**Health Information Technology Clinical Handbook**

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Dear Student:

Parker University is pleased to provide you with information regarding the Health Information Technology Program. This handbook is designed to serve as a guide to information concerning the associate degree in Health Information Technology and to student policies that are particular to these courses of study (hereafter known as “the Program”. The requirements given in this handbook apply to all students enrolled in the Program. The student should become familiar with and make plans to comply with these guidelines. Please feel free to discuss any questions or concerns with the instructors in the Program. Be sure to read through the entire handbook.

I am happy to have you as a student in the HIT program and look forward to working with you. I hope that you will find the pursuit of your HIT degree at Parker University to be a rewarding experience.

Joe Lintz, DHA, MS, RHIA Program Director

# Accreditation

* + 1. Parker University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award certificate, associate, baccalaureate, master, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, call 404-679-4500, or visit *sacscoc.org* for questions about the accreditation of Parker University.
    2. The Associate degree in the Health Information Technology (HIT) Program will be seeking Candidacy status by the Commission on Accreditation for Health Informatics and Information Management (CAHIIM). Upon accreditation of the program students will be eligible to sit the national certification examination for the Registered Health Information Technician (RHIT) credentials. Students can become members of the American Health Information Management Association (AHIMA) at a cost of $49.00.

# Program Information

# The mission of the Health Information Technology Program at Parker University is to provide educational opportunities to develop skills and knowledge that will allow students to acquire, analyze, code, and protect electronic and traditional medical information vital to providing quality patient care. The program promotes professional development and supports the Code of Ethics of the American Health Information Management Association.

* + The Associate of Applied Science degree with a major in Health Information Technology prepares students for a career in the health information technology profession which focuses on health care data and the management of health care information resources. The profession addresses the nature, structure, and translation of data into usable forms of information including electronic health records for the advancement of health care. Health information technology professionals collect, integrate, and analyze primary and secondary health care data, disseminate information and manage information resources, related to the research, planning, provision, and evaluation of health care services. Health Information Technology professionals are an integral part of the planning, implementation and utilization of electronic health record systems.
  + Our courses transfer to a Bachelor’s degree in Health Information Management that Parker University is currently offering. If you decide to continue your education to pursue a bachelor’s degree in Health Information Management at Parker University, the Registrar’s Office at Parker University should be contacted to assure a smooth transfer of credit.
  + Entry Level Competencies for Registered Health Information Technicians (RHIT)
    - The AHIMA provides the lists of entry level competencies that detail the skills and knowledge necessary for entry level health information technician. These lists are called Domains, Subdomains are available at <file:///C:/Users/jlintz.PARKERNET/Downloads/Revised%20Candidate%20Guide%20November%202019.pdf>
  + Admission Requirements and Procedures, Course Requirements, Financial Aid, and Other University Policies and Procedure are Located on the Parker Website At: <https://www.parker.edu/wp-content/uploads/2020/07/19-20-Master-Catalog...pdf>
  + Immunization Requirements
    - The student is to submit required proof of current immunization status. It is recommended that the student have completed 2/3 of the Hepatitis B series prior to clinical course. Each student must exhibit good physical health and endurance.
  + Health Insurance
    - All Health Information Technology students are required to show proof of health insurance prior to starting clinical rotations.
  + Criminal Background Check/Drug Screening
    - The student will obtain a national background check prior to starting an internship. Students cannot participate in a professional practice experience without a “clear” criminal history background check. Agencies vary as to what the definition of “clear” means. The facilities may choose to request additional nationwide and international criminal history background checks. A student who has a criminal history may request to meet with the HIT Program Director to discuss the implication of the criminal record on his/her ability to complete the program.

# Program Student Learning Outcomes

1. Code, classify, and index diagnoses and procedures using ICD-10-CM/PCS, CPT, and HCPCS.
2. Define and apply appropriate computerized and manual record management techniques for the

maintenance of a quality health information system ensuring that health information is complete, accurate, and accessible to appropriate users.

1. Collect and analyze information related to healthcare delivery.
2. Identify and apply legal and ethical principles to health information technology, maintain compliance with standards and regulations regarding health information.
3. Identify and apply management techniques appropriate to health information technology.

# Program Contact Information

* + Joe Lintz, DHA, MS, RHIA, Program Director 972.438.6932 ext. 7419

[Jlintz@parker.edu](mailto:Jlintz@parker.edu)

* + The program will also use qualified adjunct faculty to teach various courses. Many of these are practicing HIM professionals but may also represent other professional knowledge such as MBA and nursing.

**Student Contract and Confidentiality Statement for Professional Practice**

**Experience**

**Instructions**: Read, sign, and date this form and have a witness sign/date the form. Mail or deliver the original signed document to:

Joe Lintz, MS, RHIA, Program Director, HIT Program, Parker University, 2540 Walnut Hill Lane, Dallas, TX 75229

### PERSONAL UNDERSTANDING OF PROFESSIONAL PRACTICE RESPONSIBILITIES AND OBLIGATIONS

My [semester PPE completed] professional practice experience is a vital part of my education, and I accept the responsibility of carefully reviewing the contents of the student handbook. I further accept responsibility for completing and submitting all assignments contained within the student handbook. I understand that I am to submit the written assignments to the professional practice coordinator by no later than the last day of my professional practice. (I can mail or fax the written assignments to her attention.) The final grade for my professional practice course(s) is based upon my completion of assignments and submission of typed answers, and submission of the clinical supervisor's evaluations, my student evaluation of the site. I realize I have been amply prepared for this on-site experience and I shall approach the professional practice with enthusiasm and a positive attitude so that I gain maximum benefit from this worthwhile educational experience.

I understand that absenteeism and tardiness are considered unprofessional and undesirable traits, and that the only reason for an absence from attendance at the professional practice site would be due to illness or another valid reason. I accept responsibility for making up any lost time; I understand that if I do not make up lost time, one letter grade will be deducted for each absence not made up. If I am excessively absent and/or tardy from the professional practice site, my HIT Program Director will counsel me and if necessary, administratively terminate my professional practice experience. I understand that if this occurs, the University has no obligation to place me in another professional practice site. I further understand that I am responsible for promptly reporting any absences directly to the practice site supervisor at the site and the HIT Program Director by leaving voicemail at 1- 972- 438- 6932 ext. 7419

I am expected to adhere to the professional practice site’s dress code, and I will dress in suitable office attire. If I am female, I will wear skirts, dresses or dress slacks and tops. If I am male, I will wear shirts, ties, and dress slacks. I will not wear jeans, shorts, knickers, sundresses, sneakers, sandals, or anything similar. I understand that I am expected to wear proper foot attire (e.g., no bare feet in sandals or shoes) and avoid extremes in jewelry, hairstyles, body piercing, perfume and make-up. Hazards can be associated with participating in professional practices as a student in a health science program including, but not limited to needle sticks, inhalation of microorganisms, and contact with infected body fluids. I am responsible for following infection control guidelines at the professional practice site, maintaining safe practices, and providing my own health insurance. If I become injured or ill during the course of the professional practice, I will immediately notify my professional practice supervisor. The supervisor will in turn notify the professional practice faculty member. The decision to seek medical attention and the resulting financial responsibilities are my responsibility alone.

I realize that I am not to be substituted for paid staff during any professional practice experience assignments. I may not take the responsibility or the place of "qualified" staff. However, after demonstrating proficiency, I may be permitted to perform procedures with careful supervision. I may be employed by the professional practice site outside regular education hours provided the work is limited so

it does not interfere with regular academic responsibilities. The work must be non-compulsory, paid and subject to employee regulations.

### PERSONAL HEALTH INFORMATION PLEDGE OF CONFIDENTIALITY

In consideration of my status as a student at Parker University and/or association with health care facilities that provide professional practice experiences, and as an integral part of the terms and conditions of association, I hereby agree, pledge and undertake that I will not at any time access or use personal health information, or reveal or disclose to any persons within or outside the provider organization, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation, and corporate and departmental policies governing proper release of information.

I understand that my obligations outlined above will continue after my association with the University and/or facility ends.

I further understand that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my association with the University and/or facility.

I also understand that unauthorized use or disclosure of such information will result in a disciplinary action up to and including involuntary expulsion from the University, the imposition of fines pursuant to relevant state and federal legislation*,* and a report to my professional regulatory body.

Date Signed Signature of Student

Date Signed Signature of Witness

**Acknowledge of Receipt of the Handbook and Statement of Understanding**

As a student in Health Information Technology Program at Parker University, I acknowledge that I have received and had an opportunity to examine the HIT S t u d e n t Handbook. A copy of this Handbook has been given to me to retain for future reference and I agree to familiarize myself with its contents and comply with the information provided. I understand that the information contained in the HIT Student Handbook represents guidelines only and that program modifies those guidelines or amend or terminate any policies, or procedures at any time. I accept the responsibility to keep myself informed of any changes made to the Handbook.

### PRINTED STUDENT NAME

**SIGNATURE OF STUDENT**

**DATE**

**DATE RECEIVED BY HIT DEPT.**