To enroll into the Health Information Management program, students must:

1. Apply to Midland College at www.applytexas.org as a Health and Wellness Meta major then select the Health Information Management (HIM) or certificate of interest.

2. HIM Associate degree candidates must satisfy all areas of the Texas Success Initiative Assessment (TSI). Certificate candidates are exempt.

3. Complete the following prerequisite courses with a “C” or better.
   - HITT 1205 Medical Terminology
   - BCIS 1305 or Business Computer Applications Course (3 hours or more).
   - BIOL 2404 Human Anatomy and Physiology OR BIOL 2401 and BIOL 2402.

4. Submit a completed HIM Admission Packet and all official college transcripts to the HIM office. Official transcripts must be in a sealed envelope.

NOTE:
- Applications are accepted year-round and acceptance to the program will be determined each semester.
- 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: 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 in 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.

Questions about the admission process? Contact us at (432) 685-6893

Mail or email the completed application to:
- Midland College
  Health Information Management Department
  3600 N. Garfield – DFHS (Room 218)
  Midland, TX 79705

- HIM Program – himhsm@midland.edu
Midland College
Health Information Management
Applicant Data Form

Name: ___________________________ Date: _______________________

Address (city, state, zip code): ___________________________________________

Phone Number: _______________ E-mail: _________________________________

MC Student ID: _________________________________________________________

☐ Male ☐ Female ☐ Full-time Student ☐ Part-time Student

DEGREE/CERTIFICATE DESIRED:

☐ Associates ☐ Medical Coding Specialist ☐ Health Data Coordinator

1. Have you completed your TSI requirements at Midland College?
   Reading: Yes __ No __
   Writing: Yes __ No __
   Math: Yes __ No __

2. Have you already completed a previous Associate or Bachelor's Degree? Yes __ No __
   List Degrees: _______________________________________________________

3. Have you attended college previously? Yes __ No __
   List colleges attended: ______________________________________________

4. Have you been convicted of a felony? Yes __ No __

5. Are you in active military? ____________ Are you a veteran? ________________
   Are you a foreign student? ____________ Are you a U.S. Citizen? ____________

Courses completed:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Description</th>
<th>Grade</th>
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<tbody>
<tr>
<td>BIOL 2404</td>
<td>Human Anatomy and Physiology (OR BIOL 2401 and 2402)</td>
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<tr>
<td>HITT 1205</td>
<td>Medical Terminology</td>
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<tr>
<td>BCIS 1305</td>
<td>Business Computer Applications within 4 years of application date</td>
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<tr>
<td>ENGL 1301</td>
<td>Composition and Rhetoric</td>
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<tr>
<td>PSYC 2301</td>
<td>Social/Behavior Science elective</td>
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<td>List Course:</td>
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<tr>
<td>Humanities/Fine Arts elective</td>
<td>List Course:</td>
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<tr>
<td>SPEECH elective</td>
<td>List Course:</td>
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</table>
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 instructor if I am concerned about my grade BEFORE dropping any course.

______I agree to keep my personal information current on 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 property of the patient and is to be kept strictly confidential. For this reason, all students entering the Program will be required to read and sign a copy of the Confidentiality Agreement. This agreement will be kept in the student’s academic file in the Program Chair’s office. This will be provided to the clinical site 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. Do not photocopy, take photos, post to social media or transmit, in any form, protected health information. Any student enrolled in the program who reveals or accesses protected health information inappropriately 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 $50,000 per occurrence.

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 for the HIM program and any civil or criminal penalties the law chooses to impose.

PRINTED NAME: _____________________________

SIGNATURE: _____________________________ DATE: _______________

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

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

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 and Students
HIM Program

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 health care 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.

(Please keep this page for your reference)
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 health care providers for treatment purposes only.
- Do NOT photocopy patient information unless under the supervision of HIM personnel for the purposes of completing field experience requirements.
- 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. Use account number only when needing to reference a chart.
- You may only access the protected health information of patient’s charts for the purpose of completing the task for clinical experience.
- Be aware of your surroundings when discussing protected health information. It is inappropriate to discuss patients in elevators, cafeteria, or other public areas.
- 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

Signature of Instructor

Program of Study
Criminal History Record Release

Program:  Health Information Management

I, ________________________________________, having been accepted into the Midland College Health Information Management Program, authorize Midland College to obtain criminal history record information from any law enforcement agency which may have criminal history record information on me, including but not limited to arrests, investigations, convictions, and other reports. I hereby release Midland College and any law enforcement agency receiving a copy of authorization from liability for the release of any information to Midland College. It is a state and/or facility requirement that a criminal background check be conducted prior to students entering selected clinical settings dealing with children and individuals with mental illness or mental retardation. I am aware that if I have had a misdemeanor or felony conviction (other than a minor traffic violation), the College will be unable to secure a clinical placement for me and I will not be able to complete the program.

Furthermore, once enrolled into the HIM program, I agree to notify the program of any future felony convictions.

Student’s Signature ____________________________________________

Date ________________________________

Please print the following information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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          Male ( ) Female ( )

Date of Birth ___________________________ Social Security Number ________________

Driver’s License Number __________________ Driver’s License State ________________

Please contact the Health Sciences Division Dean, at 432-685-4589 if you have questions regarding this form. The above criminal history information will be filed separately. This is a separate form and is not to be construed as part of the application form.

For Office Use Only

_____ Clear

_____ Not Clear. See attached documentation.

Signature ____________________________ Date __________________
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

Witness

Program of Study

For Division Use

Date received: ____________________________________________

Date information released: _________________________________

Person sending information: ________________________________
Professional Licensing Notice

Student ID: ______________________

Student DOB: ______________________

Completion of Midland College degrees and/or certificates does not guarantee eligibility to take a certification/registry/licensure examination. The eligibility of each person is determined on an individual basis by the regulatory body of the specific discipline. If you have a conviction of a crime other than a minor traffic violation, physical or mental disability/illness, hospitalization/treatment for chemical dependency within the past five years, current intemperate use of drugs or alcohol or a previous denial of a licensure or action by a licensing authority, you will need to contact the specific regulatory body for an individual ruling. Some programs require a criminal background check and urine and drug screen.

I have read and understand the statement above.

__________________________________________  __________________________  ______
Print Name                          Signature                          Date

Midland College
Health Information Management Department
3600 N. Garfield – DFHS (Room 218)
Midland, TX 79705
Credit for CCS, CCS-P, CCA, or CPC
*This form is ONLY required for students with these credentials.

If you have a current CCS or CCS-P, CCA, or CPC credential and maintain your CEUs while attending college, you may receive credit for the following classes:

- HITT 1205 Medical Terminology
- HITT 1341 Coding and Classification Systems
- HITT 1342 Ambulatory Coding
- HITT 2335 Coding and Reimbursement Methodologies
- HITT 2340 Advanced Medical Billing and Reimbursement
- HITT 1161 Clinical - Health Information Management: Coding

Proof of the active credential needs to be on file with the HIM program throughout the completion of the program.

________________________________  ________________________  ____________
Print Name                      Signature                      Date

Mail or email your documentation to:
- Midland College
  Health Information Management Department
  3600 N. Garfield – DFHS (Room 218)
  Midland, TX 79705
- HIM Program – himhsm@midland.edu

<table>
<thead>
<tr>
<th>For Office Use Only:</th>
<th>HITT 2160</th>
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<tr>
<td>Certificate Earned</td>
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<tr>
<td>Credential Number</td>
<td></td>
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<td>Date Credentialed</td>
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<tr>
<td>Next Renewal</td>
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<td>Comments:</td>
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Student 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 closest 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.

   **Students 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: ____________________________

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<tr>
<th><strong>Student Info:</strong></th>
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<th><strong>First Name</strong></th>
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<th><strong>Email address</strong></th>
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Clinical Site Information

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<th><strong>First Choice:</strong></th>
<th><strong>Hospital Name</strong></th>
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<td></td>
<td>HIM Director’s Name</td>
<td>Phone Number</td>
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<th><strong>Second Choice:</strong></th>
<th><strong>Hospital Name</strong></th>
<th><strong>Address</strong></th>
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<tr>
<td></td>
<td>HIM Director’s Name</td>
<td>Phone Number</td>
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<tr>
<th><strong>Alternative Site:</strong></th>
<th><strong>(Physician group practice or other site: Home Health, Rehab, Dept. of Health, etc.)</strong></th>
<th><strong>Name of Facility</strong></th>
<th><strong>Address</strong></th>
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<tr>
<th><strong>Contact Name &amp; title</strong></th>
<th><strong>Phone Number</strong></th>
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Print Name | Signature | Date

xxx