



Health Information Management (HIM) Program – Information Packet

To apply to the Health Information Management program, students must:

1. Complete [the Midland College application](#) (if not already enrolled as a current student). Area of study/interest: Health Information Management. Certificate or Degree: Associate of Applied Science or Certificate-Level 1 (Health Data Coordinator or Medical Coding Specialist). Students not enrolled for two regular semesters (fall/spring) need to re-apply.
2. Complete the [online Health Sciences General Application](#).
3. Complete the HIM Information Packet.
4. Submit the completed **HIM Information Packet** and send unofficial college transcripts to the HIM office 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 the date falls on a weekend the application deadline will be the next business day.)

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

NOTE:

- HIM Associate degree candidates must satisfy all areas of the [Texas Success Initiative Assessment \(TSI\)](#). Certificate candidates are exempt.
- BIOL 2401 Anatomy and Physiology I and BIOL 2402 Anatomy and Physiology II or BIOL 2404 Human Anatomy and Physiology must be current within five years of program admission, with a minimum grade of "C" or better.
- HITT 1205 Medical Terminology must be current within five years of program admission, with a minimum grade of "C" or better.
- BCIS 1305 Computer Applications must be current within five years of program admission, with a minimum grade of "C" or better.
- 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.

Professional Practice Experience (PPE)/Clinicals Requirements (Associate degree students only): Students will be required to have a TB screening, vaccinations as required by participating facility, liability insurance, a negative drug screen, and a completed background check prior to any clinical course. *Individuals who have been convicted of a felony may be denied clinical placement by facilities, thereby making completion of the program impossible. The program will not guarantee clinical placement to students with a criminal background.* More information regarding these requirements is provided as the PPE/Clinical time nears. All students should be prepared to do PPE/Clinical at a location apart from where they reside. Any expenses incurred during this time away from home, including transportation, parking, and living expenses are the responsibility of the student and are not included in tuition costs. The clinical requirement may be met in a virtual format.

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

Midland College

Health Information Management (HIM) Information Packet

Please print or type all information except for signatures:

Name: _____ Date: _____

MC Student ID: _____

Degree/Certificate Desired:

Associate in HIM Medical Coding Specialist Cert. Health Data Coordinator Cert.

Full-Time Student (12 or more credit hours) Part-Time Student (less than 12 hours)

1. Is your full or part-time status required for financial aid or other aid/scholarships? Yes ___ No ___
2. How many courses (~3 credits per course) are you planning to take during the:
Fall semester ___ Spring semester ___ Summer semester ___
3. Have you completed your [TSI requirements](#)?
Reading: Yes ___ No ___
Writing: Yes ___ No ___
Math: Yes ___ No ___
4. Have you applied to the Midland College HIM program before? Yes ___ No ___, Year: _____
5. Have you been convicted of a felony? Yes ___ No ___
If yes, please see the Professional Practice Experience (PPE)/Clinicals Requirements above.

Health Information 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

School Name	City/State	Attendance Dates	Degree Earned/GPA

Have all official transcripts been sent Midland College Registrar's Office? Yes ___ No ___

If not, please send an official copy of the transcript to records@midland.edu.

Have all unofficial transcripts been sent to the HSM Program? Yes ___ No ___

If not, please send an 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 my instructor if I am concerned about my grade BEFORE dropping any course.

_____ I agree to keep my personal information current on the [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 Information Management Program, you will have access to medical information that is considered the 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 INFORMATION MANAGEMENT PROGRAM CONFIDENTIALITY AGREEMENT

I understand and agree that in the performance of my duties as a student in the Health Information Management Program, I must hold patient information in strict confidence. Furthermore, I understand and agree that intentional or voluntary violation of the patient's confidentiality will result in immediate dismissal from the clinical site, expulsion from the HIM program, and any civil or criminal penalties the law chooses to impose.

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

**HEALTH INFORMATION 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.

HIM STUDENT HANDBOOK ACKNOWLEDGEMENT
HIM CLINICAL HANDBOOK ACKNOWLEDGEMENT

I understand that I have access to the student handbook, and 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 on the first day of classes. I further understand that I am responsible for following procedures as changed and published in the HIM Student Handbook throughout my enrollment.

I further understand that I have access to the Clinical Handbook and I agree to read the Clinical Handbook before the first day of my clinical placement. I agree to comply with the requirements contained in the handbook. I understand that policies and procedures may be updated prior to the first day of my clinical and will abide by these changes.

Student Signature

Date

HIPAA Information and Guidelines

For HIM 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 this protected health information.
- ❖ It is illegal for you to use or disclose this protected health information outside the scope of your clinical duties at any of the clinical sites.

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 healthcare 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, etc., on the assignments you will turn in to your instructor. When students need to refer to chart, use account number only.
- ❖ You may only access the protected health information of patient's 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 patients in elevators, cafeteria, or other public areas.
- ❖ It is not appropriate to discuss protected health information with anyone who is not involved in their care.
- ❖ 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

(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.

- Criminal Background Check
- Drug Test Results
- 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 been already 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 _____

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

****This page is ONLY required for students with these credentials.***

Credit for CCS, CCS-P, CCA, or CPC

If you have a current CCS, CCS-P, CCA, CPC, COC, or CIC credential or current licensure that requires completion of Medical Terminology, and maintain your CEUs while attending college, you may receive credit for the following classes.

Proof of the active credential must be submitted to the HIM program at himhsm@midland.edu upon renewal each year while the student is enrolled in the program.

Credits Awarded Per Licensure	Credential						
	Course	AHIMA			AAPC		
Clinician with Current License that requires completion of Medical Terminology		CCS	CCS-P	CCA	CPC	COC-formerly CPC-H	CIC-New AAPC Cert.
HITT 1205-Medical Terminology	X	X	X	X	X	X	X
HITT 1341-Coding&Classification Systems		X		X			X
HITT 1342-Ambulatory Coding		X	X	X	X	X	
HITT 2335-Coding&Reimbursement Methodologies		X	X		X	X	X
HITT 2340-Advanced Medical Billing & Reimbursement		X	X		X	X	X
HITT 2161-Coding Clinical		X	X		X	X	X

Print Name

Signature

Date

Email your documentation to: himhsm@midland.edu or mail to:

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

<i>For Office Use Only:</i>	
Certificate Earned	
Credential Number	
Date Credentialed	
Next Renewal	
Comments:	

For Associate Degree Students - Request for PPE/Clinical Site Selection for HITT 2160

1. It is important that students submit this form during the 3rd semester or at least 2 semesters *prior* to taking HITT 2160 by emailing it to himhsm@midland.edu.
2. The HIM Program on behalf of Midland College must establish an affiliation agreement with all new clinical sites which can take up to 6 months. The affiliation agreement along with other state mandated requirements must be on file at Midland College **BEFORE** students may begin their Professional Practiced Experience (PPE)/Clinicals.
3. Completing this form does not guarantee that the facility will accept clinical students. Students will be placed at approved facilities as close as possible to those requested below.
4. **DO NOT CONTACT the facility to ask about the PPE/Clinical unless otherwise instructed.** The HIM/HSM Advisor/Coordinator or Class Instructor will make a formal introduction.
5. The clinical requirement may be met in a virtual format.

Please read the HIM Student Handbook for other information regarding clinical requirements, student responsibilities, and documentation needed prior to beginning clinical site visits.

Required Information:

Anticipated Semester for PPE/Clinical: _____

City and County of Facility: _____

College in the area: _____

<i>Student Info:</i>	<u>Last Name</u>	<u>First Name</u>	<u>Phone Number</u>	<u>Email address</u>
Clinical Site Information				
First Choice:	Hospital Name		Address	
	HIM Director's Name		Phone Number	
Second Choice:	Hospital Name		Address	
	HIM Director's Name		Phone Number	
Alternative Site:	(Physician group practice or other site: Home Health, Rehab, Dept. of Health, etc.)			
	Name of Facility		Address	
	Contact Name & title		Phone Number	

Print Name

Signature

Date

End of HIM Informational Packet