



## Health Information Management Admission Packet

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

1. Apply to Midland College at [www.applytexas.org](http://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 BCIS 1405** 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](http://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.

**Clinical Experience Requirements:** Students will be required to have a TB screening, vaccinations as required by participating facility, liability insurance and a negative drug screen prior to any clinical course.

All students should be prepared to do clinical experiences at a location apart from where they reside. Any expenses incurred in doing a clinical away from home, including transportation, parking, and living expenses are the responsibility of the student and are not included in tuition costs.

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.

Questions about the admission process? Contact us at (432) 685-6891

### Mail or email the completed application to:

- ♦ Midland College  
Health Information Management Department  
3600 N. Garfield – DFHS (Room 218)  
Midland, TX 79705
- ♦ Alma Martinez – [almam@midland.edu](mailto:almam@midland.edu)

## Midland College Health Information Management Applicant Data Form

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

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

Daytime Phone #: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

MC Student ID # \_\_\_\_\_

Male     Female     Full-time Student     Part-time Student

**DEGREE/CERTIFICATE DESIRED:**

Associates                       Medical Coding Specialist  
 Health Data Specialist - Physician Practice                       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:**

Course Number	Course Description	Grade
BIOL 2404	Human Anatomy and Physiology (OR BIOL 2401 and 2402)	
HITT 1205	Medical Terminology	
BCIS 1305	Business Computer Applications (or BCIS 1405) within 4 years of application date	
ENGL 1301	Composition and Rhetoric	
PSYC 2301	General Psychology	
Humanities/Fine Arts Elective	List Course:	
SPEECH elective	List Course:	

## 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 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: \_\_\_\_\_

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

## **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:** \_\_\_\_\_

## **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 PROGRAM**

***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.

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Student Signature

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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 \_\_\_\_\_

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**Please print the following information**

\_\_\_\_\_  
Last Name    First Name    Middle Name

\_\_\_\_\_  
Date of Birth    Male ( ) Female ( )

\_\_\_\_\_  
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.

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**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

**Work Experience Credit**

The Health Information Management Department requires students requesting work experience for professional practice/clinical experience credit to submit their (1) career resume (2) present and past job descriptions and (3) a notarized letter of authentication from their employer attesting to the accuracy of the job descriptions and employment dates (facility letterhead preferred). Mail all information together.

After a review of the documentation, credit for professional practices may be granted. To request credit, submit this form for HITT 1167 or HITT 2261. Students are required to pay tuition for these classes, as all credit hours will not be given for either course. (Current certification as CCS or CCS-P allows credit for all coding hours.)

The following tasks are issued for each professional practice experience/clinical. Indicate below the course credit you are requesting. Once you have signed and completed the form, send this form along with **all** supporting documents to the address below.

I am requesting life experience credit for the following course(s) due to my documented work experience. Check applicable course.

<input type="checkbox"/> <b>HITT 2261</b> <input type="checkbox"/> Release of information <input type="checkbox"/> Filing <input type="checkbox"/> Admissions requirements <input type="checkbox"/> Duplicate records <input type="checkbox"/> Reimbursement <input type="checkbox"/> R-ADT <input type="checkbox"/> Risk Management <input type="checkbox"/> Medical Staff Secretary/Coordinator <input type="checkbox"/> Quality Improvement <input type="checkbox"/> Coding (must be since Oct. 2015) <input type="checkbox"/> Billing <input type="checkbox"/> Chargemaster <input type="checkbox"/> Statistics	<input type="checkbox"/> <b>HITT 1167</b> <input type="checkbox"/> Coding CPT <input type="checkbox"/> Coding ICD-10-CM/PSC <input type="checkbox"/> Billing <input type="checkbox"/> Chargemaster  <i>Note: Coding experience must be after October 2015</i>
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***The information provided to Midland College for Work Experience is true and correct.***

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 Email \_\_\_\_\_ Address \_\_\_\_\_  
 Printed Name \_\_\_\_\_

Mail your documentation to: Midland College – HIM Program  
 Dr. Elizabeth Neichter, EdD, RHIA, CHTS-TR  
 3600 N. Garfield – DFHS Building, Midland, TX 79705

<b><i>For Office Use Only:</i></b>	HITT 2261	HITT 1167
Resume & Work Experience		
Employer Verification		
Credit Hours Awarded		
Remaining Hours Required		
Comments:		