

**Eastern Kentucky University**

**Medical Assisting Practice**

**Student Handbook**

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## ***INTRODUCTION***

Students have a right to know what is expected of them and a responsibility to uphold those expectations. This handbook is an important document that will assist students throughout their academic endeavors within the University, the College of Health Sciences, and the Medical Assisting Practice Program. The purpose of this handbook is to provide information about the Program's policies and procedures, as well as to supplement academic program information found in the University Undergraduate Bulletin (Catalog), the University Handbook for Students, the Colonels' Compass, and the Schedule of Classes Bulletin. Information such as registration, procedures, and course descriptions are not repeated in this publication. An additional important document is the course syllabus that Medical Assisting faculty distribute to students at the beginning of each semester. The syllabus contains the grading policy, course objectives, and requirements for course completion.

### ***CODE OF ETHICS: AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS***

The Code of Ethics of the AAMA shall set forth principles of ethical and moral conduct as they relate to the medical profession and the particular practice of medical assisting. Members of the AAMA are dedicated to the conscientious pursuit of their profession, and thus desiring to merit the high regard of the entire medical profession and the respect of the general public which they serve, do pledge themselves to strive always to:

- A. Render service with full respect for the dignity of humanity;
- B. Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information;
- C. Uphold the honor and high principles of the profession and accept its disciplines;
- D. Seek to continually improve the knowledge and skills of medical assistants for the benefit of patients and professional colleagues;
- E. Participate in additional service activities aimed toward improving the health and well-being of the community.

### ***AAMA CREED***

I believe in the principles and purposes of the profession of medical assisting.  
I endeavor to be more effective.  
I aspire to render greater service.  
I protect the confidence entrusted to me.  
I am dedicated to the care and well-being of all patients.  
I am loyal to my physician-employer.  
I am true to the ethics of my profession.  
I am strengthened by compassion, courage, and faith.

## ***ACCREDITATION***

The Eastern Kentucky University Medical Assisting Practice Program was established in response to the need for skilled individuals to serve as members of the primary health care team in providing optimal health care to people in the community. This program, leading to a certificate, an associate or baccalaureate degree, enables interested individuals to acquire a basic understanding of the health sciences and an appreciation of human dignity.

The Medical Assisting Technology Associate Degree Program is accredited by the Commission on Accreditation of Allied Health Education Programs in collaboration with the American Association of Medical Assistants. Graduates of the Associate Degree program are eligible to take the certification examination administered by the American Association of Medical Assistants.

## ***PROGRAM OBJECTIVES***

A graduate of the Medical Assisting Practice Program is expected to:

1. Utilize knowledge acquired from the curriculum to perform administrative and clinical skills in the physician's office;
2. Apply knowledge of human development and behavior to communicate effectively with patients, their families, and health care workers;
3. Assume ethical and legal responsibility for medical assisting practices;
4. Utilize theory and skills to provide patient education;
5. Serve as a liaison between the physician and the patient;
6. Accept the responsibility for continuing growth as a person and professional; and
7. Consistently uphold confidentiality standards in all classroom, laboratory, clinical, and externship experiences.

**EASTERN KENTUCKY UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
MEDICAL ASSISTING TECHNOLOGY PROGRAM  
Curriculum Guide**

Fall

HSO 100 – 1 credit hour  
ENG 101 – English – 3  
MAS 100 – Introduction to Medical Assisting – 3  
MAS 200 – Medical Terminology I – 3  
CIS 212 or CSC 104 – Introduction to Computer Information Systems – 3  
BIO 171 – Human Anatomy 3  
CCT 106 – Electronic Data Input – 1

Spring

ENG 102 – English – 3  
EMC 102 or HEA 202 and 203 – Emergency Medical Care - 3  
MAS 201 – Medical Terminology II – 3  
BIO 301 – Human Physiology – 3

Fall

MAS 355 – Medical Office Claims Procedures – 3  
MAS 324 – Medical Assisting Techniques – 8  
CCT 201 – Professional Communication – 3

Spring

MAS 360 – Medical Office Administration – 4  
MAS 323 – Medical Assisting Laboratory Procedures - 6  
BLK III – Arts and Humanities – 3  
BLK V Social and Behavioral Science – 3

Summer I

MAS 390 – Medical Office Externship – 5

Total of 64 credit hours

**MEDICAL PRACTICE MANAGEMENT PROGRAM**  
***Baccalaureate Degree Program***

The Baccalaureate Degree in Medical Practice Management is a "2+2" program designed for individuals who have previously obtained an Associate of Science degree in Medical Assisting. This program prepares medical assistants to increase their knowledge in the administration and management of ambulatory health care settings. Managers in physicians offices are faced with many unique administrative demands, such as compliance with federal and state regulations; policy and procedure development; negotiation of contracts with HMOs and PPOs; personnel and facility management; financial management, and medical records management. This degree program responds to the need for providing management personnel for physicians' offices. Acquiring additional management skills is advantageous to the medical assistant because it provides opportunities for advancement into management positions in medical offices and other ambulatory care settings.

## **Medical Practice Management Curriculum Guide**

\*Students must have completed all course work for the Associate Degree in Medical Assisting Technology prior to completing a major in Medical Practice Management.

\* The courses below show only the last two years of the 4-year degree in Medical Practice Management. The first two years of this baccalaureate program consist of the AAS degree program in Medical Assisting Technology.

Fall

Block IC – Oral Communications - 3

Block II – Math – 3

Block IVA – Biology 100 with lab – 3

MPM 410 – Business and Information Management in MPM – 3

BLK IVB – Physical Science with lab (CHE 105 & 107) – 4

Spring

Block VA – History – 3

Block VB – ECO 230 - 3

ACC 201 – Introduction to Financial Accounting – 3

Block VC – History or Social/Behavior Science - 3

MPM 450 – Strategic Policy Development in MPM – 3

Fall

BLK VI – Wellness - 3

MGT 301 – Principles of Management – 3

MGT 320 – Human Resource Management – 3

ACC 202 – Introduction to Managerial Accounting – 3

MPM 460 – Compliance and Risk Management in MPM - 3

Spring

12 hours of free electives are required

Summer I

MPM 480 – Medical Office Practicum – 3

Total Curriculum Requirements – (64 hours in Associate degree program plus 64 hours in the remaining program = 128 total curriculum hours)

## **MEDICAL CODING CERTIFICATE PROGRAM**

The U.S. Government predicts a growth in the demand for medical coders of 49% during the 2000-2010 time period. ECU's Medical Coding Certificate Program provides students with the necessary skills and core concepts to allow you to seek entry-level coding positions in health care facilities, including physician offices, outpatient facilities, hospitals, nursing facilities, home health care and hospices. You may also elect to sit for the certification examinations offered by the American Academy of Procedural Coders (AAPC – [www.aapc.com](http://www.aapc.com)) and/or the American Health Information Management Association (AHIMA – [www.ahima.org](http://www.ahima.org)), once the respective organization's examination criteria are met. ECU's Medical Coding Certificate courses are all transferable into the Medical Assisting/Medical Practice Management programs and are as follows:

### ***Suggested Sequence***

#### ***Fall Semester (credit hours)***

BIO 171 – Human Anatomy – 3  
MAS 200 – Medical Terminology I - 3  
CIS 212 – Computer Information Systems - 3  
MAS 355 – Medical Coding – 3

#### ***Spring Semester (credit hours)***

MAS 201 – Medical Terminology II - 3  
MAS 360 – Medical Office Administration - 4  
BIO 301 – Human Physiology – 3

#### ***Summer (credit hours)***

MAS 370 - 1  
Total Certificate Hours = 23

\* Students must notify the Medical Assisting Program Director (Joy Renfro – [joy.renfro@ecu.edu](mailto:joy.renfro@ecu.edu)) once all certificate courses have been completed so that a coding certificate can be issued by the department.

## ***MEDICAL ASSISTING TECHNOLOGY PROGRAM PROGRESSION REQUIREMENTS***

The practice of medical assisting involves communication with patients and direct patient care activities. Certain cognitive and psychomotor capabilities are required for the safe and skillful performance of these activities. In order to satisfactorily progress through the medical assisting program a student must possess the following

- A. Visual acuity such as that needed for preparation and administration of medications, observation and measurement of laboratory values, physical assessment activities, and administrative tasks.
- B. Hearing ability as that required to receive verbal messages from patients or staff members and to utilize hearing and monitoring devices such as a stethoscope. The student must also be able to hear and transcribe medical dictation using conventional transcription equipment.
- C. Motor skills and coordination as needed to implement the skills required to meet the health needs of patients and also to operate computers and other technical equipment.
- D. Communication skills such as those of speech, reading, and writing as needed to interact with and interpret patient needs and communicate these as necessary to provide safe and effective care.
- E. Reading, writing, and cognitive skills such as those required for written examinations, research papers, and the composition of business letters and other business communication.
- F. Mathematical skills such as are needed for calculating drug dosages and financial record keeping for the physician office.
- G. Intellectual and emotional ability to coordinate patient care and manage activities within an ambulatory care facility.

## ***MEDICAL ASSISTING PRACTICE PROGRESSION POLICY***

Progression through the Medical Assisting Technology Program sequence is dependent upon:

1. Maintaining a minimum cumulative grade point average of 2.0 on a 4.0 scale.
2. Attaining a minimum grade of "C" in all MAS courses and all supporting courses.
3. All MAS courses and support courses must be successfully completed prior to enrolling into MAS 390 (Externship).

## **GRADING SCALE**

Students will receive grades for Medical Assisting Technology Program courses as required by the University, according to the following scale:

A = 90-100%

B = 80-89%

C = 70-79%

D = 60-69%

F = 59% or less

## **CHANNELS OF COMMUNICATION**

Students seeking clarification of information contained in the documents listed in the preface of this handbook or seeking additional information must follow program channels of communication. Questions regarding a course must first be addressed to the instructor. General questions about the academic program must first be addressed to the student's academic advisor. Personal counseling is available through the University Counseling Center. Program faculty maintain posted office hours for students during each semester. Appointments should be made in advance to insure the faculty members' availability at the time desired by the student.

## **ACADEMIC INTEGRITY**

Academic integrity is a fundamental value for the Eastern Kentucky University community of students, faculty, and staff. It should be clearly understood that academic dishonesty is not tolerated and incidents of it will have serious consequences. Anyone who knowingly assists in any form of dishonesty shall be considered as responsible as the student who accepts such assistance and shall be subject to the same sanctions.

The Office of Academic Integrity provides access to the University's comprehensive policies regarding academic honesty at [www.academicintegrity.eku.edu](http://www.academicintegrity.eku.edu) and all incoming students are responsible for reading and adhering to these policies. Students are also asked to sign the ECU Honor Code upon admission to the University. By honoring and enforcing this Academic Integrity Policy, the University community affirms that it will not tolerate academic dishonesty.

## **STUDENT ACADEMIC ADVISING**

Each semester students must meet with their academic advisor to discuss course registration and sequence of medical assisting courses. Each student will receive a CARES Report from the University. This report lists courses which have been successfully completed and those yet to be taken to fulfill degree requirements. It is the student's responsibility to register for courses in proper sequence to obtain degrees or certificates in a timely manner.

## ***CREDIT BY EXAMINATION***

Eastern's Credit By Examination program allows students with requisite knowledge to accelerate their progress toward degrees by earning credits through examination rather than through formal classes. Credit by examination may be earned by taking CLEP (College Level Examination Program) tests. These examinations are available in over twenty general education subject areas. Eastern also accepts certain APP (Advanced Placement Program) courses which are available to high school students. In order to receive APP credit for college courses, students must have successfully passed the APP examination and provided the University with such documentation.

Departmental Examinations are available as another method of Credit by Examination. Many academic departments at ECU have developed Departmental Examinations for some of their courses. If you are interested in obtaining further information about these examinations, including sign-up procedures and cost, students should contact the Office of Academic Testing (<http://www.testing.ecu.edu/>).

## ***TRANSFER COURSE CREDITS***

Students desiring to transfer credit from other institutions are required to send an official transcript of previous course work to the Eastern Kentucky University Admissions Office. A determination of credits transferable to meet general education requirements is made by the Office of Undergraduate Studies. The transferability of credit to fulfill requirements in the Medical Assisting Practice Program is determined by the Dean of the College of Health Sciences, with support by the faculty of the Medical Assisting Practice Program.

## ***CLASSROOM DISRUPTION POLICY***

The Medical Assisting Practice faculty will not tolerate behaviors that disrupt the learning environment of the classroom and laboratory. The following list, although not exhaustive, are examples of behaviors which are considered as disruptive by the program faculty.

- |                                      |                          |
|--------------------------------------|--------------------------|
| 1. arriving late                     | 2. leaving early         |
| 3. cell phone ringing or use         | 4. inappropriate talking |
| 4. eating                            | 5. drinking              |
| 6. bringing children to class or lab |                          |

Any student who is reprimanded for disruptive behavior three times will be referred to the Medical Assisting Practice Faculty Committee for review and possible disciplinary action. If a student comes to the disciplinary committee twice in one semester, the student's grade in the course may be affected.

## ***ATTENDANCE POLICY***

Class attendance is extremely important to ensure learning of course material. Each Instructor will have the attendance policy for their course posted on the course syllabus for each class. It is essential that students adhere to the Instructor's attendance policy.

## ***STUDENT HEALTH DOCUMENTATION***

The Medical Assisting Practice Program requires that every student turn in the following documents PRIOR to any clinical or externship experience. Documentation must be submitted with the Student Health Documentation Record Form.

1. Proof of current immunization status, including:

MMR (measles-mumps-rubella): two doses required for persons born after 1957, or rubella and rubeola titre indicating proof of immunity

Td (tetanus-diphtheria): up-to-date or 1 dose within last 10 years

HepB (hepatitis B): proof of vaccine series status, or signed Declination Form

Var (varicella-chickenpox): proof of chickenpox disease, or proof of 2 doses vaccine

2. Current annual tuberculin skin test (PPD), or chest x-ray result
3. Current EKU Student Liability Insurance (proof of paid receipt required)
4. Completed and signed Student Agreement Form and Student Health History Form

## ***STUDENT RESPONSIBILITIES IN OFF-CAMPUS CLINICAL EXPERIENCES***

Assigned off-campus experiences are an essential part of the total learning experience for the Medical Assisting Practice major. Student association with cooperating health agencies reinforces classroom instruction, provides new supervised learning experiences under well-qualified professionals, and enhances student self-esteem. Off-campus clinicals also provide an opportunity for cooperating health agencies to view the profession of Medical Assisting and Eastern Kentucky University. Therefore, students are expected to maintain the highest standards of professionalism. A specific list of professional expectations is listed. If for any reason a student is unable to attend the assigned clinical, the instructor must be notified, and the cooperating health agency must be notified. Any absence in an off-campus clinical must be made up at the convenience of the cooperating health agency. Students will:

1. uphold the behaviors defined by the College of Health Sciences Student Agreement;
2. strive to gain professionalism and knowledge from each clinical experience;
3. conduct themselves in mature, professional relationships with others;
4. complete clinical assignments as required, and
5. uphold confidentiality of all patient and staff information.

## ***TRAVEL REQUIRED FOR OFF-CAMPUS EXPERIENCES***

Travel is required to and from off-campus medical facilities during clinicals and externship. Students are responsible for their own transportation. Many off-campus agencies are located outside Madison County. If a student does not have transportation, it is the student's responsibility to inform the instructor of the course at the beginning of each semester.

## ***STUDENT LIABILITY INSURANCE***

The College of Health Sciences and the Medical Assisting Practice Program require that all students purchase the College Student Liability Insurance annually with enrollment in all MAS clinical, laboratory, or externship courses. No student will be allowed to begin any clinical practice skills without providing proof of liability insurance (proof is a copy of the paid tuition and insurance receipt) to the appropriate instructor.

## **STUDENT EXPENSES**

In addition to tuition and textbook fees, students in the Medical Assisting Practice Program may anticipate the following expenses:

1. Name Pin - Cost approximately \$6.00.
2. Liability Insurance - purchased annually with appropriate clinical/laboratory courses.
3. Student Health Requirements - students are responsible for the cost of any vaccinations or lab tests required by the program, college, or university.
4. Off-campus travel - students are responsible for the cost of their own transportation. Costs vary.
5. Watch - a second-hand watch is required for clinical courses and all off-campus clinical experiences.
6. White leather shoes - students are responsible for white, closed toe, leather shoes for clinical and externship courses. Costs vary.
7. Clinical Uniform - Solid colored pants or skirt, and solid color shirt - purchased individually. Required uniform for clinicals and externship.
8. CMA Exam fee - American Association of Medical Assistants Certification Examination for Certified Medical Assistants.
9. Stethoscope – approximate cost is \$60.00

### **College of Health Sciences Application for Graduation**

Students must complete an Application for Graduation available from the College Dean's Office (Rowlett Building room 203). Deadlines for applications are:

December Graduation: Deadline April 30

May Graduation: Deadline October 31

Summer Graduation: Deadline October 31

### ***MAS 390: EXTERNSHIP POLICIES***

1. Students are eligible for MAS 390 following successful completion of all MAS and supporting core courses. Successful completion is defined as at least a "C" grade for the course.
2. MAS 390 is offered during the Spring and Summer terms. Most students will complete Externship in a local medical office. The total MAS 390 hour requirement is 200 hours.
3. Externship sites must be located within sixty miles of Richmond, Kentucky.
4. No payment or employee benefits may be received for MAS 390.
5. Students are responsible for their own actions (injuries or damages) which could occur during clinical experiences. Students must show proof of annual payment of liability insurance through the University. Students should be covered by a personal health insurance policy.
6. Students must show proof of all required vaccines and current TB skin testing (PPD). The vaccinations and TB testing will be paid for by the student or their personal health insurance.
7. In the case of an accidental needle stick to the student during any clinical experience, the student must notify the clinical preceptor and the Externship Instructor. Appropriate laboratory tests, vaccinations or treatments should be performed at the student's expense. An incident report must be completed and submitted to the Externship Instructor.
9. Attendance is required. If a student is ill they must notify the clinical facility as well as the ECU Externship Instructor. Absences are to be made up at the facility's convenience
10. Students will wear appropriate uniforms and protective clothing. A name tag will be worn to easily identify students as Eastern students. Hair should be neat, clean and professional. No excessive jewelry may be worn.
11. When in clinical sites, students are under the office's supervision. Following a short orientation period they should perform many of the medical office tasks on their own initiative.
12. Students must observe complete professional confidentiality in anything they see, hear or do while in clinical settings. Unprofessional conduct will not be tolerated.
13. In the event of inclement weather, students must use their own judgement as to whether or not to travel to a clinical or externship site. If a student misses a day due to hazardous weather, the student must notify the clinical facility and make plans to reschedule any missed clinical time.

### ***STUDENT BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN***

MAP students will uphold Standard Precautions during all clinical, laboratory, and externship experiences. The College of Health Sciences Bloodborne Pathogens Exposure Control Plan is on file in the Medical Assisting Practice departmental office.

## MEDICAL ASSISTING PRACTICE STUDENT HEALTH DOCUMENTATION VERIFICATION

Student Name: \_\_\_\_\_

Instructor Verification Signature: \_\_\_\_\_ Verified Date: \_\_\_\_\_

Please attach a photocopy of each of the following required health documents. Check all the appropriate boxes.

- I submit proof of my Hepatitis B Vaccine series. Or (see next item below) – check one or the other.
- I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. However, I have declined the Hepatitis B vaccination and will still continue to be at risk for acquiring Hepatitis B Virus.

Sign here if declining: \_\_\_\_\_ Date: \_\_\_\_\_

- I have contracted varicella (chickenpox) in the past or I am submitting proof of my varicella vaccine series.
- I submit proof of my Tetanus-Diphtheria vaccine.
- I submit proof of two doses of MMR vaccine.
- I submit proof of rubella and rubeola immunity (rubella and rubeola titre).
- I submit proof of a negative result PPD skin test taken within the past 12 months.
- I submit medical documentation following a positive PPD skin test (results from chest X-ray and physician note).
- I submit proof of current CPR certification.
- I submit a current Health History Form.
- I submit a signed Student Agreement Form.
- I submit proof of paid student liability insurance.

ACKNOWLEDGMENT OF RECEIPT OF  
MEDICAL ASSISTING PRACTICE STUDENT HANDBOOK

I have received a copy of the  
Medical Assisting Practice Student Handbook,  
and understand that I am responsible for reading and understanding the Handbook.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Eastern Kentucky University**  
**Medical Assisting Practice Program**  
**STUDENT HEALTH HISTORY**

**TO THE STUDENT:** A health history form is required in selected programs for students within the College of Health Sciences. This health information is confidential. Please read the form carefully; answer all questions on both pages of the form.

Name: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Social Security:	Birthday:	Expected Entrance Semester: (Circle One) Fall                      Spring Summer I              Summer II	Year:
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Notify in Case of Emergency:	Relationship:
------------------------------	---------------

Address:	Telephone Number:
----------	-------------------

Physician's Name and Address:	Telephone Number
-------------------------------	------------------

Hospitalization Insurance:       Yes       No  
**(If yes, please complete the section below.)**

Name of Insurance Company or Covering Agency: \_\_\_\_\_

Address of Insurance Company or Agency: \_\_\_\_\_

BC/BS Certificate Number:	Group Number:
---------------------------	---------------

If other policy or type of coverage, give policy or ID Number: \_\_\_\_\_

Name of Policyholder:	Relationship to student:
-----------------------	--------------------------

Address of Policy holder: \_\_\_\_\_

## PERSONAL HEALTH HISTORY

**Instructions:** Mark an “X” in the appropriate column for each question. *If yes is marked on any column please give a brief statement of the condition in the remarks column.* An additional sheet may be utilized as necessary.

	<b>HAVE YOU HAD A HISTORY OF ANY OF THE FOLLOWING:</b>	<b>No</b>	<b>Yes</b>	<b>REMARKS:</b> (Add additional page(s) if necessary)
1	Have you had a tetanus toxoid (or tetanus-diphtheria) injection within the last 10 years?			
2	Hospitalization, fractures, surgery, or serious illnesses			
3	Continuing use of prescribed medications.			
4	Drug allergies or other allergies. Please specify.			
5	Rheumatic fever, heart murmur, cyanosis, abnormal or irregular heart rate or rhythm, or recurrent chest pain.			
6	Shortness of breath at rest or after mild exertion, heart failure, swelling of hands or feet.			
7	Excessive or prolonged cough or sputum production, coughing up blood, or chest pain on breathing deeply.			
8	Pneumonia, bronchitis, tuberculosis, sinusitis, asthma, or frequent sore throats, or ear infections.			
9	Vomiting of blood, blood with bowel movement, black stools, jaundice, or recurrent episodes of nausea, vomiting, diarrhea, or persistent abdominal pain.			
10	Disorder of liver, gall bladder, colon, or stomach, or peptic ulcer.			
11	Diabetes mellitus, thyroid disorder, endocrine disorder.			
12	Double vision, fainting spells, epilepsy or seizure disorder, recurrent severe headaches, color blindness.			
13	Numbness, paralysis, tremors, persistent or progressive weakness.			
14	Urinary tract infection			
15	Prostate infection			
16	Blood, pus, protein, sugar, or stone in the urine.			
17	Abnormal or irregular menstrual periods: Disorder of the ovary, recurrent vaginal infection.			
18	Counseling or treatment for emotional problems in the past 5 years.			
19	Advised to seek further counseling for emotional problems.			
20	Any physical handicap, which may cause difficulty in performance of normal activities; (e.g., blindness, hearing loss, difficulty in walking, speech defects, missing limbs, paralysis, etc.)			
21	Abnormal chest x-ray (if yes, give date and place of x-ray, details of abnormalities, if known).			
22	Positive skin test for tuberculosis, or treatment for a positive skin test for tuberculosis			
23	Family history of tuberculosis, cancer diabetes mellitus, high blood pressure, any inherited disease or unusually illness.			

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

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

**Eastern Kentucky University**  
**Medical Assisting Practice**  
**STUDENT AGREEMENT**

I, \_\_\_\_\_ hereby understand and agree to the following conditions.

1. That my student health history shall be in the custody of my department of instruction.
  - a. I shall submit to laboratory test required by the Cooperating Health Agency.
  - b. I shall follow the recommendations of a consulting physician regarding the feasibility of participation or corrective measures in instances of a known health problem.
2. That my student health history and the results of required lab tests may be released to any clinical cooperating Health Agency to which I may be assigned.
3. I understand that I need not be reimbursed for services rendered during my assigned clinical experience and will usually donate my services to the Cooperating Health Agency for the privilege of learning.
4. I understand that I am required to carry the professional liability insurance policy available through Eastern Kentucky University. This normally applies only to the clinical phase of instruction and is requested on the "Registration Form".
5. I agree to promptly report in writing to the Office of my Department Chair any incident of which I have actual knowledge which might involve legal liability on the part of myself or my supervising faculty instructor. Such report shall be filed within two (2) days after the occurrence of such incident.
6. I understand that the Cooperating Health Agency retains the right to require the removal from and deny access to its facilities to me in the event my professional ability or conduct is disreputable, disruptive, or otherwise destructive of the established practices of the Cooperating Health Agency or its standing in the community.
7. I further understand that it is my responsibility to provide my own transportation to and from the Cooperating Health Agency and to provide working uniforms required by either Eastern Kentucky University or the Cooperating Health Agency to which I am assigned, in the event that such uniforms are not provided by the Cooperating Health Agency.
8. I shall at all times while on duty maintain personal hygiene and personal appearance as required by the University or the Cooperating Health Agency.
9. If it becomes necessary at any time to interrupt my education once I have entered the program sequence, I will discuss my reason for withdrawing with my academic advisor and department chairman prior to leaving campus. The interruption of my program does not guarantee a place being held for me.
10. I understand that the medical records, indices and documents of the Cooperating Health Agency are legally confidential, and I will not divulge any personal and/or medical information concerning any patient or patient record which I encounter at the agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Eastern Kentucky University**  
**Medical Assisting Practice**  
**INCIDENT REPORT**

The incident form of the specific agency is made out when an incident\* occurs involving a patient, visitor, employee, student, or instructor. When a student is involved, the incident form of the College of Health Sciences is also filled out and placed in the student's individual folder. The Department Chair of the program in which the student is enrolled is to be informed of the incident.

Name (student): \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Agency: \_\_\_\_\_ Unit: \_\_\_\_\_ Room #: \_\_\_\_\_

Name of Person Involved: \_\_\_\_\_ I.D. ( (if patient): \_\_\_\_\_ Age: \_\_\_\_\_

Peron's Condition Before Incident: \_\_\_\_\_

Describe Exactly What Happened (Use back of form if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the Person Seen By A Physician?     Yes     No    What was the Physician's Assessment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Could the Incident Have Been Avoided?     Yes     No    Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student Involved

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

**\*Any occurrence which is inconsistent with the routine operation of the agency or routine care of a person constitutes an incident**