



RUTHERFORD REGIONAL
HEALTH SYSTEM

Duke LifePoint Healthcare

Rutherford Regional Health System

Internship Program Application

For more information on an
internship position, please contact:
Rutherford Regional
Human Resources Department
828.286.5334



Internship Application

Thank you for your interest in an internship through Rutherford Regional Health System. We offer opportunities for high school students and adults to learn about a variety of health care careers in clinical and non-clinical settings or for college students to obtain experience for degree programs. In order to participate, you will need to review the contents of this packet carefully. The application also includes several sections that must be completed, signed and returned.

What is an Internship?

An internship is an observational experience that provides an opportunity for participants to see, firsthand, the healthcare workplace and the day-to-day work of professionals in the health care field. **Hands-on patient care is not part of the Internship experience and is not permitted.**

Each intern is matched based on a careful process. Rutherford Regional Health System will make every attempt to provide experience in the indicated area of interest. Availability and schedule limitations within our organization also play a role in determining placement opportunities.

We will not match students to medical professionals who are not employed by Rutherford Regional Health System.

How Long Can I Intern?

- High School students, age 18 and over, and adults who are interested in a career in the medical field are eligible to intern for at least 4 hours, or as agreed.
- Students age 18 and over who need intern hours to meet pre-acceptance requirements for a degree program are eligible to intern for up to 5 days or 40 hours, or as agreed, when the safeguards of this policy are followed.

- If you are already employed by Rutherford Regional Health System and would like to intern because you are considering a career change, this must be completed on your own time. You may intern for up to one day or no more than 8 hours, or as agreed.

Why Consider a Health Care Profession?

- Healthcare careers are rewarding and fulfilling
- Many careers related to healthcare are in demand
- There are many, varied healthcare job opportunities

How Should I Prepare for the Experience?

Come prepared for the Internship Experience as if you were coming for a job interview. You should have a baseline knowledge of the career. Develop your own questions, but here are some sample questions you might ask your preceptor:

- What kind of education & skills are needed for the job?
- Do you need a license? If yes, what does it take to get a license?
- How and why did you get started in this field?
- What do you like best and least about this career?
- Is continuing education required for this job?
- How many hours do you typically work?

How Long Does It Take to Process a Request?

It will take a minimum of ten (10) working days once you have sent us your completed Internship Application and the required documentation.

What Do I Need?

Applicants must submit the following to Rutherford Regional Health System – Human Resources Department. The application will then be processed.

- Short CV or Bio
- Completed Internship Application
- Memorandum of Agreement Between Interns/Externs/Students/Volunteers
- Signed Internship Opportunity Conditions of Participation Form
- Signed HIPAA (*Health Insurance Portability & Accountability Act*) Fundamentals Agreement
- Signed Confidentiality & Security Agreement
- Signed Waiver of Liability & Hold Harmless Agreement
- Signed Dress & Appearance Guidelines
- Acknowledgment of a Drug and Alcohol-Free Workplace
- Initial each area to show understanding of policies for: Rules of Conduct, Infection Control Guidelines, Internship Experience Acknowledgement, Tobacco Free Policy, ID Badge, Fire Plan, Security/Access Acknowledgment, North Carolina False Claims Statutes and Emergency Codes
- Acknowledgment of Rutherford Regional Employee Standards of Behavior
- Letter of attestation from school or physician (or documentation) of required immunizations
- If the **Internship Experience is more than one day (8 hours)** the following are required:
 - ✓ Drug screen
 - ✓ Background check

You may deliver your completed application to the Rutherford Regional Health System Human Resources Department in Rutherfordton or mail to:

Rutherford Regional Health System
Attn: Human Resources Department
288 South Ridgecrest Ave.
Rutherfordton, NC 28139

Parking

Parking is available on campus in the main parking area of the hospital. Please leave more convenient parking areas open for patients and hospital visitors.

Name Badge

- Prior to your arrival time in your department you will need to receive a name badge. It must be worn, with name facing front and at chest level, while you are in the facility.

Please bring along an official/valid photo ID card and be prepared to present it to confirm your identity.

Personal Illness

- Students experiencing an acute infection such as respiratory illness, fever, stomach issues or conjunctivitis (pink eye) will need to reschedule their visit. Please call the Nursing Supervisor if you are unable to report at your assigned time. Call 828.286.5000 and ask for the Nursing Supervisor.



Rutherford Regional Health System Internship Application

Please Print Legibly		Today's Date:	
Name:		Age:	Date of Birth:
Home Address:		City:	State: Zip Code:
Home Phone:	Cell Phone:	Email Address:	
Name/Relationship Emergency Contact:		Emergency Contact Main Phone Number:	
Emergency Contact Address:			
If Under 18 Require Parent/Legal Guardian Signature:		Other Phone Number for Emergency Contact:	
<input type="checkbox"/> High School Student	Name of School:		
<input type="checkbox"/> College Student	Grade/Year:		
Hospital Facility Requested: <input type="checkbox"/> Rutherford Regional Medical Center <input type="checkbox"/> Rutherford Regional Health System, Physician Practices		Name of your Instructor at above institution:	
Number of Requested Hours: High School Students: <input type="checkbox"/> 4 Hours <input type="checkbox"/> Other: _____ College Students: _____ <i>(Indicate Number of Hours Requested)</i>		Note: High School Students may request up to 4 Hours, or as agreed. College Students may request up to 5 days or 40 hours, or as agreed.	
Area(s) of interest:			
If you have any disability requirements, please contact the Human Resources Department in advance.			

For Office Use Only:

Department: _____ Assigned Supervisor/Preceptor: _____

Date: _____ Approved by: _____

Memorandum of Agreement Between Interns/Externs/Students/Volunteers Rutherford Regional Health System

This Agreement made the _____ day of _____, _____ between the
intern/extern/student/volunteer, _____, and Rutherford Regional
Health System (hereinafter called "Hospital"), witnessed that:

Whereas, the Hospital desires to improve community health care and enhance the quality of health
manpower by participating in the education and clinical training of interns/externs/students/volunteers.

Now, therefore, it is mutually agreed by and between said parties to wit: It is hereby agreed as follows:
The Hospital provides instruction and supervision of the intern/extern/student/volunteer.
The intern/extern/student/volunteer will be assigned clinical/clerical experience by the Department
Manager.

The intern/extern/student/volunteer, agrees to indemnify and hold harmless the Hospital, its officers,
agents and employees, and each of them, from and against any and all liability, loss, damage, costs and
expense which any or more of them may hereafter suffer, incur, be put to, or required to pay as a result of
any of the following:

1. The acts or neglect of the intern/extern/student/volunteer participating in the program and/or
2. Any claims or demands asserted or filed by the intern/extern/student/volunteer, or other personnel
arising from or related to the undertaking of the parties pursuant to the said Agreement.

The intern/extern/student/volunteer is responsible for her/his own health care; and they assume the
responsibility for any personal injury or illness related to clinical/clerical experience or classroom work at
the Hospital, including exposure to communicable disease. Emergency medical service may be obtained in
the Hospital's Emergency Room at personal expense. Follow-up care should normally be the
intern/extern/student/volunteer's personal expense. Follow-up care should normally be the
intern/extern/student/volunteer's personal physician. The Hospital does not assume any liability for the
acts or omissions of third parties, including students.

Applicant Signature (Intern/Extern/Student/Volunteer)

Date

Notary Signature



Internship Opportunity Conditions of Participation

Rutherford Regional Health System is committed to protecting our patients' rights to privacy and confidentiality. Students and potential future employees are invited to spend time in the healthcare field where further exposure to the healthcare environment is requested. We are providing this opportunity so that you may observe and experience our culture and environment.

I, *(Please print)* _____ desire to gain exposure in the field of healthcare by observing the practice of healthcare workers through Rutherford Regional Health System.

I understand that Rutherford Regional Health System is willing to avail its premises to me for the sole purpose of observing its healthcare workers provided I agree and adhere to the conditions set forth below:

1. Rutherford Regional Health System shall retain ultimate responsibility for all patient care activities. I shall not, at any time, touch or be directly involved in provision of patient care.
2. Rutherford Regional Health System reserves the right, at any time, to discontinue this internship opportunity and to prohibit me from its facility, for any reason, or no reason, whatsoever.
3. Rutherford Regional Health System makes no representation or warranty concerning the quality of this internship opportunity, nor does it make any representation or warranty concerning whether it will suitably prepare me for future practice in any capacity or position.
4. Prior to my Internship start, I shall submit to Rutherford Regional Health System a letter of attestation from my school/physician or provide documentation verifying the following health information relative to myself:
 - a. Negative TB Skin Test
 - b. Vaccines: MMR, Varicella, Hepatitis B, T-dap, COVID and Influenza (Titers or Vaccine Record)
 - c. Negative Drug Screen and clear Background check (if applicable)

Rutherford Regional Health System will adhere strictly to the above-listed health requirements and documentation thereof. Therefore, I am understanding that I will not be permitted to begin the internship experience without fulfilling the same.

5. Rutherford Regional Health System will adhere strictly to the practice of Universal/Standard Precautions as outlined in the facility's policy of the same name, in order to avoid any contact with blood, body fluids or potential infectious materials.

In the event of an exposure it will be my responsibility to:

- a. Report the exposure to my preceptor and/or appropriate facility personnel
- b. Report to a designated physician at the facility, the site-specific Emergency Department or to my own physician immediately after exposure. This is mandatory to confirm a significant exposure and to initiate any immediate therapy.

Internship Opportunity Conditions of Participation (Continued):

- c. If there is significant exposure, I will have my physician conduct baseline testing and request that the facility obtain testing of the source patient's blood. I will communicate my request to the appropriate facility personnel.
 - d. All emergency first aid rendered in case of an accident or sudden illness and/or all exposures will be treated at my expense. Any required follow-up treatment, testing or counseling will be conducted by my personal physician and not by Rutherford Regional Health System.
6. I agree to ensure that all information, whether patient, proprietary or business-related, encountered at the facility remains strictly confidential.

As an Intern of Rutherford Regional Health System, I agree to respect the privacy and confidentiality of all patients, families and staff of Rutherford Regional Health System and its Affiliates.

I have read and agree to follow the Conditions of Participation stated above during my internship time at Rutherford Regional Health System.

Signature below indicates understanding and acceptance of the Conditions of Participation.

Agreed to on this date: _____

Name (Please Print)

Signature of Participant

School and/or Program (If Applicable)

Signature of Authorized School Official

HIPAA Fundamentals

Introduction

What is HIPAA?

- HIPAA stands for **Health Insurance Portability & Accountability Act**. HIPAA is a federal law that protects **Protected Health Information (PHI)**.
- The law allows for penalties such as fines and/or prison for people caught violating patient privacy.
- Patient information includes things such as:
 - The patient's name and other general information about the patient.
 - The patient's diagnosis and other medical conditions that the patient may have
 - Treatments, tests and medications that the patient receives
 - Information in the patient's medical record/computer system or information that may be posted in the patient's room.
- Rutherford Regional Health System is legally required by law to protect the privacy and security of health care information of all patients treated in any of our facilities.

As an Internship Participant, I agree that I will not:

- Read the diagnosis, treatment, test results, financial or other information on a patient's chart.
- Disclose any privileged information to anyone or any entity
- Access, review or receive copies of any medical information about anybody including myself or family members/friends.
- Download any protected health information on removable storage media for any purpose.
- Document any protected health information on forms or reports that need turned in to my school.
- Discuss protected health information with other students or employees
- Dispose of any documents with protected health information.
- Discuss patient and protected health information in public areas such as elevators, cafeteria and hallways.

My signature below acknowledges that I have read the HIPAA Fundamentals and agree to abide by the terms. I understand that any violation on my part of the above conditions could result in immediate termination of my Internship Experience.

Printed Participant Name

Participant Signature

Date

Rutherford Regional Health System – Confidentiality and Security Agreement

I understand that the facility or business entity named below (the “Company”) in which or for whom I work, volunteer or provide services, or with whom the entity (e.g., physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the “Company”), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with individually identifiable health information and protected health information, “Confidential Information”).

In the course of my employment / assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will not use company systems to access patient information if it is not necessary to perform my job-related duties. This includes NOT accessing my own health information or that of my child or persons or which I am personal representative via the company systems. The Company’s Privacy and Security Policies available on the Company intranet (on the Security Page) and the internet (under Ethics & Compliance). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation, even if the patient’s name is not used. I will make every reasonable attempt to refrain from practices that might lend itself to unintended breach of patient confidentiality.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information.
5. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
6. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.
7. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with the Company.
8. I will act in the best interest of the Company and in accordance with its Code of Conduct at all times during my relationship with the Company.
9. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company’s policies.
10. I will only access or use systems or devices I am officially authorized to access and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
11. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
12. I will practice good workstation security measures such as locking up electronic media devices when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.
13. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.
14. I will:
 - a. Use only my officially assigned User-ID and password (and/or token (e.g., SecurID card)).
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.
15. I will never:
 - d. Share/disclose user-IDs, passwords or tokens.
 - e. Use tools or techniques to break/exploit security measures.
 - f. Connect to unauthorized networks through the systems or devices.
16. I will notify my manager, Local Security Coordinator (LSC), or appropriate Information Services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.

The following statements apply to physicians using any Company systems containing patient identifiable health information (e.g. Meditech):

17. I will only access software systems to review patient records or Company information when I have a business need to know, as well as any necessary consent. By accessing a patient’s record or Company information, I am affirmatively representing to the Company at the time of each access that I have the requisite business need to know and appropriate consent, and the Company may rely on that representation in granting such access to me.
18. I will accept full responsibility for the actions of my employees who may access the Company software systems and Confidential Information.
19. I have no intention of varying the volume or value of referrals I make to the Company in exchange for Internet access service or for access to any other Company information.
20. I have not agreed, in writing or otherwise, to accept Internet access in exchange for the referral to the Company of any patients or other

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Employee/Consultant/Vendor/Office Staff/Physician Signature	Facility Name and COID	Date
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Employee/Consultant/Vendor/Office Staff/Physician Printed Name	Business Entity Name
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Waiver of Liability and Hold Harmless Agreement

In consideration for receiving permission to participate in Rutherford Regional Health System Internship Program or other HealthCare Observation Program (Hereafter referred to as the **Program**), I hereby release, waive, discharge and covenant not to sue Rutherford Regional Health System, its officers, servants, agents and employees (Hereinafter referred to as **“Released Parties”**) 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 Released Parties or otherwise, while participating in the Program or while in, 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.

1. I am fully aware of risks and hazards 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 risk 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 results of my being a participant in the Program, whether caused by the negligence of Released Parties or otherwise.
2. I further hereby agree to indemnify and save and hold harmless the Released Parties and each of them, from any loss, liability, damage or costs they may incur due to my participation in the Program, whether causes by the negligence of any or all of the releasees or otherwise.
3. 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 Released Parties.

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 parents, 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 same.

Printed Participant Name

Participant Signature

Date

Dress & Appearance Guidelines

It is the policy of Rutherford Regional Health System that each employee/student/intern/extern report to work or the clinical area in clothing that portrays an image that is appropriate for a healthcare business environment, including dress-down day. It is the responsibility of each Department Director to monitor their unit for compliance and to hold the unit accountable for their actions.

General Guidelines:

- Clean, modest-fitting, appropriate and professional attire is always required.
- Employees/students/interns/externs administering any type of clinical treatment to patients must wear a uniform or a waist length white lab coat. Hair must be arranged in such a way that it will not interfere with patient care (i.e. long hair should be pulled back).
- All employees/students/interns/externs must wear their hospital or school name tag during work and clinical hours. This should be worn above the waist so that it can be easily seen by the public.
- No tank tops or slogan tee shirts are allowed. Rutherford Regional Hospital or LifePoint tees are acceptable as well as knit shirts that are part of a uniform or outfit.
- Clothing should be no shorter than two inches above the kneecap.
- No tattered or worn-out jeans are allowed.
- Colognes, perfumes and/or aftershaves should not be worn by those offering direct patient care or performing procedurally related activities.
- Appropriate, clean footwear must always be worn by clinical caregivers and should be suitable for the requirements of the job position. Flip-flops are not permitted.
- Fingernails should be kept clean and of modest length (not to exceed one-fourth inch beyond the fingertip). People who provide direct patient care should not wear artificial nails. Polish must be a light shade and free of chips/nicks. Multicolored fingernails, nail ornaments, nail jewel and extremes in color must not be worn.

I have read and understand the Dress & Appearance Guidelines for the Internship Program and will follow the guidelines as outlined above.

Printed Participant Name

Participant Signature

Date

Acknowledgment of a Drug and Alcohol-Free Workplace

I acknowledge that I have received a copy of the Rutherford Regional Health System Drug and Alcohol-Free Workplace Safety Policy and I agree to read and adhere to the contents therein.

Printed Participant Name

Participant Signature

Date

Rules of Conduct

While participating in the Internship Program you must adhere to the policies regarding disruptive behavior.

I understand that “disruptive behavior” refers to any intimidating and/or disruptive behavior including but not limited to: verbal outbursts, name-calling, use of language that is profane, vulgar, sexually suggestive or sexually explicit, degrading, or racially/ethnically/religiously slurring, degrading jokes or comments, physical threats, any unwanted touching, obscene gestures, physical throwing of objects, assault and other acts or behaviors deemed to be intimidating or harassing, including passive activities such as deliberate failure to follow organizational policies. Internship Participants should not be on their cell phones except for urgent matters. I agree to abstain from these behaviors and understand that I may be asked to leave and/or that my intern experience will be terminated for failure to abide by the Standards of Behavior Policy.

Internship Participant Initials: _____

Infection Control Guidelines

Handwashing is the best way to prevent the spread of infection. Wash your hands before and after leaving a patient area, before and after meals and after using the restroom. Wash your hands for at least 20 seconds at a time.

As an Internship Participant, you are not permitted to transport test tubes, containers, specimens, etc.

As an Internship Participant, you are not permitted to touch a patient or be directly involved in the provision of patient care.

Internship Participant Initials: _____

Internship Experience

I understand that during the intern experience I am there to intern/observe only. I understand I am not to touch a patient, provide hands on care or perform any type of work.

Internship Participant Initials: _____

Tobacco Free Campus

Rutherford Regional Health System is committed to providing a safe, clean and healthy environment for all patients, employees and visitors. As a responsible community leader in healthcare, Rutherford Regional Health System provides a tobacco-free environment to reduce health risks associated with the use of tobacco products and to promote and encourage healthy lifestyles throughout the community. The use of tobacco in any form is restricted to designated areas outside of the Facility.

Internship Participant Initials: _____

North Carolina False Claims Statutes

I acknowledge that I have received a copy of the North Carolina False Claims Statue Policy for Rutherford Regional Health System and agree to read and adhere to the contents therein.

Internship Participant Initials: _____

Plain Language Codes

Rutherford Regional Health System will utilize plain language Emergency Alerts within its facilities. Hospital-wide codes are required to be known by all employees, physicians and visitors. A comprehensive list will be provided to the intern. The code will be called as follows: Category + Alert + Location + Description/Directions.

ID Badge

As a participant in the Internship Program you must wear proper identification. The badge is only valid during your time as an Intern Participant. Wear the badge above the waist, clearly visible.

Internship Participant Initials: _____

Fire Plan

The word RACE is a memory helper for the Fire Plan. You must know the four action steps of the plan:

R – Remove (rescue) everyone from immediate danger and close the door.

A – Alarm Pull the nearest fire alarm pull station and dial your facility emergency assistance number: **5222**

C – Close all doors in the alarm area to contain the heat and smoke.

E – Extinguish the fire, but only if it is small and contained.

Internship Participant Initials: _____

Fire Extinguisher Operation

The word PASS is a memory helper for the use of a fire extinguisher. Remember P.A.S.S.

Set the fire extinguisher down, grasp the neck of the extinguisher with one hand and then:

P – Pull the pin located at the handle

A – Aim the hose or nozzle at the base or edge of the fire.

S – Squeeze the handle down while holding the extinguisher upright.

S – Sweep the hose or nozzle from side to side.

NOTES:

- Discharge the extinguisher until it runs empty
- Discharge time – they all last about one (1) minute
- Remember they are only for small, contained fires.

Internship Participant Initials: _____

Security/Access

As an Internship Participant, I understand that I will be paired with a preceptor and will always be with the preceptor during my intern experience. I will not be asked to function independently or be sent anywhere in the hospital unaccompanied by staff. Discretion in allowing observation in certain patient situations will be assessed at the time of the experience. Once the internship experience is completed, I must return my badge to the Education Department.

Internship Participant Initials: _____

RRHS Employee Standards of Behavior

The Mission of Rutherford Regional Health System is: Making Communities Healthier

Appearance

Our appearance represents Rutherford Regional Health System as an organization. Therefore, our grooming and dress will reflect our respect for our customers. While we are on duty, we will consider our customers' expectations in how we present ourselves. Our manner and expression will convey our concern for and willingness to serve our customers.

Communication

The goal of communication is understanding. We must be committed to listening attentively to our customers in order to fully understand their needs, including the recognition and acceptance of diverse backgrounds. Close attention should be given so that both verbal and non-verbal messages are delivered with courtesy, clarity, and care.

Commitment to Co-Workers

As Rutherford Regional Health System employees and interns, we are linked by a common thread: to serve our patients and our community. Our co-workers are our teammates. And, just as we rely on our fellow employees, they rely on us. Therefore, we commit to respect one another and embrace all contributions.

Etiquette

At Rutherford Regional Health System we recognize that our customers' time is very valuable. We strive to provide our customers with prompt and pleasant service - always keeping them informed and making them comfortable.

Ownership

Every Rutherford Regional Health System employee and intern should feel a sense of ownership by taking pride in what we do, feeling responsible for the outcomes of our efforts, and recognizing our work as a reflection of ourselves. As employees and interns, we commit to working together as if we owned this organization.

Privacy

We as employees and interns need to ensure our customers' right to privacy and modesty by creating and maintaining a secure and trusting environment. When entrusted with a customer's affairs, we will treat all information as confidential. Discussion of these matters will be restricted to situations where the information is necessary to meet the customer's health needs. Our concern for customer's privacy will help promote peace of mind and ease the customer's anxiety about their medical care.

Quality Care

Rutherford Regional Health System believes that the heart of healthcare is its people – providing quality care for our patients, guests, physicians, employees, and volunteers. It requires compassion, and the rare ability to understand that only by routinely putting the needs of the customer first can we hope to be first as an organization.

Safety

Safety is the responsibility of all Rutherford Regional Health System employees and interns to ensure an accident-free environment. Safety is a fundamental part of our performance. Accidents can be the result of actions and attitudes that we can help eliminate.

Excellence

All Rutherford Regional Health System employees and interns have a commitment to excellence, focusing on our High Five Guiding Principles: delivering high quality patient care, supporting physicians, creating excellent workplaces for our employees, strengthening the hospital's role in the community, and ensuring fiscal responsibility.

I have read and am fully aware of the Rutherford Regional Health System Standards of Behavior for all employees. I agree to abide by all standards as a condition of my employment or clinical rotation with Rutherford Regional Health System.

Intern Participant Signature

Date

Education/Human Resources Rep. Date

Revised 3/9/2020

Terms of Internship (completed by HR Staff before initial day of Internship)

Student Info:

Student Name: _____

Institutional Affiliation: _____

Institution Contact: _____

Institution Contact Phone Number: _____

Internship Terms:

Site: _____ Department: _____

Site Coordinator: _____

Supervisor Contact Info: _____

Start Date: _____ Anticipated End Date*: _____

Total number of hours needed: _____

Proposed Work Schedule (Dates/Times): _____

* This is the anticipated end date, however, if hours accrued or skill level has not met the requirements/needs for the successful completion of this internship, the end date may be adjusted.

Site Coordinator Signature and date

§ 1-607. False claims; acts subjecting persons to liability for treble damages; costs and civil penalties; exceptions.

(a) **Liability.** – Any person who commits any of the following acts shall be liable to the State for three times the amount of damages that the State sustains because of the act of that person. A person who commits any of the following acts also shall be liable to the State for the costs of a civil action brought to recover any of those penalties or damages and shall be liable to the State for a civil penalty of not less than five thousand five hundred dollars (\$5,500) and not more than eleven thousand dollars (\$11,000), as may be adjusted by Section 5 of the Federal Civil Penalties Inflation Adjustment Act of 1990, P.L. 101-410, as amended, for each violation:

- (1) Knowingly presents or causes to be presented a false or fraudulent claim for payment or approval.
- (2) Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim.
- (3) Conspires to commit a violation of subdivision (1), (2), (4), (5), (6), or (7) of this section.
- (4) Has possession, custody, or control of property or money used or to be used by the State and knowingly delivers or causes to be delivered less than all of that money or property.
- (5) Is authorized to make or deliver a document certifying receipt of property used or to be used by the State and, intending to defraud the State, makes or delivers the receipt without completely knowing that the information on the receipt is true.
- (6) Knowingly buys, or receives as a pledge of an obligation or debt, public property from any officer or employee of the State who lawfully may not sell or pledge the property.
- (7) Knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the State, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the State.

(b) **Damages Limitation.** – Notwithstanding the provisions of subsection (a) of this section, the court may limit the damages assessed under subsection (a) of this section to not less than two times the amount of damages that the State sustains because of the act of the person described in that subsection and may assess no civil penalty if the court finds all of the following:

- (1) The person committing the violation furnished officials of the State who are responsible for investigating false claims violations with all information known to that person about the violation within 30 days after the date on which the person first obtained the information.
- (2) The person fully cooperated with any investigation of the violation by the State.
- (3) At the time the person furnished the State with information about the violation, no criminal prosecution, civil action, or administrative action has commenced with respect to the violation, and the person did not have actual knowledge of the existence of an investigation into the violation.

(c) **Exclusion.** – This section does not apply to claims, records, or statements made under Chapter 105 of the General Statutes. (2009-554, s. 1; 2018-41, s. 2.)