



Visiting Resident Application

Please note: Visiting resident applications will not be processed unless all sections are fully complete and all required attachments have been submitted. This application must be received at least **45 days** before the first day of the requested rotation. We look forward to having you rotate through our institution!

Section I: To be completed by the Applicant

Rotation/Service Requested: _____

Length of Rotation (provide exact dates) From: _____ To: _____

☐ Case by Case Rotation Only

Last Name: _____ First Name: _____

Circle one each: M.D. or D.O. Male or Female Date of Birth: _____

Social Security Number: _____ Non- Us Citizens- Circle one- J-1 Visa H1B Visa

Email Address: _____

Cell Phone # _____ PGY: _____ Circle one: Resident Fellow

Medical School: _____ Year Graduated: _____

DEA Number: _____ NPI Number: _____

Home Institution: _____

Current Program: _____

Name, email, and phone for your program coordinator: _____

Any time away from rotation (e.g., continuity clinics): _____

Hours/week: _____ If less than 40 hrs., how will time be used: _____

Your application is not complete and will not be accepted unless all the following are attached and completed (check those attached):

- ☐ Up-to-date CV, including all post-graduate training; list current program first
- ☐ Completed Program Letter of Agreement (PLA) from the Sponsoring Institution
- ☐ Copy of Medical School Diploma
- ☐ Copy of Malpractice Insurance
- ☐ Copy of Michigan Medical License
- ☐ Copy of Michigan Controlled Substance License
- ☐ Copy of DEA, if Full Michigan Medical License
- ☐ Copy of ECFMG Certificate, if Foreign Medical Graduate
- ☐ Infection Control Documentation (Proof of current TB immunization, Flu Vaccine required December through May)
- ☐ ACLS/BLS Certification Cards
- ☐ Acknowledgement of Documents
- ☐ Confidentiality Statement
- ☐ Security Form for Hospital Badge

House Officer Signature: _____ Date: _____

Henry Ford Macomb Visiting Resident Application

If you have questions, please contact Robin Chastain (586) 263-2973 or rchasta1@hfhs.org

Last Name: _____ First Name: _____

Section II: To be completed by the Applicant's Program Director

- The house officer is not under any disciplinary restrictions at this time and is in good standing with his/her program
- I approve the above rotation.
- The house officer will continue to be paid by our institution during this HFHS rotation.

Program Director (print): _____

Department/Service: _____

Email: _____

Phone number: _____ Fax number: _____

Program Director's Signature: _____ Date: _____

Section III: To be completed by Henry Ford Macomb Medical Education

Rotation requires EPIC training (check all required)

- | | | |
|---|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Inpatient Provider | <input type="checkbox"/> Stork | <input type="checkbox"/> IP Surgeon |
| <input type="checkbox"/> Ambulatory | <input type="checkbox"/> ASAP | |

☐ All Forms Completed and Returned

☐ Date Received: _____

- Rotation Requires Scrubs: Yes _____ No _____

☐ People Soft Non-Employee ID: _____

☐ Request IT Access

☐ Schedule for EPIC Training, if applicable

☐ Request University Modules

☐ Provide on-boarding instructions (passwords, university, badging times)

☐ Modules Completed

☐ ID Badge Issued

☐ ID Returned and Deactivated



HENRY FORD
MACOMB HOSPITALS

NOTICE OF PRIVACY PRACTICES SUMMARY

Effective Date: January 1, 2008

This is a summary of our Notice of Privacy Practices. The complete document describes in even more detail how we use and share information about you, and how you may see and get copies of this information. If you would like a copy of the complete Notice of Privacy Practices, you may request one at the registration desk in any of our facilities.

OUR COMMITMENT TO PRIVACY

Henry Ford Macomb Hospital is required to:

- ❖ Keep your information private.
- ❖ Let you know if we cannot do what you have asked us to do with your information.
- ❖ Try to reach you at another location or phone number, if you ask us to do so.
- ❖ Use and / or give out your information as listed below and as the law permits, unless we have your permission to do more.

OUR USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

TREATMENT. Such as when our physicians and nurses discuss your care.

PAYMENT. Such as when we bill your insurance company for services provided to you.

OPERATIONS. Such as when we work to make the quality of the care we provide better. We may contact you about new services you may be interested in, or to ask for donations.

OTHER WAYS. Such as when there is a request for facility directory information. If someone asks for you by name, we will tell them your location in the organization, as well as a general description of your condition, unless you object to being listed. Clergy are provided with a listing of patients by religious preference, unless you direct us not to include your name. Other examples are: When we send disease reports to county and state health officials (this is required by law). When we provide information to funeral directors, organ donation groups and researchers. We also may send you appointment reminders and newsletters.

YOUR INDIVIDUAL RIGHTS

You have the right to:

- ❖ Ask for restrictions on the ways we use and give out your information. However, we are not required to do what you ask in every case.
- ❖ Get and inspect a copy of your health record.
- ❖ Add information to your health record.
- ❖ Ask that your health information be sent to an alternate address or that you be called at an alternate phone number.
- ❖ Change your mind if you told us we could use or share your information for reasons other than those listed above.
- ❖ Get a list of the times we gave out your information. It will be a list of the times that the law requires us to keep a record of giving out your information.

As we serve our patients, we may change what we do with your information. If we make a change, it will be reflected in a revised notice. You may call us or write to us to check if we have made any changes.

QUESTIONS, COMMENTS OR COMPLAINTS

If you believe your privacy rights have been violated, you may express your concerns to us. You may also contact to the Department of Health and Human Services. You will not be mistreated for filing a complaint.

Henry Ford Macomb Hospitals
Attn: Privacy Officer
15855 Nineteen Mile Road
Clinton Township, MI 48038
(313) 874-9561
hipaa@hfhs.org



HENRY FORD
MACOMB HOSPITALS

PATIENT RIGHTS AND RESPONSIBILITIES

Patient Satisfaction Is A Priority

At Henry Ford Macomb Hospitals, we are continuously working to improve our service to patients. An important part of this service is the way you feel all the staff members treat you and physicians with whom you have contact.

Please do not feel uncomfortable raising any concerns you may have with our care. We are committed to making sure that you receive compassionate, quality care. If there is anything we can do to improve the services we are providing, please talk with our staff or call our Patient Care Call Center at (586) 263-2380. The staff is available weekdays between 8:30 a.m. and 5 p.m.

If you have a concern about your care, you may also file a formal grievance directly with Henry Ford Macomb Hospitals, with the State's Bureau of Health Systems, or The Joint Commission. To contact the state, call 800-882-6006, or write to the Department of Community Health, Bureau of Health Systems, P.O. Box 30664, G. Mennen Williams Building, Fifth Floor, Lansing, MI 48909

To contact the Joint Commission, call 800-994-6610, or e-mail at complaint@jointcommission.org, or send written communication to The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181, ATTN: Office of Quality Monitoring

YOUR RIGHTS AS A PATIENT

- You may expect to be treated with courtesy and respect.
- You have the right to obtain current information concerning your diagnosis, treatment and prognosis in understandable language. You also have the right to know the immediate and long term costs of treatment alternatives, insofar as they are known.
- You have the right to participate in the development and implementation of your plan of care.
- You have the right to make informed decisions about your plan of care. If you do not understand the information you are given, you should ask questions. You may refuse care or treatment to the extent permitted by law. However, if you refuse care or treatment or do not follow instructions, you are responsible for the result. If you do not understand English or cannot hear, you may ask for an interpreter or a special aid. The hospital will do its best to respond if you ask for these services.
- You have the right to information about pain and pain relief measures, to a concerned staff committed to pain prevention and management, to health professionals who respond quickly to reports of pain, to state of the art pain management and to dedicated pain relief specialists.
- You may expect to know the names of the people caring for you and their role in your treatment.
- You have the right to have an Advance Directive, such as a Living Will or a Durable Power of Attorney for Health Care. You can expect that the hospital will honor the intent of that directive provided that it is in accord with accepted medical practice and current ethical standards.
- You may expect privacy and safe surroundings.
- You have the right to be free from all forms of abuse or harassment from staff, other patients or visitors.
- You may expect that communications and records about your care will be treated confidentially.
- You have the right to access information contained in your medical record within a reasonable time frame and to have the information interpreted as necessary. You may, for a fee, obtain copies of your medical record.
- You have the right to receive a "Notice of Privacy Practices" that describes how Henry Ford Macomb may use and disclose medical information about you and how you can get access to your information. You will be asked to acknowledge receiving the Notice in writing.
- You have the right to agree or object to having your name listed in the facility directory, sharing your religious affiliation with a member of the clergy, discussing your medical information with a family member or friend who is involved in your care, or, in case of a disaster, having your name disclosed to a relief agency so that your family can be notified of your condition, status and location.
- You may request to have your name removed from our mailing list if you do not wish to receive promotional communications and fundraising requests.

UNACCEPTABLE ABBREVIATIONS

APPENDIX I 203.52

Unacceptable Abbreviations

The following medical abbreviations have been determined to be dangerous due to their potential for misinterpretation. Use of these abbreviations in a patient's medical record is prohibited.

Abbreviation	Intended Meaning	Common Error	Solution
U	Units	Mistaken as a zero or a four (4). Also mistaken for "cc" when poorly written.	Spell out "units"
IU	International Units	Mistaken as "IV"	Spell out "units"
µg	Micrograms	Mistaken for "milligrams"	Use "mcg"
Q.D.	Latin abbreviation for "once daily"	Mistaken as QID or as "right eye" in the case of liquid medications.	Write out "daily"
Q.O.D.	Latin abbreviation for "every other day"	Mistaken as QID or as "once daily"	Write out "every other day"
OD, OS, OU	Latin abbreviation for right eye, left eye, both eyes	Easily confused and often mistaken as the Latin abbreviations AD, AS, AU. OD sometimes mistaken as QD	Spell out "right eye", "left eye" and "both eyes"
AD, AS, AU	Latin abbreviation for right ear, left ear, both ears	Easily confused and often mistaken as the Latin abbreviations OD, OS, OU	Spell out "right ear", "left ear" and "both ears"
< and > symbols	Less than and greater than	Easily confused	Spell out "less than" and "greater than"
NEVER use Trailing zero	-----	If the decimal point is missed a ten fold over dose can occur.	Instead of 2.0 just write 2
ALWAYS use leading zero for doses less than 1.	-----	The zero will help prevent an overdose if the decimal point is missed.	Instead of .5 Write 0.5
MS, MSO ₄	Morphine sulfate	Confused with Magnesium sulfate	Write "morphine sulfate"
MgSO ₄	Magnesium sulfate	Confused with Morphine sulfate	Write "magnesium sulfate"



Policy No: 5.18

Subject: Confidentiality and Information Security
Supersedes: All existing corporate and business unit policies on this subject
Effective: January 1, 1999
Reviewed: April 4, 2011, August 1, 2011, December 1, 2013
Revised: March 1, 2006, April 1, 2007, April 4, 2011, August 1, 2011
Page(s): 4
Approved by: Human Resources Executive Team (HRET)

1.0 Philosophy/Purpose

Henry Ford Health System, due to the nature of service provided, is entrusted with confidential information regarding patients, employees and customers. Numerous federal and state laws protect people's privacy and the confidentiality of certain information. Every effort is made to safeguard and protect such information from unauthorized access, use and disclosure. This policy is designed to inform all employees of the necessity for confidentiality in HFHS' business affairs and the penalty of corrective action up to and including termination and criminal prosecution for any policy violation.

2.0 Scope

This policy applies to all employees, medical staff, students, volunteers and contractors at all business units and corporate offices of Henry Ford Health System.

The policy and procedures enumerated below shall apply unless such policy or procedures are otherwise specified in a contract to which Henry Ford Health System, or a covered business unit, is a signatory. In such cases, the terms of the contract shall govern for employees covered by that contract, and such terms will take precedence over this policy.

3.0 Responsibility

The interpretation, administration and monitoring for compliance of this policy shall be the responsibility of the Chief Human Resources Officer and or his/her designee.

4.0 Policy

4.1 CONFIDENTIAL INFORMATION

Unauthorized use or disclosure of confidential or privileged information of any nature regarding patients, employees (other than wages and other terms and conditions of employment), partners, customers, or the organization is prohibited.

Examples of confidential information include, but are not limited to the following confidential non-public information:

- all current and past patient and medical service provider information;
- all current and former employee personnel files;
- any information and/or identification regarding individual subscribers, physicians, or providers and information related to prospective employer groups and trade associations;
- any data or information regarding policies, practices in place or hereafter developed by HFHS employees;
- marketing campaigns and strategies and customer lists developed by HFHS employees;
- data or information regarding HFHS employees, including but not limited to medical condition, diagnoses, medical history, social security numbers and/or personnel records (other than employee wages and other terms and condition of employment); and
- all correspondence of any nature and in any medium;
- employee, patient, volunteers', medical staff, students' and contractors' social security numbers.

Improper conduct includes, but is not limited to:

- unauthorized access to, disclosure, dissemination or copying of any confidential information described above;
- using or attempting to use or obtain another person's ID and password or security code, or allowing the use of one's user ID and password or security code by another;
- unauthorized modification of confidential information or database structure;
- unauthorized access, whether internally or from or to a remote location;
- unauthorized use or release of HFHS proprietary information; and
- removing information from HFHS premises;

This policy does not restrict employees from discussing their wages and terms and conditions of employment with fellow employees.

Inappropriate access to, modification, destruction, or disclosure of confidential information as described above in any format (e.g., electronic, print, audio or video media) is prohibited.

4.2 ELECTRONIC MEDIA

It is the intent of HFHS to maintain and secure the integrity of records kept on electronic media, including personal computers, local area network servers, departmental systems, mainframe systems and electronic mail systems. Information stored on electronic media remains the property of HFHS which

retains the right to full access to the data at any time. It is the intention of HFHS to access electronic mail data for legitimate business reasons, and it is recommended that employees do not keep highly personal or confidential data on the electronic mail system. *See also Electronic Mail and Voice Mail Policy 5.21.*

Corporate data (information in the corporate databases, whether in PC's or the mainframe) is confidential. Software developed by HFHS employees is the sole property of HFHS. Software developed and/or purchased by HFHS or its business units is protected by copyright laws and is restricted to business use only. Violation of copyright laws is punishable by fines and/or imprisonment.

HFHS prohibits any type of electronic recording (i.e. audio, video etc.) by an employee, volunteer, student, agency personnel, and contractors without prior expressed consent of all parties involved. Employees, volunteers, students, agency, or contractors who engage in any electronic surveillance, eavesdropping, unauthorized or secret recording of any communications or meetings while on HFHS premises will be subject to corrective action. *See also Electronic Business Communications Policy 5.21.*

HFHS expressly prohibits the following as well:

- personal and/or commercial use of hardware, software or corporate information;
- making copies of software for personal and/or commercial use;
- using unauthorized software;
- relocating computer hardware without proper authorization;
- transferring software from one PC to another; and
- taking computer hardware or software off-site without proper authorization.

4.3 INTELLECTUAL PROPERTY

All information created, generated or received by HFHS employees becomes, and is, the sole property of HFHS.

5.0 Practice/Procedure

Employees are responsible for knowledge of and adherence to all security policies, standards and procedures when accessing and utilizing confidential information. All current and future pertinent Human Resources, Corporate and Business Unit policies apply. It is the responsibility of leadership to promote employee education and awareness regarding access to, and utilization of confidential information.

Disposal of confidential information will follow the guidelines set forth by Policy H-021 - Destruction of Confidential and/or Sensitive Data and Information.

Violation of this policy may result in corrective action up to and including termination and criminal prosecution. Patient Safety Events involving employees are governed under separate guidelines as outlined in the system Patient Safety Policy 5.24.

Attachments to HR Policy 5.18

None

See also: *Corrective Action Program Policy 5.17*
 Electronic Business Communications Policy 5.21
 Patient Safety Policy 5.24
 Destruction of Confidential and/or Sensitive Data and Information H -021



Henry Ford Health System

CONFIDENTIALITY STATEMENT

Read the following before signing:

Henry Ford Health System (HFHS) information is one of our most valuable assets and therefore must be safeguarded by all agents representing HFHS. All data within HFHS including paper, electronic or any other storage media are the sole property of HFHS, specifically designated partners, and its affiliates.

All employees, contract employees, students, consultants, volunteers, or other agents of HFHS having access to information pertinent to patients, employees, or corporate business of confidential nature, are prohibited from discussing, revealing such information in any unauthorized manner. Any breach of confidentiality represents a failure to meet the professional and ethical standards expected of all employees and may result in disciplinary action including but not limited to immediate discharge with the potential of criminal and/or civil prosecution.

I agree that access to information is granted for the sole purpose of job performance.

I understand that the rules of confidentiality apply to intentional, unintentional or casual disclosure of information, including unnecessary or unauthorized discussion of confidential matters (i.e.: information dialog in public areas such as hallways, cafeterias or elevators.)

I am aware that access into any electronic medium under my logon/password constitutes my "electronic signature". I further understand that access to electronic systems will be monitored.

I recognize that any misuse that occurs as a result of sharing my passwords with co-workers or third parties constitutes a violation of applicable HFHS Human Resources Policies of Confidentiality.

(Name - Print)

(Social Security Number)

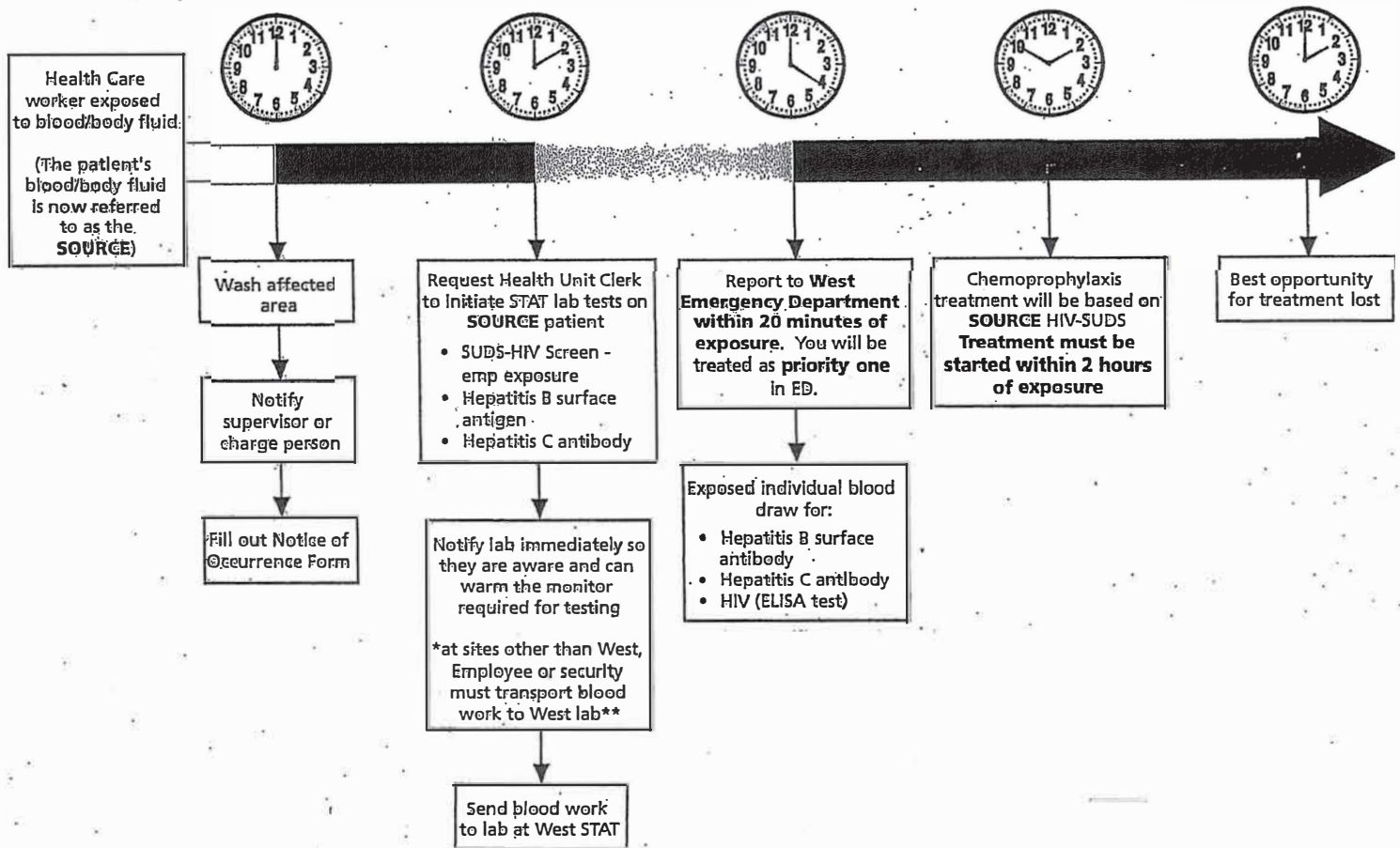
(Signature)

(Date)

Non-Henry Ford Health System clients assume, by their signature, the same responsibility for confidentiality required of HFHS employees and acknowledge that violations will result in criminal and or civil prosecution.

THIS DOCUMENT WILL BECOME PART OF YOUR PERMANENT EMPLOYMENT RECORD, CONTRACTUAL AGREEMENT, OR STUDENT PERFORMANCE APPRAISAL/EVALUATION.

Blood/Body Fluid Algorithm



**IMPORTANT INFORMATION REGARDING BODY/BLOOD PRECAUTIONS
AND INSURANCE COVERAGE**

I understand that as part of my rotation at Henry Ford Macomb Hospital that I may come into contact with another person's or persons' body and/or blood fluids. If this should happen, I understand that I MUST follow Henry Ford Macomb Hospital's protocol for Body/Blood Exposure that was described to me in orientation and is printed on a card attached to my identification badge.

Furthermore, I understand that I am solely responsible for any and all costs incurred for medical evaluation and diagnostic studies due to this exposure. I understand that I am not an employee of Henry Ford Macomb Hospitals and therefore these costs will not be covered by them or Workman's Compensation Insurance.

I understand that I am solely responsible for promptly providing the hospital's patient access and billing departments with my personal medical insurance information so that they can bill my insurance plan for these costs.

I understand that this form must be signed before I will be able to begin my rotation and is in effect for all rotations that I may participate in at Henry Ford Macomb Hospital.

Printed Name

Signature

Date

Witness Signature

Visiting Resident- Acknowledgment of Documents

Please review the attached documents:

- Notice of Private Practices Summary
- Unacceptable Abbreviations
- Patient Rights and Responsibility
- Professional Expectations
- Confidentiality and Information
- Body/Blood Precautions

My signature below acknowledges that I have received, read, understand, and agree with the content of the documents listed above.

Print Name: _____







Signature: _____ **Date:** _____

DESIGNATED PARKING AREAS

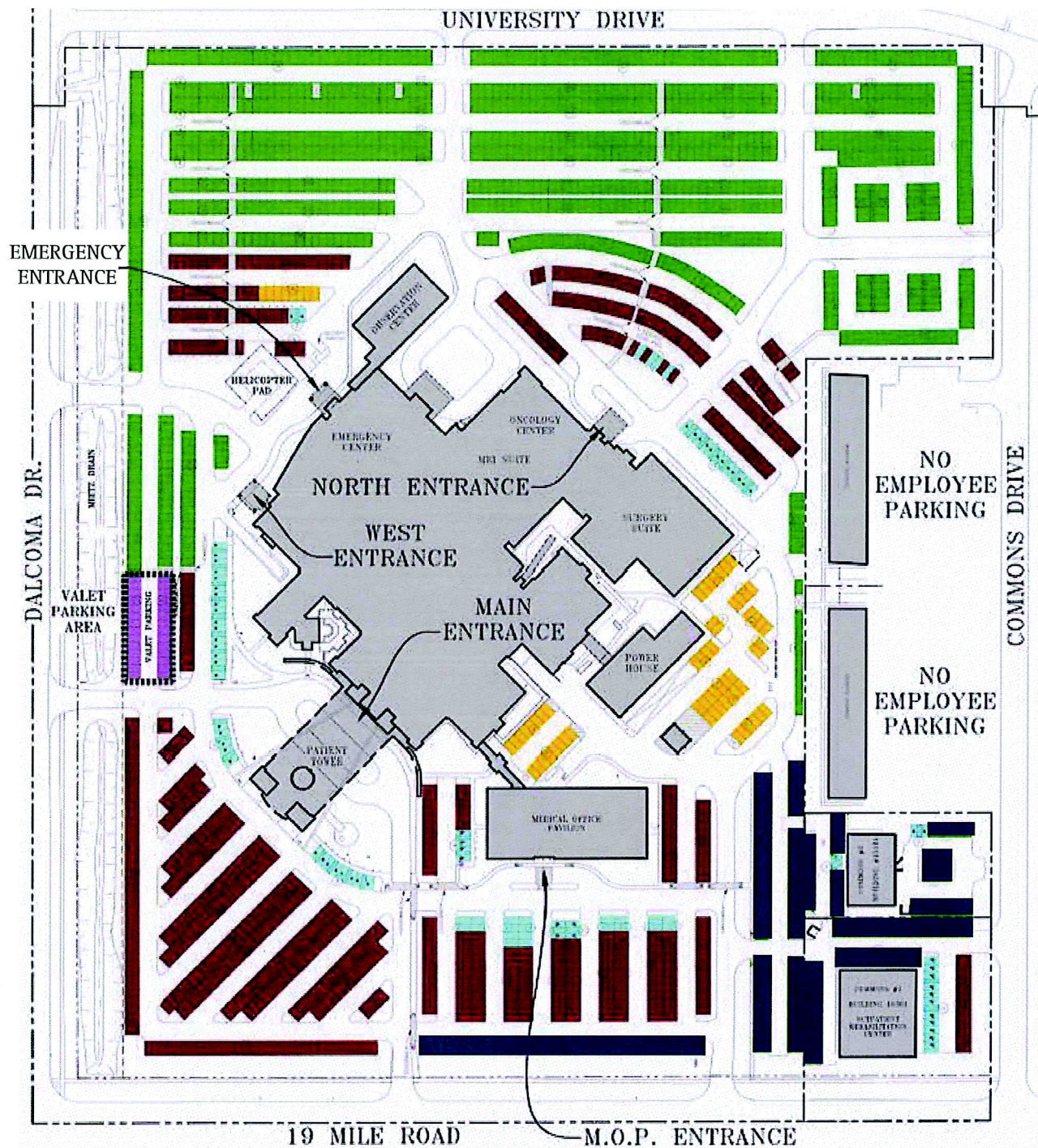
Effective September 26, 2012



HENRY FORD
MACOMB HOSPITAL

- | | | | |
|---|--|---|-------------------------|
|  | Employee Parking (includes medical residents and medical students) |  | Patient/Visitor Parking |
|  | Commons, Medical Pavilion and Off-Site Employees Parking (excludes medical residents and medical students) |  | Barrier Free Parking |
| | |  | Physician Parking |
| | |  | Valet Parking Spaces |

Employees arriving at 5 p.m. and later are encouraged to park in front of the medical pavilion.



SAFETY & SECURITY DEPARTMENT REGISTRATION FORM



PART 1 – PHOTO IDENTIFICATION – PLEASE TYPE OR PRINT CLEARLY

FIRST NAME		MI	LAST NAME		DATE OF BIRTH (MM/DD/YYYY)	
HOME STREET ADDRESS			CITY		STATE	ZIP
STATE OF MICHIGAN LICENSURE: (RN, MD, ETC.)			JOB TITLE		DEPARTMENT NAME	
LOCATION/CAMPUS			SUPERVISOR/MANAGER NAME		DEPT. PHONE NUMBER	
HOME PHONE		CELL PHONE		PAGER		
WORK E-MAIL ADDRESS		HOME E-MAIL ADDRESS		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OTHER:		

PART 2 – VEHICLE REGISTRATION – PLEASE TYPE OR PRINT CLEARLY (ALL VEHICLES MUST BE REGISTERED. NON-REGISTERED VEHICLES WILL BE TICKETED)

LICENSE PLATE NUMBER		STATE OF REGISTRATION		EXPIRATION DATE	
YEAR OF VEHICLE	MAKE OF VEHICLE	MODEL OF VEHICLE		COLOR OF VEHICLE	
TO BE COMPLETED BY S/S DEPT STAFF	PARKING STICKER COLOR:				PARKING STICKER NUMBER
	<input type="checkbox"/> RED <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> ORANGE <input type="checkbox"/> BLACK <input type="checkbox"/> PURPLE				
LICENSE PLATE NUMBER		STATE OF REGISTRATION		EXPIRATION DATE	
YEAR OF VEHICLE	MAKE OF VEHICLE	MODEL OF VEHICLE		COLOR OF VEHICLE	
TO BE COMPLETED BY S/S DEPT STAFF	PARKING STICKER COLOR:				PARKING STICKER NUMBER:
	<input type="checkbox"/> RED <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> ORANGE <input type="checkbox"/> BLACK <input type="checkbox"/> PURPLE				
LICENSE PLATE NUMBER		STATE OF REGISTRATION		EXPIRATION DATE	
YEAR OF VEHICLE	MAKE OF VEHICLE	MODEL OF VEHICLE		COLOR OF VEHICLE	
TO BE COMPLETED BY S/S DEPT STAFF	PARKING STICKER COLOR:				PARKING STICKER NUMBER:
	<input type="checkbox"/> RED <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/> ORANGE <input type="checkbox"/> BLACK <input type="checkbox"/> PURPLE				

PART 3 – KEY REGISTRATION – PLEASE TYPE OR PRINT CLEARLY

KEY NUMBER	SIGNATURE	DATE ISSUED	DATE RETURNED	KEY OPENS LOCATION

AGREEMENT: This photo identification/access control badge, parking stickers, and keys are issued to you for your use while employed at HFMS. The badge must be worn at all times while on HFMS property, the parking stickers must be displayed on all vehicles that are parked on campus, and door keys must be kept in your personal possession. If you terminate employment at HFMS or transfer to another department, contact Safety & Security to have your badge changed and your keys changed or returned. Failure to comply could delay your final clearance or transfer. The replacement fee for lost or damaged badges and keys other than normal wear and tear is \$10.00 per badge and per key.

EMPLOYEE SIGNATURE: _____

DATE: _____