days of the week and dates available to shadow. Times vary according to the child life specialists' schedules. Participants may shadow for a total of 4 hours. Your availability will be matched with a child life specialist's availability.

Day Availability:
 Sunday Monday Tuesday Wednesday Thursday Friday

Preferable Date 1:	Preferable Date 2:	Preferable Date 3:
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SIGNATURES

I have read and understand the cover letter, requirements, and application information.

Signature of applicant:	Date:
If applicant is under the age 18, Signature of Parent/Guardian:	Date:

OFFICE USE ONLY

<input type="checkbox"/> Current TB Skin Test <input type="checkbox"/> Affirmation Statement on Security and Privacy Information Completed <input type="checkbox"/> HIPAA Test Completed <input type="checkbox"/> Assignments Completed	<input type="checkbox"/> Waiver of Liability and Hold Harmless Agreement Completed <input type="checkbox"/> Dress and Appearance Policy Completed <input type="checkbox"/> Date scheduled: ____/____/____, with _____
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HIPAA Fundamentals Training

Introduction

- At Huntsville Hospital, privacy of patient information has always been considered a basic right.
- What can happen when protected health information is inadvertently exposed? Personal harm to individuals, embarrassment, community mistrust, lawsuits, etc....

What is HIPAA?

- HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a federal law that protects Protected Health Information, or PHI.
- The law allows for penalties such as fines and/or prison for people caught violating patient privacy.
- Part of our compliance with the HIPAA law is to provide the required awareness training for employees and workforce members.

Protected Health Information

- Protected Health Information (PHI) is about patient information – whether it is spoken, written, or on the computer. It includes health information about our patients. It can be information as simple as their name.
- Certainly we can share PHI when it is part of our job to do so, but beyond that you may have broken the law if you share patient information.

Need to Know

- A good way to determine if you should share patient data is to ask yourself... “Do I or others need this information to do the job?” Use this little test before you look at patient information or share it with others.
- Sometimes you may inadvertently hear or see information that you don’t need to know. If so, keep it to yourself.

Dispose of PHI Properly

- Trash and garbage bins are another place that might contain PHI. Be sure to dispose of patient lists and other documents that contain PHI in non-public areas.
- If you see PHI in the trash in public areas, notify the supervisor immediately.
- If you transport PHI, make sure it is secure when not in your sight, such as a locked vehicle.

Privacy Officer

- At HH we have a responsibility for ensuring that privacy is maintained.
- Each of us must do our part to protect patient information. You should always report possible privacy

problems to the manager in your area or to the Corporate Compliance Department, (256) 265-9951.

Co-Workers, Friends and Family

- Situation: *You hear about a friend that has had surgery, so you call a nurse on that floor to find out the details.*
- Friends and co-workers deserve the right to privacy just like any other patient. You cannot seek or share patient information for personal reasons. You may only obtain/share information that you need to know to do your job.
 - You may personally ask the individual you know about their condition, and it is their choice what to share with you.
 - You may also ask their permission to share their information with a common friend, but you should never do this without permission.

“Don’t Be Curious”

- Situation: *You like to look at the patient directory or surgery schedule daily to see if you know anyone.*
- This is not within the scope of your job at this hospital.
 - You are in violation of HIPAA laws and Huntsville Hospital policies.

Respect the Privacy of Patients

- Situation: *You are working in an area where caregivers are discussing health information with a patient, a family member, or another caregiver.*
- You can ask if you need to leave the area.
 - You may quickly finish your task and leave.
 - You must keep any health information you overheard to yourself.

Protect Information in your Possession

- Situation: *In the process of doing your job, you use a list that contains patient names and possibly other patient information.*
- You should keep the information in your possession at all times.
 - You should make sure that it is protected from others who would not need the information.
 - You can turn it over so the information can’t be viewed.
 - You should make sure when you are finished with the information that you have disposed of it properly.
 - Your supervisor may give you instructions for disposal of PHI.

HIPAA Fundamentals Test

- You now know and are responsible for what is required of you as an employee at Huntsville Hospital.
- HIPAA laws also require that we keep a record to show that you have been trained in patient privacy. You should now take the HIPAA FUNDAMENTALS TEST.

Child Life Shadow/Observation Program – HIPAA Fundamentals Test

Name: _____ Date: _____

- _____ 1. HIPAA stands for:
 - a. Health Information Protection Agency Association
 - b. Human Instinct Protection Association Awareness
 - c. Health Insurance Portability and Accountability Act
- _____ 2. PHI stand for:
 - a. Patient Health Initiatives
 - b. Personal Health Institute
 - c. Protected Health Information
- _____ 3. Patient information is protected when it is:
 - a. Spoken
 - b. Written
 - c. On the computer
 - d. All of the above
- _____ 4. If you are in a public area and you see PHI in the trash, you should:
 - a. Report this to a supervisor
 - b. Dispose of it properly
 - c. Show it to a friend
 - d. Both a. & b.
- _____ 5. The Corporate Compliance Department is responsible for:
 - a. Checking the trash
 - b. Pulling medical records of patients
 - c. Making sure Huntsville Hospital protects patient information
- _____ 6. You should ask yourself before you view or share patient information:
 - a. Is this a personal friend or relative not under my care?
 - b. Will anyone see me reading this?
 - c. Do I need this to do my job at Huntsville Hospital?
- _____ 7. Patient information that I use for my job:
 - a. Isn't important to anyone else
 - b. Should be protected until I have disposed of it properly
 - c. Is the responsibility of my manger
- _____ 8. If I want to know about a friend that I see in the hospital, I should:
 - a. Look at their medical record
 - b. Ask the nurse
 - c. Asks the individual
- _____ 9. If you see another person violating the HIPAA Privacy Laws or the HH Policies:
 - a. You should ask them to stop
 - b. Ignore it and mind your own business
 - c. Report it to your manger or the Corporate Compliance Department (256-265-9951)

Child Life Shadow/Observation Program – Affirmation Statement on Security & Privacy Information

HIPAA Fundamentals

HIPAA stand for Health Insurance Portability and Accountability Act. HIPAA is a federal law that was enacted in 2003, which protects Protected Health Information or PHI for patients. The law allows for penalties such as fines and/or prison for people caught violating patient privacy.

Protected Health Information, or PHI, is any patient information – whether it is spoken, written, or on the computer. PHI includes health information about patients in the hospital, and it can be as simple as their name. PHI cannot be shared outside of the hospital, even if you see the information in a public area like the trash. If witness to PHI being shared, it needs to be reported to Huntsville Hospital’s Compliance Office at 256-265-9951.

Affirmation Statement

I, the undersigned, have read and understand the Huntsville Hospital policy on confidentiality of protected health information as described in the HIPAA Fundamentals Policy, which is in accordance with applicable state or federal law.

I also acknowledge that I am aware of and understand the policies of Huntsville Hospital regarding the security of protected health information including the policies relating to the use, collection, disclosure, storage and destruction of protected health information. This protection includes proprietary information.

In consideration of my employment or association with Huntsville Hospital, and as an integral part of the terms and conditions of my employment or association, I hereby agree, pledge and undertake that I will not at any time, during my employment or association with Huntsville Hospital, or after my employment or association ends, access or use protected health information, or reveal or disclose to any persons within or outside Huntsville Hospital, any protected health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and policies governing proper release of information.

I understand that user identification codes and passwords are not to be disclosed (or shared), nor should any attempt be made to learn or use another employee’s code.

If I am an instructor, I understand that I assume responsibility for the actions of the students under my supervision to comply with the Security and Privacy of Information Policy.

If I am an employer, I understand that I assume responsibility for the actions of my employees to comply with the Security and Privacy of Information Policy.

Training: Members of the workforce receive required education concerning security and privacy during new Employee Orientation and during annual required training or upon commencement of the association. Any updates or changes to policies will be communicated via staff meetings, intranet and/or mandatory requirements tests.

Corporate Compliance: It is the responsibility of all employees and those associated with Huntsville Hospital to uphold all applicable laws and regulations. All employees must develop an awareness of the legal requirements and restrictions applicable to their respective positions and duties. The hospital has a corporate compliance program to further such awareness and to monitor and promote compliance with such laws and regulations. I am not aware of any violations of applicable laws or regulations and agree to report any violations to the Corporate Compliance Officer. Any questions about the legality or propriety of actions undertaken on or behalf of the Hospital should be referred immediately to the appropriate supervisory personnel, or to the Corporate Compliance Officer.

Excluded Party Status: I affirm that I am not an excluded party from participating in Federal health programs, nor am I under investigation which may lead to such sanctions.

Computer Applications: I further understand that I may be provided access to certain hardware and software applications, some of which may be proprietary to their respective vendors. I agree to keep the hardware and software applications confidential, to not disclose to third parties, and to use such hardware and software applications only for the benefit of Huntsville Hospital.

I understand that violation of this affirmation statement could result in disciplinary action up to and including termination of employment/contract/association/appointment, the imposition of fines pursuant to HIPAA, and a report to my professional regulatory body.

PRINT NAME: _____

AFFILIATION: _____

SIGNATURE: X _____ DATE: _____

WITNESS SIGNATURE: X _____ DATE: _____

The Healthcare Authority of the City of Huntsville d/b/a Huntsville Hospital

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration of receiving permission to participate in Huntsville Hospital's Job Shadowing, Medical Venturing, or Internship or other Healthcare Observation Program (hereafter referred to as "the Program"), I hereby release, waive, discharge and covenant not to sue Huntsville Hospital, its officers, servants, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Program, or while in, on or upon the premises where the Program is being conducted, while in transit to or from the premises, or in any place or places connected with the Program.
2. I am fully aware of risks and hazards connected with being on the premises and participating in the Program, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and participating in the Program, and I hereby elect to voluntarily participate in the Program, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my being a participant in the Program, whether caused by the negligence of releasees or otherwise.
3. I further hereby agree to indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Program, whether caused by the negligence of any or all of the releasees, or otherwise.
4. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

In signing this release, I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
- B. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
- C. I, my parent or guardian is at least eighteen (18) years of age and fully competent;
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

In witness whereof, I have hereunto set my hand and seal this ____ day of _____, _____

Participant Signature: _____

Name Printed: _____

Parent or Guardian Signature
(if participant is under 18 years of age): _____

Parent or Guardian Name Printed: _____

Child Life Shadow/Observation Program – Dress and Appearance Policy

Huntsville Hospital’s Job Shadowers/Observers have a responsibility to adhere to the hospital’s dress policy. Therefore, your attire, grooming, and personal hygiene are critically important. We require that you observe the following specific standards regarding personal appearance and neatness while shadowing/observing in the hospital:

Clothing/Attire

- **Shirts, Blouses, Dresses & Skirts** – Shadowers should wear shirts, blouses or dresses with sleeves. Sleeves may be short (to the mid-bicep) or long sleeved. No sheer or sleeveless tops are permitted and no plunging necklines or cleavage should be showing. Lengths of dresses and skirts cannot be shorter than three inches above the knee. Dresses or skirts should not be clinging or tight.
- **Undergarments** – Lingerie, t-shirts or briefs should be covered by clothing.
- **Pants** – No shorts, blue jeans or work out /sports clothing. Pants and tops should not reveal the midriff or back area, including when bending, stooping, or reaching.
- **Hair** is to be clean, well groomed, and a natural color (i.e. no pink, orange, or blue). No distracting extremes in hair styling, dyeing, bleaching, or coloring is permitted. Shaving designs into the hair and Mohawks are not permitted. Hair and hair accessories must not be distracting or extreme. Hair below shoulder length should be confined if it falls forward over the face.
- **Hosiery** – Shadowers should wear complementary socks or hosiery.
- **Shoes** – Clean, closed-toe comfortable shoes should be worn.
- ***NOTE*** – **Shadowers will be moving/on one’s feet for a good portion of the shadowing time. Please wear comfortable shoes and attire that may include sitting on the floor with pediatric patients. Business casual is appropriate dress.**

Jewelry/Adornment

- **Fingernails** – Shadowers cannot have artificial nails (which include acrylic/gel overlays, acrylic/gel nails, wraps, tips, and nail strengthener or hardener that is not removable by acetone). Fingernails should not exceed ¼ inch from the tip of the finger or have extreme nail art, or colors like black or orange.
- **Earrings** – No more than two earrings per earlobe are allowed. Earrings must not be larger than a quarter and are not permitted on the top of the ear or in the cartilage above the earlobe.
- **Rings** – No more than two rings per hand are allowed.
- **Bracelets and Necklaces** – Two necklaces and two bracelets are permitted.
- **Body Piercing** – Visible body piercing other than earrings is not permitted; this includes tongue piercing and forking, eyebrow piercing, and nose rings.
- **Tattoos** – Shadowers do not have to cover tattoos, unless a patient/family asks the shadower to do so.
- ***NOTE*** – Absolutely NO jewelry of any kind when shadowing in the Neonatal Intensive Care Unit.

Hygiene

- **Personal Hygiene** is considered very important. Showering and the use of antiperspirant/deodorant is required.
- **No perfume** or fragrances of any kind.
- **Smoking** is not permitted on the Hospital campus. Those using tobacco products must take measures to eliminate smoke odor from clothing, skin, and breath.

The Dress and Appearance Policy applies to Shadowers/Observers who are wearing a Hospital badge.

I have read and understand the Dress and Appearance Policy.

Print Name: _____ **Date:** _____

Signature: _____

Child Life Reading Quiz

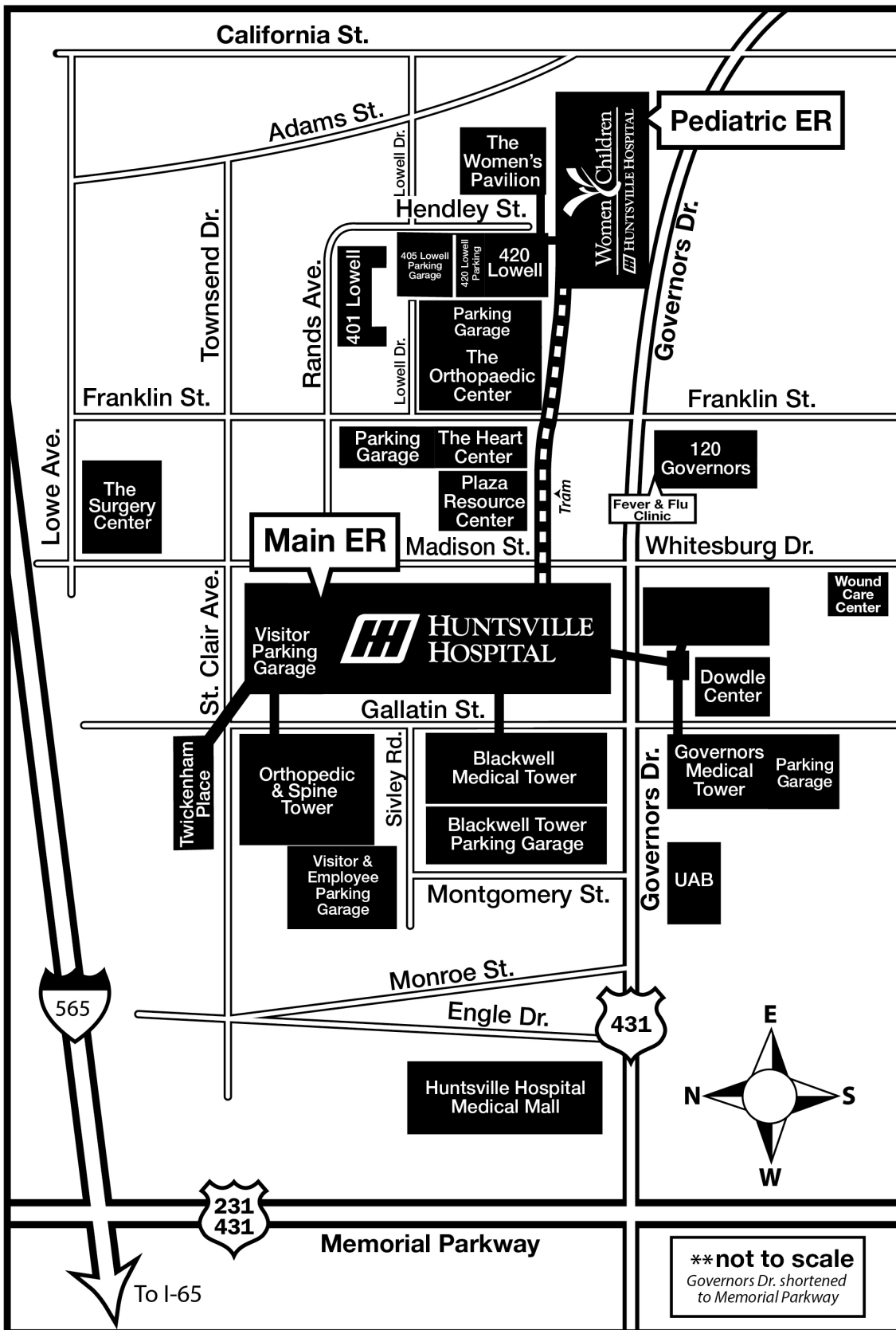
Use the suggested reading to answer the following questions.

Policy Statement: Child Life Services

<https://pediatrics.aappublications.org/content/pediatrics/147/1/e2020040261.full.pdf>

1. Play and developmentally appropriate communication are used to promote optimal _____, _____ children and families about health conditions, prepare children and _____ with families for medical events or procedures, _____ and _____ useful coping and pain management strategies, help children work through _____ about past and impending experiences, and partner with _____ to establish therapeutic relationships between patients, siblings, and caregivers.
2. Utilizing comfort positioning has been shown to _____ the child's distress, _____ cooperation, reduce the number of staff required in the room, facilitate _____ and _____ accomplishment of medical procedures, _____ parents' anxiety, and increase parent _____.
3. Play is crucial to a child's _____, _____, and _____ development and is even more _____ during _____ or stress points in a child's life.
4. _____ variables, family _____, and _____ and treatment variables are known to affect psychosocial _____ an, thus, influence the child's particular child life needs.
5. Child life specialists provide services in the hospital, private practice, _____ agencies, and _____ care, as well as providing support during _____ events.

HUNTSVILLE HOSPITAL / Medical District



Thank you!
Child Life Seminar

For those who wish to learn more about the child life profession, there are two options from which to choose.

101

This seminar is open to high school juniors and seniors, college students, and adults interested in learning more about the field of child life. This is an introductory seminar and is typically offered twice per year. Key points that are discussed include the following:

- What is child life?
- How do I follow the child life career path to become a child life specialist?
- What does a typical day look like in this profession?
- Optional tour of hospital

102

This seminar is open to college juniors and seniors who are actively pursuing a degree or concentration in child life and is typically offered once per year. The pre-requisite for the seminar includes having completed or currently taking a child life specific class (e.g. Introduction to Child Life, Hospitalized Child). This is an opportunity for some hands-on learning experience with Certified Child Life Specialists. Some key points that will be addressed are the following:

- Internship/practicum application and interviewing
- Medical play
- Boundaries
- Prioritization
- Case studies/scenarios
- Bereavement
- Optional tour of hospital

Contact Michelle Mathews with questions or for more information 256-265-7969

Huntsville Hospital for Women and Children

Volunteer Opportunities:

Adult Volunteer

To qualify as an adult volunteer, applicants must attend a personal interview, complete an application and orientation packet, and be prepared to undergo a criminal background check. Volunteers must be able to provide a minimum commitment of 50 service hours over the course of their assignment. You may complete a form on the Huntsville Hospital website: <http://www.huntsvillehospital.org/volunteer>

College Program

Volunteer with the Child Life Program for a semester (spring, summer, fall). Meet patients and families, provide age-appropriate toys, assist families with breaks, help provide play opportunities in the playroom, PLAY!

Holiday Program

Assist the Child Life team with donations and visitors during the busy holiday season, organize toys, prepare gifts for Santa to distribute to patients on Christmas Eve and Christmas Day. NOTE: To participate in the holiday program, you must commit to a minimum of 40 hours or be an established volunteer. The deadline to register for the holiday program is **November 30**.

Contact Volunteer Services for more information 256-265-8013

Practicum Opportunities:

We accept four practicum students during the summer term. The application can be found at our website: www.huntsvillehospital.org under the Child Life tab. We conduct interviews for these positions. The application should be postmarked by **January 5**.

Contact Michelle Townsend Barksdale with questions or for more information 256-265-7969

Internship Opportunities:

We accept one intern for the fall semester only. The application can be found at our website: www.huntsvillehospital.org under the Child Life tab. We conduct interviews for the intern position. We follow all guidelines by the ACLP concerning internship content and offer dates.

Internship Session	Application Deadlines	Initial Offer Dates	Acceptance Dates	2 nd Offer Date
Fall	March 15	1 st Tuesday of May	Following Wednesday	Following Thursday

Contact Michelle Mathews with questions or for more information 256-265-7969