

Dear Professional Student,

We are excited you have chosen to do your internship/externship at Access Carroll! Access Carroll is a private nonprofit community health center that provides integrated medical, dental, and behavioral health care for low-income and at-risk residents of Carroll County, Maryland.

Please take a few minutes to read and complete the enclosed packet of information. The application will help us know your intentions while at Access Carroll and how to contact you in case of an emergency. The application checklist will help us ensure you are ready to begin your experience at Access Carroll.

A couple of things to highlight before you arrive:

1. To learn more about us, please visit our website at accesscarroll.org. You are also welcome to come and visit before your experience begins – just give us a call at 410-871-1478 or email Marquita at mfrink@accesscarroll.org to schedule a tour.
2. There is ample parking around our facility, but the majority is metered at .25 cents per half hour through the City of Westminster. Free parking is available at the Longwell Annex above City Hall and adjacent to the Westminster City Police Department. We have included an application for the City of Westminster in the event you choose to pay to park and obtain a one-month or longer parking pass. If you want to have sheltered parking, we recommend the Longwell Garage which is very close to our facility. The rates for the various locations are enclosed.
3. We have a small kitchen onsite with refrigerators, microwave, and toaster oven in case you want to bring food to eat while you are here. There are also many restaurants in very close walking distance in downtown Westminster.
4. Either before you begin or on your first day, we will issue you a Photo ID Badge that has door access, depending on your type of internship/externship.

If you have any questions, please don't hesitate to contact us. If you are working with a mentor/preceptor and have their contact information, feel free to reach out to them directly. Otherwise, please contact Marquita in the main office at 410-871-1478 or email Marquita at mfrink@accesscarroll.org. If you are doing a dental experience, you may contact Janneth Guevara at 410-871-1478 or jguevara@accesscarroll.org.

We look forward to working with you soon!

Best regards,

The Access Carroll Team

PROFESSIONAL STUDENT APPLICATION

PERSONAL INFORMATION

Name (Last, First, Middle Initial): _____

Date of Birth (Month/Day/Year): _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work or Cell Phone: _____

E-mail Address: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Relationship: _____

PROFESSIONAL SCHOOL INFORMATION

Name of School: _____

Program of Study: _____ Graduation Date: _____

Instructor Name: _____

Instructor Email: _____ Phone: _____

Area(s) of Internship/Externship: ☐ **Medical** ☐ **Dental** ☐ **Behavioral Health**

Days/Times planning to be onsite at Access Carroll: _____

Last day of internship/externship: _____

Additional information: _____

PROFESSIONAL STUDENT CHECKLIST

Access Carroll is a community health care facility and abides by the highest standards of safety and confidentiality. Before you may begin your internship/externship the following are required as applicable:

- _____ School documentation of scheduled internship/externship with contract of terms and liability coverage
- _____ School objective checklist (this will vary with schools and programs)
- _____ School documentation of your eligibility to participate in this program with required immunizations
- _____ Signed Access Carroll Confidentiality Agreement – HIPAA & Electronic Health Record Usage (attached)
- _____ Signed Consent and Release For Photo (optional for Access Carroll media, reports, etc.) (attached)
- _____ Bathroom/Plumbing Notice – signed (attached)
- _____ Received parking information from the City of Westminster and having arrangements in place (attached)
- _____ Obtained a Photo ID with understanding of access and usage (will provide on your first day)
- _____ Electronic Health Record password and orientation (will provide within the first day(s) of your arrival)
- _____ Other: _____

Signature _____

Date _____

Staff Acknowledgement as applicable: _____

Date: _____

CONFIDENTIALITY AGREEMENT

Access Carroll, Inc. is a non-profit organization providing integrated health services for residents of Carroll County, Maryland. Our patients are entitled to confidentiality in accordance with HIPAA's Protected Health Information or Electronic Protected Health Care Information. In order for our clinic to be effective, patients must feel they can seek treatment without jeopardizing their privacy.

I understand one of my responsibilities, as an employee/volunteer/student of Access Carroll, Inc., is to respect and maintain patient confidentiality. Staff, contractors and volunteers/students are expected to treat ALL data about a patient as confidential, understanding that approval to access and use such information (whether verbal, written, or electronic) is a privilege. Staff, contractors and volunteers/students are not to discuss or exchange information about patients, except for discussion or disclosures necessary or desirable to furnish or arrange health or social services for a patient – on a need to know basis. I understand that I may not seek patient information not required to perform my duties. I further understand that a violation of confidentiality is a serious disservice to the community and this organization.

I understand that I may be given the use of a computer workstation including the use of internet, electronic health record, or internal e-mail or internet access enabling me to seek patient information. I will exercise this privilege in accordance with the policies and procedures of Access Carroll, Inc. I understand there is no expectation of privacy with respect to e-mail and all access in any form is granted only to support the business purposes of Access Carroll, Inc.

I have read and understand the statements above. I have read, understand, and received a copy of Access Carroll's policies and procedures on confidentiality. I recognize that sharing any of the information I see, hear or read while performing my duties associated with Access Carroll, Inc. is prohibited. I also understand any breach of confidentiality is a serious offense and subject to disciplinary action, possibly resulting in termination as an employee/volunteer/student at Access Carroll, Inc.

Employee Signature _____ Date _____

Employee Printed Name _____

Volunteer/Student Signature _____ Date _____

Volunteer/Student Printed Name _____

Parent/Guardian Signature (for Volunteer/Student under age 18) _____

Parent/Guardian Printed Name _____ Date _____

Witness Signature _____ Date _____



10 Distillery Drive, Suite 200
Westminster, MD 21157
410-871-1478
www.accesscarroll.org

PHOTO CONSENT AND RELEASE FORM

PHOTOGRAPHY CONSENT FORM / RELEASE

I, (print name) _____, hereby grant permission to Access Carroll, Inc. representatives, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Access Carroll, Inc.

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Access Carroll, Inc. representatives, to take and use: photographs and/or digital images of **my child** for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Access Carroll, Inc.

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)

BATHROOM – PLUMBING NOTICE

No one will be permitted to work, volunteer or function as a student at Access Carroll unless the following document is signed and a competency checklist is completed on bathroom usage and toilet paper replacement.

By signing this document, I acknowledge the following about usage of bathrooms at Access Carroll, Inc.:

1. At no time is anything other than body waste and toilet paper allowed to be flushed in the toilet.
2. Paper towels, tampons, feminine napkins, toileting cloths, and any other cleaning item is not permitted in the toilet, and must be disposed of in the trashcan.
3. Empty rolls of toilet paper must be replaced immediately. Additional rolls are located in the cabinet above the toilet and in the main supply closet.
4. If the cabinet is empty of toilet paper, restocking the toilet paper is required as noted in the orientation competency checklist.
5. The bathrooms are to be used with respect with everyone responsible for cleaning up after themselves.

I further understand that not following these simple but necessary rules will cause plumbing issues for Access Carroll that is both inconvenient and costly to repair.

I understand there are alternate bathroom options in the main foyer of the building.

Staff Member, Volunteer, or Student Signature

Date

PRINT NAME

Staff/Trainer Witness Signature

Date

☐ **RENEWAL**

(Please check this box if this is a renewal)

**CITY OF WESTMINSTER
FINANCE DEPARTMENT
45 W. MAIN STREET
WESTMINSTER, MD 21157
(410) 848-3255**

PARKING PERMIT APPLICATION

LOT/GARAGE	PERMIT # (OFFICE USE ONLY)
APPLICANT INFORMATION	VEHICLE INFORMATION
NAME:	TAG #:
WORKPLACE:	TAG STATE:
STREET ADDRESS:	VEHICLE YEAR:
CITY/STATE:	VEHICLE MAKE:
ZIP:	VEHICLE MODEL:
WORK PHONE #:	VEHICLE COLOR:

FOR OFFICE USE ONLY BELOW THIS LINE

DATE: _____

PERMIT(S)# _____

PARKING PERMIT RECEIPT FOR:

- | | |
|---|---|
| ☐ BAUERLEIN LOT | ☐ LONGWELL GARAGE |
| ☐ CHAPEL LOT | ☐ WESTMINSTER SQUARE GARGAGE |
| ☐ NORTH LONGWELL LOT | |
| ☐ SOUTH CONWAY LOT | ☐ RESIDENTIAL PERMIT |

AMOUNT PAID \$ _____ PAID THRU _____

BUSINESS NAME/ BILL TO _____

ADDRESS (Business or Residence) _____ PHONE NUMBER _____

