



UnityPoint Health Finley Hospital

You're invited to join the UnityPoint Health, Finley Hospital Health Careers Exploring Program!

Dear Future Explorer:

Exploring is excited to learn of your interest in health field careers from a recent school survey. Together with UnityPoint Health, Finley Hospital in Dubuque, we would like to invite you to participate in the Health Careers Exploring Program!

Each session of this program focuses on a different department in the hospital, giving students a taste of many different health fields & specialties. From pharmacy, to surgery, radiology, and more; this Exploring program provides students a chance to tour various departments, participate in activities, meet professionals in the field, and ask plenty of questions! Students will walk away knowing if a health field career is something they want to pursue.

UnityPoint Health & Finley Hospital normally do not allow any local students to observe or shadow due to HIPPA laws which protect patient privacy & safety, so you do not want to miss out on this opportunity!

FIRST MEETING:

Date: Monday, October 7th, 2019

Time: 4:30-5:15/5:30 p.m.

Location: Finley Hospital | 350 N Grandview, Dubuque IA

You will be greeted in the lobby of the front entrance at 4:30

Registration Fee: \$40.00 (made payable to Northeast Iowa Council)

UnityPoint at Finley Hospital can only accommodate twenty-five students at one time, so please call or email to RSVP. Due to the limited number of spots for students, we ask that you please take attendance very seriously. Contact Melissa Neuhaus with the Exploring Program with RSVPs or questions at 563-556-4343 or email her at melissa.neuhaus@scouting.org.

Once you have made your reservation, you will be sent a packet of forms that need to be filled out and brought to the first meeting – including the enclosed Health and Wellness form with a certificate of immunization. Please complete all forms, making sure the registration form is also signed by a parent, and bring them to the first meeting or mail them along with your registration fee to Exploring, PO Box 732, Dubuque, IA 52004.

This is an excellent way to learn about careers in the medical field while having a great time. Remember, your future is the best reason to explore careers today!

Sincerely,

Jolene Koopmann

UnityPoint Health, Finley Hospital



CAREER EXPLORATION

DISCOVER YOUR FUTURE HEALTH CAREERS

Check out careers in the health care industry!

Get a behind-the-scenes look at a variety of health careers at UnityPoint Health & Finley Hospital. From pharmacy to surgery, cancer care and more; this program provides students a chance to tour various departments, participate in activities, meet professionals, and ask questions!

Normally, there is limited access to the day-to-day work of UnityPoint Health & Finley Hospital - so this is a great opportunity for students to get a experience first-hand a career in health.

October 7 | 4:30-5:30 PM | Introduction and Volunteer Services

November 4 | 4:30-5:30 PM | Surgery

December 2 | 4:30-5:30 PM | Wendt Cancer Center

January 6 | 4:30-5:30 PM | Lab

February 3 | 4:30-5:30 PM | Pharmacy

March 2 | 4:30-5:30 PM | Rehab Services

April 6 | 4:30-5:30 PM | Radiology

May 4 | 4:30-5:30 PM | Emergency Department

**Finley Hospital
300 N Grandview | Dubuque
Meet in Lobby**

How to Participate:

- RSVP to Melissa at 563.556.4343 or melissa.neuhaus@scouting.org.
- Request signed certificate of immunization from your health care provider
- Bring all completed forms and registration fee to first meeting (payable to Exploring)

**This program has a limit of 25 participants and spaces fill fast!
Guarantee your spot by RSVPing right away!**



EXPLORING INFO Hands-on Career Exploration Programs

For young men & women
Ages 14-20
After 8th grade

Cost: \$40

covers as many programs as you
can fit in your schedule

More Info

Contact Melissa at 563.556.4343
melissa.neuhaus@scouting.org
www.exploringdubuque.org



Orientation Information for One-Time Volunteer

This information is provided to educate and orient individuals who are at Finley Hospital for a one-time visit.

Patients Come First

We must never forget that the patient is the reason that we all are here. During your time at Finley Hospital, you are expected to uphold the Finley name and values in your words and actions during all encounters with patients, families, physicians, employees, and volunteers.

Facility Emergencies

In the event of a facility emergency (severe weather/tornado, fire, disaster, evacuation, infant abduction), Finley personnel will direct you.

Infection Control

For infection control purposes, hand hygiene (hand washing or alcohol-based waterless product) is required upon entering and exiting patient rooms. If special infection control precautions apply, the healthcare provider will explain them to you.

Protection of Patient Information

For both ethical and legal reasons, all medical and personal information about patients must be kept confidential. The most common breach of confidentiality comes from loose talk. **What you see and hear here must stay here.**

Unauthorized release of information may subject the person making the release/disclosure to legal action:

- civil fine of \$100 per violation up to \$25,000 per year
- criminal wrongful disclosure fine up to \$50,000 and/or one year in jail
- criminal false pretenses fine up to \$100,000 and/or five years in jail
- criminal selling information fine up to \$250,000 and/or ten years in jail

We are committed to delivering outstanding healthcare. Period.



UnityPoint Health
Finley Hospital

CONFIDENTIALITY STATEMENT
For
One-Time Volunteer

During the course of my visiting experience at Finley Hospital, I understand I may have access to sensitive, privileged and/or confidential information and must maintain the confidentiality of that information both during and subsequent to my time at Finley Hospital. UnityPoint Health-Finley is legally required by the Health Insurance Portability and Accountability Act (HIPAA) and state law to protect the privacy and security of health care information of all patients treated at our facilities.

I understand and agree not to release or discuss any patient/personnel data to unauthorized individuals/businesses during my time at Finley and at all times thereafter.

I further understand that an unauthorized disclosure may in some instances be unlawful. Moreover, I expressly acknowledge that an unauthorized disclosure or release may also subject the person making the release/disclosure to legal action for monetary damages and/or other relief sought by the person aggrieved by the disclosure.

Date: _____

Signature: _____

(Please use separate sheet for other members of a group—signature and date only.)

Name PRINTED: _____

Business/Organization: _____

Address/City/State/Zip: _____

Phone Number: _____

Purpose of Visit: _____

Finley Representative/Contact: _____

This signed document is to be retained by management in the hosting department.

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YOUTH PARTICIPANT DISCOVER YOUR FUTURE

Post number: **2101**

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying \$1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

Transfer application Transfer from council No.:

Post number:

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Phone - - Date of birth (mm/dd/yyyy) / / Grade

Ethnic background:
 Black/African American Native American Alaska Native Asian
 Caucasian/White Hispanic/Latino Pacific Islander Other

School

Gender: Male Female

Email address @

Parent/guardian information

Select relationship: Parent Guardian Grandparent Other (specify)

First name (No initials or nicknames) Middle name Last name Suffix

Country Mailing address City State Zip code

Home phone - - Date of birth (mm/dd/yyyy) / / Occupation Employer Gender: M F

Business phone - - Ext. Previous Exploring experience Cellphone - -

Parent/guardian email address @

/ /
Signature of post leader Date

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Signature of Explorer

Participation fee \$. Paid: Cash Check No. Credit card

LOCAL COUNCIL COPY

Retain on file for three years. 524-309