



Job Shadow Application

Interested in a career in Diagnostic Medical Imaging or aspiring to become a medical professional? Atlantic Medical Imaging offers a Job Shadow Program for individuals eager to explore this dynamic and rewarding field.

Program Details:

- Applicants must be 18 years of age or older.
- Shadowing opportunities are available for up to 4 hours.
- Please allow 2-4 weeks for application review.
- Once the packet is completed and placement confirmed, an invitation will be sent via email.

Full Name: _____

Phone Number: _____

Email Address: _____

NJ County of Residence: _____

Date(s) Requested: _____

Requested Specialty:

- ☐ CT
- ☐ MRI
- ☐ Mammography
- ☐ X-Ray
- ☐ Ultrasound
- ☐ Interventional Radiology

Reason for Request: _____

School Affiliation (if applicable): _____

Additional Notes or Feedback: _____

Are you 18 years of age or older?

☐ Yes

☐ No

JOB SHADOWING AND PROFESSIONALISM AGREEMENT

- Atlantic Medical Imaging agrees to provide a job shadowing experience to students within the following guidelines:
- The job shadowing information packet must be completed and submitted prior to scheduling the experience.
- Student shadow must wear appropriate professional attire. Jeans, T-shirts, sweatshirts, or sweatpants are not permitted. Facial piercings must be removed, and visible tattoos must be covered.
- Student shadows are here for observation purposes only.
- Student shadows are given the opportunity to ask questions, observe equipment usage, and observe patient care when appropriate and/or applicable.
- Appropriate approvals must be obtained for observation of direct patient care.
- Student shadows may be requested to step out of an observation area at any time at the discretion of the patient or staff.
- The staff may terminate a shadowing experience at any time.
- Student shadows are not to be involved in direct patient care, nor in the use of equipment pertaining to actual patient care (i.e. computers, monitors, etc).
- Student shadows are expected to maintain confidentiality according to the information packet provided.

Job Shadow Requestee Name: _____

Job Shadow Requestee Signature: _____

Shadow Agreement and Release

Please Read Carefully as This Affects Your Legal Rights

I am shadowing, Not an Employee

I, _____, of my own free will give my time and service for Atlantic Medical Imaging and their affiliates. My time and service are given without the expectation of pay or wages and I will not accept any form of compensation, benefits, or other remuneration for this service. I understand that the activity is purely voluntary, and I may withdraw from the activity at any time.

No Worker's Compensation or Medical Coverage is Provided

I understand that, as a student, I am not an employee under any federal or state law and am not subject to workers' compensation or other insurance in the event of any injury or illness related to the performance of the activities or entitled to any other employee right or benefit provided by organizational practice, policy, or state or federal law.

Release from Liability

I hereby release and hold harmless Atlantic Medical Imaging and their affiliates. owners, employees, management, successors and related entities (collectively and individually referred to hereafter as "The Released Parties") from any and all liability resulting from claims of illness or injury, claims for compensation including minimum wage and overtime, and claims for employee benefits during or after the performance of my services, and any and all other claims, costs, or expenses which I incur as a result of my activities.

Without limiting the generality of the foregoing, I understand and agree that this Release discharges each of The Released Parties from any liability or claim for any bodily or personal injury, or property damage that may result from my activities whether caused by negligence of The Released Parties or otherwise. I also understand and agree that The Released Parties do not assume any responsibility for or obligation to provide financial assistance or any other assistance in the event of injury or illness. I expressly assume the risk of injury or harm in these activities.

Confidentiality

In keeping with various laws, regulations, and professional ethical guidelines, Student agrees to maintain the confidentiality of medical records and other patient information. Student also agrees to keep confidential any information about Atlantic Medical Imaging and their affiliates. employees, physicians, and any proprietary business practices of the organization.

I agree that this agreement shall be governed by the laws of the State of New Jersey. In the event that any clause or provision of this Agreement shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not affect the remaining provisions of this Agreement.

Job Shadow Requestee Signature: _____

Job Shadow Requestee Name: _____

CONFIDENTIALITY TRAINING PACKET

CONFIDENTIALITY OF PATIENT HEALTH INFORMATION – IT’S THE LAW!

Confidentiality and privacy have always been very important when working with patients and their families. There is now a federal law (HIPAA) that imposes severe penalties for violations of confidentiality. Everyone who has access to any patient information must understand the importance of keeping private information private.

What is private information?

Private health information (PHI) is any information linking a person with a disease, illness or condition. Staff members can share PHI without a specific authorization signed by the patient for the following purposes only: treatment of the patient, payment activities, or healthcare operations. It doesn’t matter whether you heard information, saw a paper with information, saw something on a computer, or observed something directly about the patient – you MAY NOT share the information with anyone other than staff who are providing the patient’s care. The patient may also request not to have a student involved in their care.

EXAMPLES:

Can I tell my parents, teacher, or friends about what I got to do while at Atlantic Medical Imaging and or their Affiliates’?

You may tell people about the tasks that you were able to do or what observations you saw, but NOT who was involved. For example, you are permitted to say, “I watched the doctor give a cortisone injection”; but NOT “The doctor gave Jane Doe a cortisone injection in her left knee”.

What if someone I know is a patient and I see them while I’m job shadowing in the office?

Patients have a right to choose not to let anyone even know that they are here. You should not tell anyone that you saw a patient here unless the patient tells you it is okay AND the staff person, you’re working with says it’s okay.

Will I be allowed to take notes while I’m job shadowing in the office?

Any information that you take with you from *Atlantic Medical Imaging and or their Affiliates* must NOT have any patient identifiers on it. This includes not only the name of the patient, but also information like their account number, medical record number, social security number, date of birth, address, or telephone number. You may take notes about what you were able to do or see, but not about which patient(s) were involved.

What happens if I say something that I’m not supposed to?

Under the law, if confidentiality is not maintained, the penalties could be very severe. The patient can file a lawsuit stating that their rights were violated, and the government could impose monetary fines and even jail time if they decide that the violation was intentional and for some personal gain.

If you have questions, please ask! We want you to have the best possible experience, while at the same time protecting the rights of our patients.

**NOTICE OF PRIVACY PRACTICES
ATLANTIC MEDICAL IMAGING, LLC**

Effective Date: December 3, 2013

I. THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

The following is the privacy policy ("Privacy Policy") of Atlantic Medical Imaging as described in the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder, commonly known as HIPAA. HIPAA requires all health care providers by law to maintain the privacy of your personal health information and to provide you with notice of their legal duties and privacy policies with respect to your personal health information. We are required by law to abide by the terms of this Privacy Notice.

If you have any questions about this notice, please contact the Atlantic Medical Imaging Privacy Compliance Officer at (609) 927-8265.

WHO WILL FOLLOW THIS NOTICE.

This notice describes Atlantic Medical Imaging's practices and that of:

- Any health care professional authorized to enter information into your health record.
- All locations of Atlantic Medical Imaging.
- All employees of Atlantic Medical Imaging.
- All Atlantic Medical Imaging Billing and Collections, LLC and Atlantic Radiologists, PA (ARPA). All of these entities, sites and locations may share personal health information with each other for treatment, payment or healthcare operations as described in this notice.

OUR PLEDGE REGARDING YOUR PERSONAL HEALTH INFORMATION:

We understand that health information about you and your health is personal. We are committed to protecting personal health information about you. We create a record of the care and services you receive at Atlantic Medical Imaging. This record is required to provide you with quality care and to comply with legal requirements. This notice applies to all of the records of your care generated by Atlantic Medical Imaging, whether made by Atlantic Medical Imaging personnel or your personal doctor.

This notice will tell you about the ways in which we may use and disclose personal health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of personal health information.

WE ARE REQUIRED BY LAW TO:

- make sure that personal health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to personal health information about you; and
- follow the terms of the privacy notice that is currently in effect.

III. HOW WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU.

A. USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION. The following categories describe different ways that we use and disclose personal health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use personal health information about you to provide you with medical treatment or diagnostic services. We may disclose personal health information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you at Atlantic Medical Imaging. For example, if you are allergic to shellfish and are having a CT with contrast, we need to know that since the contrast may cause a similar reaction. Difference entities of Atlantic Medical Imaging may also share personal health information about you in order to coordinate the different things you need with your referring physician. We also may disclose personal health information about you to people outside of Atlantic Medical Imaging who may be involved in your medical care such as your physician or other health care providers or others who provide services that are part of your past, current or future care.
- **For Payment.** We may use and disclose personal health information about you so that the treatment and services you receive at Atlantic Medical Imaging may be billed to and payment may be collected from you, an insurance company or another third party. For example, we may need to give your insurance company information about diagnostic services that Atlantic Medical Imaging performed for you so that your insurance company will pay us or reimburse you for the services. We may also tell your insurance company about a diagnostic imaging service you are going to receive to obtain prior approval or to determine whether your insurance will cover the service.
- **For Health Care Operations.** We may use and disclose personal health information about you for Atlantic Medical Imaging operations. These uses and disclosures are necessary to run Atlantic Medical Imaging and make sure that all of our patients receive quality care. For example, we may use personal health information review our services and to evaluate the performance of our staff in caring for you. We may also use personal health information about Atlantic Medical Imaging patients to decide what additional services Atlantic Medical Imaging should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to doctors, nurses, technicians, and other Atlantic Medical Imaging personnel for review and learning purposes. We may remove information that identifies you from this set of personal health information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose personal health information to contact you as a reminder that you have an appointment for treatment or medical care at Atlantic Medical Imaging.

- **Health-Related Benefits and Services.** We may use and disclose personal health information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** With permission, we may release personal health information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care
- **As Required By Law.** We will disclose personal health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose personal health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release personal health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military.** If you are a member of the armed forces, we may release personal health information about you as required by military command authorities. We may also release personal health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release personal health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose personal health information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose personal health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose personal health information about you in response to a court or administrative order. We may also disclose personal health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- **Law Enforcement.** We may release personal health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at AML; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners and Medical Examiners.** We may release personal health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities.** We may release personal health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose personal health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official we may release personal health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

- B. USES AND DISCLOSURES WHERE YOU TO HAVE THE OPPORTUNITY TO OBJECT.** Disclosures to family, friends, or others. We may provide your PERSONAL HEALTH INFORMATION to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part.
- C. ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION.** Other than as stated herein, we will not disclose your PERSONAL HEALTH INFORMATION without your written authorization. You can later revoke your authorization in writing except to the extent that we have taken action in reliance upon the authorization.

- D. AUTHORIZATION FOR MARKETING COMMUNICATIONS.** We will obtain your written authorization prior to using or disclosing your PERSONAL HEALTH INFORMATION for marketing purposes. However, we are permitted to provide you with marketing materials in a face -to-face encounter, without obtaining a marketing authorization without obtaining a marketing authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining a marketing authorization. In addition, as long as we are not paid to do so, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PERSONAL HEALTH INFORMATION to identify health-related services and products that may be beneficial to your health and then contact you about the services and products.
- E. SALE OF PERSONAL HEALTH INFORMATION.** We will disclose your PERSONAL HEALTH INFORMATION in a manner that constitutes a sale only upon receiving your prior authorization. Sale of PERSONAL HEALTH INFORMATION does not include a disclosure of PERSONAL HEALTH INFORMATION for: public health purposes; research; treatment and payment purposes; sale, transfer, merger or consolidation of all or part of our business and for related due diligence activities; the individual; disclosures required by law; any other purpose permitted by and in accordance with HIPAA.
- F. FUNDRAISING ACTIVITIES.** We may use certain information (name, address, telephone number, dates of service, age and gender) to contact you for the purpose of various fundraising activities. If you do not want to receive future fundraising requests, please write to the Privacy Compliance Officer at Atlantic Medical Imaging, 8025 Black Horse Pike, Suite 300, West Atlantic City, Ne Jersey 08232.
- G. INCIDENTAL USES AND DISCLOSURES.** Incidental uses and disclosures of information may occur. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure. However, such incidental uses or disclosure are permitted only to the extent that we have applied reasonable safeguards and do not disclose any more of your PERSONAL HEALTH INFORMATION than is necessary to accomplish the permitted use or disclosure. For example, disclosures about a patient within the office that might be overheard by persons not involved in your care would be permitted.
- H. BUSINESS ASSOCIATES.** We may engage certain persons to perform certain of our functions on our behalf and we may disclose certain health information to these persons. For example, we may share certain PERSONAL HEALTH INFORMATION with our billing company or computer consultant in order to facilitate our health care operations or payment for services provided in connection with your care. We will require our business associates to enter into an agreement to keep your PERSONAL HEALTH INFORMATION confidential and to abide by certain terms and conditions

IV. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

Under HIPAA, you have certain rights with respect to your personal health information. You have the following rights regarding personal health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and request a copy of personal health information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and request a copy of personal health information that may be used to make decisions about your health care, you must submit your request in writing to the Privacy Compliance Officer at Atlantic Medical Imaging, 8025 Black Horse Pike, Suite 300, West Atlantic City, Ne Jersey 08232.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to personal health information, you may request that your authorized representative receive the information.

- **Right to Amend.** If you feel that personal health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Atlantic Medical Imaging.

To request an amendment, your request must be made in writing and submitted to the Privacy Compliance Officer at Atlantic Medical Imaging, 8025 Black Horse Pike, Suite 300, West Atlantic City, New Jersey 08232. Your letter must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the personal health information kept by or for Atlantic Medical Imaging;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of personal health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Atlantic Medical Imaging Privacy Compliance Officer at Atlantic Medical Imaging, 8025 Black Horse Pike, Suite 300, West Atlantic City, Ne Jersey 08232. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the personal health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the personal health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information to your spouse about a diagnostic test that you had done in one of our offices.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Atlantic Medical Imaging Privacy Compliance Officer at Atlantic Medical Imaging, 8025 Black Horse Pike, Suite 300, West Atlantic City, Ne Jersey 08232. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Atlantic Medical Imaging Privacy Compliance Officer at Atlantic Medical Imaging, 8025 Black Horse Pike, Suite 300, West Atlantic City, Ne Jersey 08232. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: www.atlanticmedicalimaging.com

To obtain a paper copy of this notice, please contact Atlantic Medical Imaging Privacy Compliance Officer at Atlantic Medical Imaging, 8025 Black Horse Pike, Suite 300, West Atlantic City, Ne Jersey 08232 or by phone at (609) 927-8265.

V. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for personal health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all Atlantic Medical Imaging entities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at Atlantic Medical Imaging for health care services, we will offer you a copy of the current notice in effect.

VI. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Atlantic Medical Imaging or with the Secretary of the Department of Health and Human Services. To file a complaint with Atlantic Medical Imaging, contact the Privacy Compliance Officer at Atlantic Medical Imaging, 8025 Black Horse Pike, Suite 300, West Atlantic City, Ne Jersey 08232 or call (609) 927-8265. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

VII. OTHER USES OF PERSONAL HEALTH INFORMATION.

Other uses and disclosures of personal health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose personal health

information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose personal health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made while relying upon your permission, and that we are required to retain our records of the care that we provided to you.

How You May Contact us About our Privacy Practices

You may contact us about our privacy practices by calling the Privacy Officer at
609-677-9729 ext. 1020

How You May Obtain an Electronic Copy of this Notice

This Notice of Privacy Practices is also available on our Web page at www.atlanticmedicalimaging.com

END OF AMI PRIVACY PRACTICES

CONFIDENTIALITY TRAINING QUIZ

Please circle the appropriate response. T=True / F=False

1. If I see Aunt Mary here, it's okay to tell my mom about it when I get home.
☐ T ☐ F
2. If I see Aunt Mary here and she asks me to tell my mom about her appointment, I should check with a staff member anyway before mentioning it when I get home.
☐ T ☐ F
3. I can talk about information that I saw about a patient, as long as the information wasn't on a computer.
☐ T ☐ F
4. I can take notes during the shadowing experience, as long as the notes don't identify any patients in any way.
☐ T ☐ F
5. Because I'm here as a student, I have a right to know information about a patient even if the patient does not want me to.
☐ T ☐ F
6. Patient identification includes information such as account numbers, dates of birth, or social security numbers – not just patient names.
☐ T ☐ F
7. Patient information is confidential forever – not just while I'm job shadowing in the office.
☐ T ☐ F

I understand the principles of privacy and confidentiality outlined in this policy. I realize that if I have any questions, I should check with a staff member before sharing any information.

Job Shadow Requestee Signature: _____

Job Shadow Requestee Name: _____

End of Packet