



### Intern Agreement

I, \_\_\_\_\_, have received, read, and understand the clinic handbook. I agree to follow the academic and administrative policy of Emperor's College Clinic and Herbal Dispensary.

I will not perform any treatment in clinic that I do not feel qualified to do without the presence of a supervisor or technical supervisor that has been appointed by Emperor's College to assist me. If I have any questions concerning the safety of a procedure I will ask for assistance from a supervisor or technical supervisor before performing said procedure on my patient. This includes but is not limited to: point location, needling technique, moxibustion or cupping technique, and anything regarding clean needle technique.

All treatments that I perform within Emperor's College Clinic will be approved by an Emperor's College Clinic Supervisor prior to that treatment's performance. **No** treatment will be given without prior approval of an Emperor's College Clinic Supervisor. This includes: adding or deleting points from a prescription; adding or deleting herbs from a formula; performing any moxibustion or cupping or guasha or plum blossom technique or any form of therapeutic pricking; and/or lifestyle recommendations including nutritional advice.

Please initial below:

\_\_\_\_\_ **I will not perform any acupuncture, moxibustion, cupping, or herbal treatment outside Emperor's College Clinical Program unless I am a licensed health care professional within another modality that legally allows me to perform these techniques within the scope of my license. If any of the above mentioned treatments are performed outside of Emperor's College Clinical Program, I will accept full legal and ethical responsibilities regarding the treatment.**

\_\_\_\_\_ **I acknowledge receiving this information on this date.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Observer Agreement

### Main Role/Responsibilities:

The primary roles of an observer are to observe treatments being performed within Emperor's College Clinic and to assist the Theater supervisor or intern she/he is shadowing. This includes two areas of observation: observation Theater and observation Rounds. Observation Theater involves a licensed acupuncture practitioner selected by Emperor's College to administer treatment to a patient while observers look on. Observation Rounds involves the observer following an Emperor's College intern who is under the supervision of a clinical supervisor.

Observers should clock in at least 12 minutes before the shift officially begins—this is not only necessary in order to be able to reach the required 50 hours of attendance for the quarter, but is also to give the observer time to help prepare the treatment room for Theater and Rounds shifts. In the case of Rounds, this time before the shift starts should also be used after arriving to quickly check the schedule of patients, decide which intern to request observing with, speak with that intern, and then help prepare the treatment room. The window for clock-in begins 30 minutes before the first patient block. Credit for the shift begins at 12 minutes before the first patient block. Failure to clock in on time will result in the forfeiture of credit for clinic hours missed.

Observers are to assist interns in any reasonable way as deemed necessary by the intern. This does not involve the touching of any needles. This does involve prepping and cleaning the treatment room before and after patients, filling an herbal formula, and getting supplies.

Specifically, the following activities should be included in this assistance:

1. Make sure sufficient supplies of table paper, linens and towels, disinfectant (in a spray bottle), cotton balls, and alcohol are present;
2. Spray with disinfectant and wipe down the counter top and treatment table before any clean field or table paper, respectively, are laid down
3. After each patient, dispose of used table paper, change pillow cover if necessary, spray treatment table with disinfectant and wipe it down, and lay down new table paper
4. At the end of the shift, spray with disinfectant and wipe down the counter top and treatment table, empty the trash basket into the larger trash baskets near the kitchen entrance, throw all used linen into the linen hamper in the back closet (*and please tamp down the trash in the larger trash basket and push down the linens in the hamper when you place your room's dirty linen on top*).



5. When on duty, it is the responsibility of the observer to prepare herb formulas at the request of interns or the Theater supervisor. This is an important priority. Once the formula has been ordered or written up, it is your responsibility to start the process immediately of entering in the formula in the computer (for a custom formula), writing up the price slip and giving it to the front desk staff, helping to prepare any custom formula, and cleaning up the preparation area in the herb dispensary after the formula has been prepared. If, during the process of preparing a formula, an observer discovers that a particular herb needs to be restocked, the observer should inform the dispensary staff. The observer should, at all times, follow all policies and procedures required of students present in the dispensary.
6. Observers may also be needed to assist an intern

Dress code for an observer is as follows:

- Name tags which are the Emperor's College student ID are to be worn at all times and in clear view. Failure to bring ID two times will result in a citation for non-professional behavior.
- Proper personal hygiene is a must as the clinic is a health care setting. All cosmetics, deodorant and perfumes/colognes/aftershaves and lotions should be at an appropriate amount such that everyone involved in the treatment is comfortable. Nails must be clean and neatly trimmed to no longer than ¼ inch.
- Students must provide their own white lab coat and wear it at all times while participating in any clinic practices. The lab coat must be kept clean and neat.
- Clothing is to be professional. This means clean, well fitting, and wrinkle-free. Men may wear a tie, but it is not mandatory as the tie can transfer germs. The following forms of clothing are NOT permitted for use in the clinic:
  - Denim pants or shirts
  - Leggings
  - Shorts
  - Short skirts
  - Dresses shorter than 3 inches above the knee
  - Low cut blouses or abbreviated tops of any kind
  - Evening wear
  - Gym clothing
  - Yoga clothing
  - T-shirts
  - Scarves



- No platforms or high heels
- Scrubs
- Bulky rings
- Anything tight fitting
- Hats
- Anything the clinic director deems unfit
- All footwear is close-toed with no exceptions according to OSHA regulations.

Enforcement of student compliance with these standards is the responsibility of the clinic supervisor, clinic director, and clinic manager. Any student not in compliance with the dress code standards will be sent home without credit for clinic hours. The first infraction of these standards will involve a written warning being given to the student and added to the student's file during a meeting with the clinic director, however depending on the violation a more severe consequence could also result. A second violation will result in possible suspension, expulsion, or having to repeat the block.

At no time is an observer barred from observing an intake or treatment. It is the right of the observer as a student to learn how to their job, however this only applies to one observer being in the room with the intern and patient if that patient is a non-Emperor's student. If the patient is in fact a no-Emperor's student then a second observer may enter provided the patient agrees to the arrangement.

At the end of 150 hours of observation, each observer will submit seventy (70) observation assignment forms along with six (6) herbal assignment forms per quarter to the clinic director for review.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Hepatitis B Vaccination Declination Statement

I, \_\_\_\_\_, have received, read, and understand the exposure control plan. I understand the nature and risk associated with performing my duties as a student/employee at Emperor's College Clinic. I am aware that I am at high risk of contracting the Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV), and other infectious diseases. I am aware of the nature of HBV and HIV, and I understand that these viruses are spread via blood-to-blood contact. I have been informed about the safety and efficacy of the HBV vaccine

Please initial:

\_\_\_\_\_ I will follow the exposure control guidelines at all times during my observation and internship at Emperor's College Clinic.

AND ALSO INITIAL ONLY ONE OF THE FOLLOWING (the one that correctly applies to you):

\_\_\_\_\_ I choose to decline getting the HBV vaccination series.

**OR**

\_\_\_\_\_ I have already received or intend to obtain the HBV vaccination (and if you already have had the vaccination series, please provide us with the card that shows the dates of the injections and the record of antibodies).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Workforce Confidentiality Agreement

I understand the Emperor's College Clinic has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information. In addition, I understand that during the course of my employment/assignment/affiliation at Emperor's College Clinic, I may see or hear other confidential information such as financial data and operational information pertaining to the practice that Emperor's College Clinic is obligated to maintain as confidential. As a condition of my employment/assignment/affiliation with Emperor's College Clinic, I understand that I must sign and comply with this agreement.

By signing this agreement I understand and agree that (please initial):

\_\_\_\_\_ I will disclose Patient Information and Confidential Information only if such disclosure complies with Emperor's College Clinic policies, and is required for the performance of my duties at Emperor's College.

\_\_\_\_\_ My personal access code(s), user ID(s), access key(s), and password(s) used to access and use the computer systems or other equipment are to be kept confidential at all times.

\_\_\_\_\_ I will not access or view any information other than what is required to perform my duties. If I have any question concerning access to any form of information, I will speak with my supervisor immediately for clarification.

\_\_\_\_\_ I will not discuss any information pertaining to the condition, treatment or billing of a patient in any public or private location where unauthorized individuals may hear such information. I understand that it is not acceptable to discuss any medical information (PHI) concerning a patient in public areas or outside of the clinic even if that patient's name is not used (the Case Management and Review class is the only exception and no part of a patient's name shall be mentioned). I also understand that legal or civil action may be taken if I violate confidentiality.

\_\_\_\_\_ I will not put any part of a patient's name including initials on any form or piece of paper that I remove from the clinic.

\_\_\_\_\_ I will not make any inquiries about any information for any individual or party who does not have proper authorization to access such information.

\_\_\_\_\_ I will not make any photocopy or computer print-out of any patient information and remove it from the clinic.



\_\_\_\_\_ I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purges of patient information or confidential information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring patient information or confidential information from Emperor's College clinic computer system to any off site location such as home, personal computer, and/or any place of business. I understand that legal or civil action may be taken if I violate confidentiality.

\_\_\_\_\_ Upon termination of my employment/assignment/affiliation with Emperor's College Clinic, I will immediately return all property of Emperor's College, including but not limited to, keys, documents, badges, etc. to Emperor's College Clinic.

\_\_\_\_\_ I understand that violation of this agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with Emperor's College Clinic and/or suspension, restriction, or loss of privileges, in accordance with Emperor's College Clinic's policies as well as legal or civil action.

\_\_\_\_\_ I understand that any confidential information or patient information that I access or view at Emperor's College Clinic does not belong to me.

\_\_\_\_\_ I have read the above agreement and consent to comply with all its terms as a condition of continuing employment/assignment/affiliation with Emperor's College Clinic.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Exposure Control Plan Training Checklist

Training has been conducted on \_\_\_\_\_ by \_\_\_\_\_.

Attendees include all persons on the Training Documentation Form.

Please initial next to each item to show training has been completed.

\_\_\_\_\_ Accessible copy of the OSHA rules and regulations

\_\_\_\_\_ Overview of blood-borne pathogens

\_\_\_\_\_ Explanation of the Emperor's College exposure control plan

\_\_\_\_\_ Identification of high risk procedures and situations in Emperor's College Clinic

\_\_\_\_\_ Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment

\_\_\_\_\_ Explanation of the benefits, risks, and availability of the Hepatitis B vaccine

\_\_\_\_\_ Information about the post-exposure protocol for Emperor's College

\_\_\_\_\_ Opportunity for questions and clarifications from the class instructor

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Privacy Policy Training Checklist

Training has been conducted on \_\_\_\_\_ by \_\_\_\_\_.

Attendees include all persons on the Training Documentation Form.

Please initial next to each item to show training has been completed.

\_\_\_\_\_ Introduction to HIPAA and Privacy Rule

\_\_\_\_\_ Explanation of Workforce Confidentiality Agreement

\_\_\_\_\_ Overview of privacy policies and procedures

\_\_\_\_\_ Explanation of who can disclose private information (PHI)

\_\_\_\_\_ Discussion of job responsibilities as it relates to private information (PHI)

\_\_\_\_\_ Explanation of minimum necessary standard

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_