



Health Services Management Program – Information Packet

To enroll into the Health Services Management program, students must:

1. Complete the Midland College application at www.applytexas.org (if not already enrolled as a current student). Previous Midland College students not enrolled for two semesters also need to re-apply to the college.
2. Complete the online Health Sciences General Application.
3. Complete the HSM Information Packet
4. Submit a completed **HSM Information Packet** and send unofficial college transcripts to HSM at himhsm@midland.edu.
5. Official transcripts must be sent to the Midland College Registrar's office at records@midland.edu.

APPLICATION AND INFORMATION PACKET DUE DATES:

(if date falls on weekend then application deadline will be the next business day)

- Fall Semester - July 5th
- Spring Semester - November 10th
- Summer Semester - April 25th

NOTE:

- Admittance into the program requires an Associate of Applied Science (or equivalent degree) and 33 hours of technical courses. For more information about our program, please visit www.midland.edu/bas.
- Foreign students must comply with additional requirements set by the college. For these requirements visit: www.midland.edu/international. Since the program is completely online, foreign students do not qualify for student visa status, however, students can complete the program while living at home or in a different country.

Notice of proctored exams: There are identified courses that require proctored exams during the program. Students are responsible for any incurred costs.

Questions about the admission process? Contact us at himhsm@midland.edu or (432) 685-6893

Email the completed Information Packet to: himhsm@midland.edu **or mail to:**

Midland College
Health Services Management Department
3600 N. Garfield – DFHS (Room 218)
Midland, TX 79705

**Midland College
Health Services Management
Information Packet Data Form**

Please print or type all information except for signatures:

Name: _____ Date: _____

MC Student ID: _____

Health Services Management Track desired:

Healthcare Administration Health Informatics

Full-time Student Part-time Student

How many courses are you planning to take per semester (~3 credits/course)? _____

Health Services Management Work Experience

Please list any related position you have held over the last 10 years.

Dates	Place of Employment	Positions/Duties

Educational Background

Colleges or Universities (official transcripts must be on file with Registrar's office)

School Name	City/State	Attendance Dates	Degree Earned/GPA

Have all official transcripts been sent Midland College Registrar's Office? If no, please provide an official copy of the transcript to records@midland.edu and send unofficial copy to himhsm@midland.edu.

PROGRAM STATEMENT

I understand that keeping my information current is important for communication purposes during enrollment. Initial each statement and sign below.

_____ I agree to seek advisement from instructor if I am concerned about my grade BEFORE dropping any course.

_____ I agree to keep my personal information current on Canvas Learning System so that my instructors can contact me.

_____ I agree to follow Midland College policies regarding conduct including plagiarism, cheating, and collusion.

Printed Name: _____

Student Signature: _____ Date: _____

CONFIDENTIALITY POLICY

As students in the Health Services Management Program, you will have access to medical information that is considered property of the patient. All health information is to be kept strictly confidential. Students entering the Program will be required to read and sign a copy of the Confidentiality Agreement (Attachment). This agreement will be kept in the student's academic file in the Program Chair's office. This will be provided to the clinical experience sites prior to attendance. You may be required to sign an additional Confidentiality Agreement at the facility/site.

Never discuss a patient's care or condition except as it relates to the education process in the classroom or at a clinical experience site. Never take photographs or otherwise download information digitally. Never post or transmit any protected health information to any individual or social media site. Any student, enrolled in the program, who accesses or reveals protected health information, except in the conditions as stated, is subject to **immediate expulsion** from the program.

Students who violate HIPAA or TX Bill 300 pertaining to the privacy and confidentiality of personal health information will be removed from the program. In addition to expulsion from the program, the student may also face civil or criminal penalties as imposed by federal or state law.

According to the Office of Inspector General (OIG), any HIPAA violations may be imposed on individuals divulging confidential information whether intentional or unintentional and subject to civil fines up to \$250,000 per occurrence based on Texas State Law.

MIDLAND COLLEGE HEALTH SERVICES MANAGEMENT PROGRAM CONFIDENTIALITY AGREEMENT

I understand and agree that in the performance of my duties as a student in the Health Service Management Program, I must hold patient information in strict confidence. Furthermore, I understand and agree that intentional or voluntary violation of a patient's confidentiality will result in immediate dismissal from the program.

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

**HEALTH SERVICES MANAGEMENT PROGRAM
SERVICE WORK POLICY**

Students may not take the responsibility or the place of qualified staff. However, after demonstrating proficiency, students may be permitted to undertake certain defined activities with appropriate supervision and direction. Students may be employed in the field of study outside regular educational hours, provided the work does not interfere with regular academic responsibilities. The work must be non-compulsory, unpaid and subject to standard employee policies.

**HEALTH SERVICES MANAGEMENT PROGRAM
*STUDENT HANDBOOK ACKNOWLEDGEMENT***

I understand that I have access to the student handbook through the Canvas Learning Management System upon my admission to the program. Upon admission, I agree to read the Student Handbook before the first day of class, and I will comply with the requirements contained in it. I understand this Student Handbook may be updated periodically, and a current edition will be maintained in the HSM Community course in Canvas. I further understand that I am responsible for following procedures as changed and published in the BAS Student Handbook throughout my enrollment.

Student Signature

Date

For MHSM4551 – Health Care Management Residency

Students will complete a capstone project that will be either research-based or facility-based. A facility-based capstone project requires an affiliation agreement between Midland College and the facility. It is the student's responsibility to provide facility contact information to the course instructor by the instructor's due date.

HIPAA Information and Guidelines **For HSM Students**

What you need to know, as a student, about HIPAA:

- ❖ As a student performing a clinical rotation at any clinical site, you will have access to protected health information.
- ❖ Federal and state laws protect health information.
- ❖ It is illegal for you to use or disclose protected health information outside the scope of your clinical duties at a clinical site.

Guidelines for the use of this information are as follows:

- ❖ You may use this information as necessary to care for your patients.
- ❖ You may share this information with other health care providers for treatment purposes only.
- ❖ Do **NOT** photocopy patient information unless under the supervision of HIM personnel in the rotation of “release of information”.
- ❖ Access the minimum amount of information necessary to care for your patient or carry out an assignment.
- ❖ Do not record patient names, dates of birth, address, phone numbers, social security number, or other identifying information on the assignments submitted to your instructor. When students need to refer to chart, use account number only.
- ❖ You may only access the protected health information of patients’ charts that you are processing for clinical experience as required to complete task.
- ❖ Be aware of your surroundings when discussing protected health information. It is inappropriate to discuss patient information in elevators, cafeteria, or other public settings.
- ❖ It is not appropriate to discuss protected health information with anyone who is not involved in their care.
- ❖ Do not take photographs or digitally download or transmit any protected health information.
- ❖ If you have questions about the use or disclosure of protected health information, contact your instructor.

I have read and understand the information on this information sheet. I realize that there are civil and criminal penalties for the unauthorized use and disclosure of protected health information. I will abide by the guidelines when completing my clinical rotation.

Name of Student (please print) _____

Signature of Student _____

Date _____

Signature of Instructor _____

Program of Study _____

(Please keep a copy of this page for your reference)

**Midland College
Health Sciences Division**

Release of Information Form

I _____ do hereby authorize the Midland College Health Sciences Division to release the following information to clinical agencies for any clinical hours required.

- Criminal Background Check
- Drug Test Results
- Immunization Record(s)
- Lab Testing Results (TB testing)
- Proof of OSHA Training (completed prior to clinical courses)
- Proof of Insurance Coverage
- Date of Birth
- Social Security Number

I understand that this form may be revoked at any time, providing that the information has not already been disclosed. I may only revoke this authorization by notifying, in writing, the Health Sciences Division Office. I understand that this authorization will expire when I am no longer enrolled in any Health Science program/class.

Printed Student Name _____
Signature of Student _____
Date _____
Witness _____
Program of Study _____

For Division Use
Date received _____
Date information released: _____
Person sending information: _____

End of Information Packet