Texas State University

HEALTH INFORMATION MANAGEMENT DEPARTMENT

Academic Year 2019-2020

**STUDENT HANDBOOK**

****Texas State University

HEALTH INFORMATION MANAGEMENT DEPARTMENT

**STUDENT HANDBOOK**

The purpose of this handbook is to introduce the philosophy and objectives of the Health Information Management Department (HIM), Texas State University, to the students in the professional phase of their HIM degree program. This document has been complied to familiarize the HIM students with departmental policies and procedures specific to the HIM Department and pertaining to those not addressed in the University catalog or other University publications.

This handbook is for general information only and is not intended to contain all regulations related to students enrolled in the HIM curriculum. The provisions of this handbook do not constitute a contract, either expressed or implied, between an enrolled student and Texas State University. The University reserves the right to withdraw courses at any time, to change fees or tuition, calendar, curriculum, degree requirements, graduation procedures, and any other requirements affecting students. Changes will become effective as determined by the Texas State Administration and will apply to both prospective students and to those already enrolled.

Texas State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. The HIM Bachelor of Science degree program is accredited by the Commission on Accreditation for Health Informatics and Information Management Education.

*Texas State University is a member of The Texas State University System*

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WELCOME

Welcome to the Texas State University Health Information Management Department. You are to be congratulated for making the commitment to continue your education and we look forward to working with you as your pursue your educational goals and as you work to become a member of or advance in the health information management profession at a very exciting time for our profession. The purpose of this Handbook is to give you a sense of the University, College and Department and provide important information to guide you during your time as a student in the BSHIM degree program. Read it carefully, ask questions for what you do not understand, and **keep it available for future reference**. A copy of this will be posted at the departmental website [www.health.txstate.edu/him](http://www.health.txstate.edu/him) and in the student TRACS site.

*Quality Healthcare*

*through*

*Quality Information*

This Handbook represents the policies and procedures, curriculum and philosophy of the faculty in the HIM Department. Thank you to the faculty, students, and staff who have provided assistance in the preparation of this Handbook. A special thanks to Dr. Barbara Sanders, Chair, Department of Physical Therapy for sharing materials.

*Developed and written by Sue Biedermann, MSHP, RHIA, FAHIMA*

*Reviewed and approved by the HIM faculty  
Updated August 2019*

# GENERAL INFORMATION

## TEXAS STATE UNIVERSITY

Texas State University (Texas State) is a public, student-centered, doctoral – granting university located in the burgeoning Austin – San Antonio corridor, the largest campus in the Texas State University, and one of the largest in the state.

Texas State’s over 38,000 students choose from degree programs offered by the following colleges: Applied Arts, McCoy College of Business Administration, Education, Fine Arts and Communication, Health Professions, Liberal Arts, Science, University College, and the Graduate College.

Since 2005, Texas State has also offered bachelor’s and graduate courses in Round Rock, Texas at our Round Rock location, located north of Austin. More than 2000 students are enrolled in courses at Round Rock. The Nursing building opened in the summer of 2010 with the first nursing program class in the fall of 2010. There are discussions about the possible relocation of the entire College of Health Professions to Round rock in the future.

### LOCATION

Located on the edge of the Texas Hill Country, where black land prairies turn in to beautiful hills, Texas State enjoys a setting that is unique among Texas universities. The beauty of the crystal-clear San Marcos River and the stately cypress and pecan trees on the campus add to the charm of its picturesque setting. The campus is in San Marcos, a community about halfway between Austin and San Antonio. Its location on the banks of the San Marcos River provides recreational and leisure activities for students throughout the year.

### HISTORY

Authorized by the Texas Legislature in 1899, Southwest Texas State Normal School opened its doors in 1903. Over the years the Legislature broadened the institution’s scope and changed its name, in succession, to Normal College, Teachers College, College, University, and in 2003 to Texas State University. Each name reflects the University’s growth from a small teacher preparation institution to a major, multipurpose university. Texas State’s original mission was to prepare Texas public school teachers, especially those of south central Texas. It became renowned for carrying out this mission, but today it does far more.

### COLLEGES

The University’s student population has grown – from 303 in 1903 to over 34,000 in 2013 – the campus, too, has expanded, and today Texas State is the fifth largest public university in the state. Overlooking the campus and serving as a landmark since 1903 is Old Main, a red-gabled Victorian building restored to its original grandeur. In 1979, after adding a number of classroom buildings and residence halls, the university purchased the former San Marcos Baptist Academy adjacent to the original campus. The campus recreation center is one of the buildings on this site. Campus facilities encourage a feeling that Texas State is a special place.

### OUR MISSION

Texas State University is a public, student-centered, Emerging Research University dedicated to excellence in serving the educational needs of the diverse population of Texas and the world beyond.

### OUR SHARED VALUES

In pursuing our mission, we, the faculty, staff, and students of Texas State University, are guided by a shared collection of values. Specifically, we value:

* An exceptional undergraduate experience as the heart of what we do
* Graduate education as a means of intellectual growth and professional development
* A diversity of people and ideas, a spirit of inclusiveness, a global perspective, and a sense of community as essential conditions for campus life
* The cultivation of character and the modeling of honesty, integrity, compassion, fairness, respect, and ethical behavior, both in the classroom and beyond
* Engaged teaching and learning based in dialogue, student involvement, and the free exchange of ideas
* Research, scholarship, and creative activity as fundamental sources of new knowledge and as expressions of the human spirit
* A commitment to public service as a resource for personal, educational, cultural, and economic development
* Thoughtful reflection, collaboration, planning, and evaluation as essential for meeting the changing needs of those we serve

<http://www.txstate.edu/about_texas_state>

## THE COLLEGE OF HEALTH PROFESSIONS

### VISION STATEMENT

### The vision of Texas State University's College of Health Professions is to be recognized for educating healthcare professionals who can recognize, respond, and mitigate current and future healthcare challenges and disparities in our diverse society.

### MISSION STATEMENT

The College of Health Professions educates and prepares healthcare professionals with innovative teaching, evidence based practice and principles, and a commitment to life-long learning in a student-centered environment.  The College excels in teaching, clinical practice, scholarship, and service while responding to the diverse healthcare needs of the State of Texas, the nation, and the global community.  The College unites faculty, students, communities, and consumers in coalitions to expand the body of knowledge in healthcare practice and management.

## THE HEALTH INFORMATION MANAGEMENT DEPARTMENT

### OVERVIEW

The Department of Health Information Management educates and prepares professionals with the skills and qualities needed to fulfill the multifaceted role of a health information management practitioner and to develop the attitudes and principles which will encourage continuing growth in a profession that is rapidly expanding in scope and health care industry.

Health Information Management improves the quality of health care by insuring that the best information is available to make any healthcare decision. HIM professionals manage healthcare data and information resources. The profession encompasses services in planning, collecting, aggregating, analyzing, and disseminating individual patient and aggregate clinical data. It serves the healthcare industry including: patient care organizations, payers, research and policy agencies, and other healthcare related industries

Projected by the Bureau of Labor Statistics to be one of the 15 fastest growing occupations in the United States, health information management is an excellent career choice for the person who is seeking a healthcare profession that combines interest in computer sciences, business, management, legal procedures, and healthcare research. HIM professionals play a key role in making the healthcare system work. They perform the data collection and analysis that doctors, nurses, and other healthcare professionals need to provide quality patient care.

More than half of new HIM graduates with a bachelor's degree start with salaries in the $30,000 to $50,000 ranges. In five years, many of these graduates are earning up to $75,000. These professionals work in a broad range of settings that span the continuum of healthcare, including office-based physician practices, nursing homes, home health agencies, mental health facilities, and public health agencies. The growth of managed care has created additional job opportunities in HMOs, PPOs, and insurance companies. Many new job opportunities have resulted from the deployment of the electronic health record (EHR) and related to the vast amount of healthcare data that is now available.

### HISTORY

The Medical Record Administration Program was implemented during the 1976-77 academic year as a program in the Department of Health Administration. The program was first accredited by the Committee on Allied Health Education in 1978. The first four students graduated from the MRA Program in May 1978. Over the years, the program has continued to grow and adapt to the changing medical record field. In 1993 it was renamed the Health Information Management (HIM) Program to reflect the changing focus of the profession. The curriculum has continued to evolve to reflect the HIM profession and to proactively prepare the graduates of the program to assume positions leadership in this dynamic profession. The most recent changes in the curriculum are in the areas related to the electronic health record, legal aspects, financial and strategic management, and data analysis. The continued growth and development of the HIM Lab is also reflective of the evolution of the field moving from typewriters, moveable filing shelves and dictating equipment to a computer lab with a wide variety of industry-related software available for student use. There is also access to the AHIMA virtual lab and a Texas State virtual lab. The software and virtual resources are used in HIM courses throughout the curriculum.

In the 2000-01 academic year a distance education web-based RHIT to RHIA progression program was implemented. In 2006, this program was expanded to allow others who do not have the previous health information education to enter the on-line education program. Current full-time faculty teach the on-line courses as well as teaching the counterpart course on campus. This program allows individuals who are working and do not have access to a BS level education, an opportunity to pursue the degree.

In the 2015-16 academic year, a new online Master of Health information Management (MHIM) program was implemented. The MHIM degree program is designed to prepare leaders in the field of health information and informatics with advanced knowledge and data analysis skills. The MHIM is a 36-hour degree program that includes a 30-hour core of HIM course work plus six hours of electives or a thesis option.

To date more than 1,000 students have graduated from the BSHIM program. The first MHIM cohort graduated in May 2017. The kinds of positions held by HIM graduates reflect the diversity of the field and the opportunities available to one with a degree in HIM. Quite a number of graduates have or currently hold positions of leadership in local, state and national professional associations and shared their professional expertise through presentations and publications.

### MISSION & VISION

The mission of the Department of Health Information Management is to educate and prepare professionals with knowledge needed to ensure accessibility, accuracy, availability, integrity, and security of patient health information.

The philosophy of Health Information Management: The health care industry today is dynamic, both from efforts within itself to seek new and improved health care delivery systems, and from external developments, in the areas of basic and applied sciences, technology and government.

As a vital part of the health care industry, the health information profession must also be dynamic. The educational program in Health Information Management must respond to the projected future needs of the profession.

To meet these needs, the student must be prepared for and willing to accept a multifaceted role as a member of the health care team - as administrator, planner, consultant, educator, researcher, and practitioner.

The educational program must be geared to the development of those skills and qualities needed to fulfill these roles and to the development of attitudes and principles which will encourage continuing growth in a profession that is rapidly expanding in scope and responsibility in the dynamic environment of the health care industry.

The vision of the Department of Health Information Management is to be recognized internationally as a quality producer of health information management professionals equipped with the attitudes and principles that encourage lifelong learning and ethical behavior in a rapidly evolving profession.

### EDUCATION OBJECTIVES

Objectives of the HIM Department: In addition to preparing the graduates of HIM to achieve the skills necessary to perform the activities addressed in the Domains, Sub domains, and Task Competencies for Registered Health Information Administrators, the objectives of the professional portion of the HIM curriculum are to prepare the student, by means of theoretical, practical, and clinical instruction to:

1. Develop and demonstrate the ability to respond to the changing informational needs of the patient, the providers of health care, researchers and educators.
2. Develop and demonstrate awareness of the technologies and equipment affecting information storage and retrieval and to develop the ability to utilize these resources appropriately.
3. Function as a member of the health team by development and acceptance of his/her responsibilities in the total health care of the patient.
4. Develop and demonstrate the ability to communicate with ease in a group setting in both the leadership and supportive roles and to communicate effectively in written form.
5. Develop and demonstrate an understanding of the history and evolution of health information management with particular emphasis on current and future developments in the profession.
6. Develop and demonstrate an understanding of the current scope and responsibilities of health information management and its relationship to other professions.
7. Develop an awareness of the need for continued professional education and growth.
8. Develop an interest in the promotion of health information management as a career and in the encouragement of potential candidates toward this goal.

### PHILOSOPHY OF SERVICE

The faculty in the HIM Department value and recognize the importance that the role of service for a HIM professional. Participating in service activities affords the individual with the opportunities to share their expertise and skills while benefitting and learning from the expertise and skills of others. The benefit of visibility and recognition for the individual faculty member, the department, and the University is recognized. All levels and bonds of service are of value from providing assistance with professional activities, to being a presenter, to holding appointed or elected positions within the professional organization. The HIM Department faculty is committed to maintaining a sustained record of service to support the HIM profession and to serve as a role model for the HIM students to impact the importance of, and an appreciation of the benefits of service.

### PHILOSOPHY OF RESEARCH

The HIM Department faculty value the importance of continued learning, continued development, and validation of the body of professional knowledge. The faculty believes the academic environment must provide opportunity for, and involvement in research activities. A variety of kinds of research is necessary for the advancement and recognition of the HIM profession. The HIM Department is committed to the development of resources with and provides opportunities for involvement of students, faculty, and external entities where appropriate.

# STUDENT INFORMATION

## ACADEMIC REQUIREMENTS

### requirements for BS HIM Degree

For those who are seeking a baccalaureate degree in health information management. The basic degree plan lists all of the coursework that is required for the BSHIM degree.

### requirements for BS HIM Degree – HIT Progression Program

For those who have already completed an associate’s degree in health information technology at a community college and are progressing from this level of health information to the baccalaureate degree level here. If you look at this degree plan sheet, it is the same as basic degree requirements but some of the courses are marked through as some credit is given for the HIT courses to apply towards our BSHIM degree requirements.

### REQUIREMENTS FOR A DUAL BACHELOR’S DEGREE

If two bachelor’s degrees are conferred simultaneously, the student must complete a minimum of 30 hours beyond the requirements of the single degree. Degree outlines and summaries must be filed in the office of each college dean. Graduation will occur when the student has completed requirements for both degrees.

### REQUIREMENTS FOR A SECOND BACHELORS’S DEGREE

For those individuals entering the HIM Program who have already completed one of more degrees (B.S. or M.S.), a second bachelor’s degree will be pursued. The Program Chair and Dean will establish the degree outline for these students to assure that all University, as well as Program requirements, are met.

Students earning second bachelor’s degrees are not eligible for graduation with honors per University policy.

### REQUIREMENTS FOR A MINOR

A minor is not required for those students completing the BSHIM. However, if a student wishes to complete a minor, there are number of options to choose from. Texas State minors that would complement the BSHIM include Business Administration, Computer Science, Healthcare Administration, and Long Term HealthCare Administration. A change of major form must be completed and submitted to the HIM Program Chair indicating the desired minor. The student will then be required to complete the minor as outlined in the University catalog. Graduation will occur when the student has completed all requirements for both the major and the minor.

### PART-TIME STATUS/RE-ENROLLMENT FOLLOWING WITHDRAWAL

The professional portion of the HIM curriculum (the junior and senior years) is designed to be completed in two years (four long semesters) as outlined in this handbook. ANY deviation from this format must be approved by the Program Chair.

Part-time status: Students MAY be allowed to complete the HIM Program on a part-time basis. These students will be assisted in the development of a plan of study, which will permit a logical course sequence and allow for steady progression through the Program. Part-time students are to be cautioned that the longer they extend the time of completion of the Program, the greater the chance they will become “dated” in some areas of health information management.

The scheduling of clinical assignments for part-time students will be done on a “site-available” basis due to the limited number of clinical sites available and the number of full-time students progressing through the Program.

Re-enrollment: Because of course sequencing and the scheduling of the clinical assignments, students who drop out of the Program for one or more semesters for any reason will be required to reapply for readmission to the program and may have to repeat the entire admission process including an interview with the Admissions Committee. The reapplication does NOT guarantee readmission to the Program.

### COURSE REQUIREMENTS

All course requirements are established by the individual instructor and are delineated in the course syllabus. The course instructor may establish requirements for the course, which are in addition to the course syllabus if the instructor deems them necessary and beneficial to the course, the Department, or the students.

### Written Assignments

Refer to the individual course syllabus for the specific guidelines and expectations of the faculty member for the submission of written assignments.

### Grading Policy

A minimal grade of 76%, grade of C, is considered to be passing for any professional course within the HIM Department. However, a student must maintain a 2.5 GPA in the HIM major coursework to meet graduation requirements. Unless otherwise indicated in a course syllabus, the grading scale will be:

A = 92-100 D = 68-75

B = 84-91 F = below 68

C = 76-83

### Academic Probation

All Texas State undergraduate students are required to maintain a Texas State cumulative GPA of 2.0. Cumulative GPAs are computed at the end of the fall, spring and summer semesters. If a GPA falls below a 2.0, the student will be placed on academic probation. See the current University Catalog for additional information on probation and suspension.

### ACADEMIC PROGRESSION

The Department Chair will review the academic progress of students enrolled in the Program at the end of each semester and recommend specific individual action to be taken. Reviews will be required for any student on probation or suspension status. Academic status will be reported to the Department faculty and the individual student’s advisor. Recommendations will be made to the Chair for students requiring further action on status.

### ACADEMIC ADVISING

All HIM faculty act as academic advisors for all declared majors. Students are encouraged to seek academic advisement on matters related to degree requirements. The HIM faculty will be responsible for working with the student to develop degree audits. All requests for course substitutions, permission to take courses elsewhere, etc. must be made with the Department Chair. It is suggested that all students meet with their advisor each semester to review progress toward completion of the degree. Some group advising may also be done from time to time during class time.

Before a student deviates from the established sequence of courses, the advisor should be consulted. Progression in the program and subsequently graduation may be delayed due to inability to take courses due to prerequisite or scheduling issues. The responsibility for course selection and registration is the responsibility of the student.

### STUDENT ACADEMIC PERFORMANCE

The Health Information Management students must abide by all academic requirements of the University catalog from which their degree outline was prepared.

Recognizing that certain knowledge and skills can be identified as “essential,” i.e., required for competence in the majority of professional practice situations and required in the *Standards and Guidelines for an Accredited Educational Program,* the following also applies to a student’s academic standing in the Health Information Management Program:

1. Performance at the level of “C” of better must be maintained in each major course. (A “major” course is any course designated with the prefix “HIM”).

Performance below a “C” in any one major course regardless of the semester or cumulative grade point average will result in:

1. Repetition of the course with successful completion of “C” or better.
2. Possible delayed progression to subsequent course work, depending on the course and at the discretion of the HIM Program Chair. Courses determined to be a pre-requisite for subsequent HIM course are:

* HIM 3463 – prerequisite to all subsequent coursework, a grade of at least “C” must be achieved to continue in the program
* HIM 3464 – prerequisite to HIM 4364
* HIM 3310 – prerequisite to HIM 3311
* All HIM coursework from the first three semesters must be completed prior to taking courses listed for the internship semester. (HIM 4225, 4393, 4385, 4389 & 4501)

1. Failure to progress in the program if below a “C” grade in two or more HIM courses in a given semester.

### REQUIREMENTS FOR GRADUATION

Eligibility for graduation requires satisfactory completion of all course work with a 2.5 or higher GPA. Students must apply for graduation through the College of Health Professions Advising Center by the posted due date, within the first few weeks of the semester due to graduate.

### REQUIREMENTS TO SIT FOR RHIA CERTIFICATION EXAM

The AHIMA (American Health Information Management Association) eligibility requirements to sit for the RHIA exam are that one must have completed a bachelor’s degree in HIM or completed a post-degree completion from a CAHIIM accredited HIM degree program. Information about the exam and application materials can be found at [www.ahima.org](http://www.ahima.org) at the Certifications tab. Students can now take the exam during their last semester prior to graduation. An additional form is required for the application packet which must be signed by the Department Chair to verify anticipated graduation date and that the student is enrolled in all final coursework. **(Attachment C)**

### GRADE APPEAL PROCEDURE

If a student does not agree with a final course grade, he/she may appeal that grade. This must be done in writing using the CHP form (available on the CHP web site, <http://www.health.txstate.edu/About/College-Policies-and-Procedures.html>) within two years following the date that grades are due in the registrar’s office using the following guidelines:

* **First level:** The first level of appeal will be to the faculty member. The formal appeal should be in writing with supporting documentation. The student should meet with the faculty member with written results available to the student within 1 week following the meeting.
* **Second level:** The second level of appeal will be the Department Chair. Again, this must be in writing with supporting documentation and should been done within two weeks following receipt of written result of the first level appeal. The student shall be notified in writing within 1 week following action of the Department Chair.
* **Third level:** The third level of appeal is to the Dean of the College of Health Professions. Again, the written appeal and supporting documentation should be submitted to the Dean within 2 weeks of receiving results of the second level appeal.
* **Final appeal:** The final level is a written appeal to the Dean of the Graduate School.

### HONOR CODE, TEXAS STATE UNIVERSITY

As members of a community dedicated to learning, inquiry, and creation, the students, faculty, and administration of our University live by the principles in this Honor Code. These principles require all members of this community to be conscientious, respectful, and honest.

WE ARE CONSCIENTIOUS. We complete our work on time and make every effort to do it right. We come to class and meetings prepared and are willing to demonstrate it. We hold ourselves to doing what is required, embrace rigor, and shun mediocrity, special requests, and excuses.

WE ARE RESPECTFUL. We act civilly toward one another and we cooperate with each other. We will strive to create an environment in which people respect and listen to one another, speaking when appropriate, and permitting other people to participate and express their views.

WE ARE HONEST. We do our own work and are honest with one another in all matters. We understand how various acts of dishonesty, like plagiarizing, falsifying data, and giving or receiving assistance to which one is not entitled, conflict as must with academic achievement as with the values of honesty and integrity.

THE PLEDGE FOR STUDENTS

Students at our University recognize that, to insure honest conduct, more is needed than an expectation of academic honesty, and we therefore adopt the practice of affixing the following pledge of honesty to the work we submit for evaluation:

**“I pledge to uphold the principles of honesty and responsibility at our University.”**

THE PLEDGE FOR FACULTY AND ADMINISTRATORS

Faculty at our University recognize that the students have rights when accused of academic dishonesty and will inform the accused of their rights of appeal laid out in the student handbook and inform them of the process that will take place.

**“I recognize students’ rights and pledge to uphold the principles of honesty and responsibility at our University.”**

### ADDRESSING ACTS OF DISHONESTY

Students accused of dishonest conduct may have their cases heard by the faculty member. The student may also appeal the faculty member’s decision to the Honor Code Council. Students and faculty will have the option of having an advocate present to insure their rights. Possible actions that may be taken range from exoneration to expulsion. <http://www.txstate.edu/efective/upps/upps-07-10-01.html>

### STUDENT RIGHTS

In the event of student problems, academic or personal, every effort will be made to resolve the difficulties at the Department level. In the event of unresolved problems, HIM students are allowed the same due process regulations as any other student enrolled at the University.

### STUDENT RECORDS RELEASE

Students may consent to have their records released for any number or purposes including scholarships and financial aid, awards, and employment consideration. Students must complete a release form. **(Attachment D)**

### PHOTOGRAPHY RELEASE

Students may consent to have photographs or videos taken for use in educational presentations or advertising and promotion of the program. Students must complete a release form. **(Attachment E)**

## PROFESSIONAL PRACTICE EXPERIENCE (PPE)

The PPE is a five week, project-focused management affiliation designed to help senior students assimilate theory with practical application in a real-world environment. The PPE consists of a five (5) week placement at a healthcare facility or related organization (two weeks for HIT Progression and Post-Bac students). The PPE will provide the opportunity to reinforce the student’s competencies and skill sets while on-site in a healthcare related setting.

The Professional Practice Experience is a privilege earned by successful progression through the academic curriculum and not a right of enrollment in the curriculum. All appropriate course work must be successfully completed before a student will be allowed to participate in the clinical education portion of the curriculum. The PPE experiences are ***not*** to be arranged by the student, but are the responsibility of the Clinical Coordinator.

### PPE Scheduling

The PPE is traditionally scheduled in the Spring Semester of the Senior year, but may be scheduled during other semesters with concurrence of the Department Chair and Clinical Coordinator.

### PPE Sites

Although many PPE sites for on-campus students are located in the Central Texas area, some assignments may be out of the immediate area. Students are encouraged to consider sites away from the immediate area if they have an interest in ultimately relocating or if they have family or friends that could provide housing in an alternate area.

Every effort will be made to arrange a PPE site near the home residence of on-line students.

### Preliminary Request for PPE Placement

Students are encouraged to complete the Preliminary Request for PPE Placement during their junior year. The form is available on the Texas State HIM Department TRACS site. Prior to completing their PPE request, students should consider their goals and experience and the types of opportunities that may provide the most effective reinforcement of the classroom experience. Students are required to meet with the Clinical Coordinator to discuss goals and objectives for the PPE and to explore ideas for placement. **(Attachment F)**

### Health Form

All students must complete the Student Health Form in accordance with CHP Policy 02.03 Addendum B – Health Report the semester prior to their PPE assignment. While the Health Form includes a requirement for the Hepatitis B series, HIM Students are not required to complete this series. **(Attachment F)**

### Background Check

Some PPE sites require a criminal background check. This must be accomplished through a specific contractor, at the student’s expense. The cost is approximately $50. Students will be notified by the Clinical Coordinator if this is a requirement for their PPE site, and specific instructions for completing the background check will be provided.

### Drug Screening

Some PPE sites also require a drug screen. This must be accomplished through a specific contractor, at the student’s expense. The cost is approximately $50. Students will be notified by the Clinical Coordinator if this is a requirement for their PPE site and specific instructions for completing the drug screen will be provided.

### Dress Code

The dress code is determined by each clinical site, but is generally business casual.

### Professional Behavior

Students are expected to behave in a manner commensurate with their status as students completing their final degree requirements in a professional program.

### Communication with Clinical Site Prior to PPE

Students are required to send their resume and a letter of introduction to their PPE site in advance of their assignment. This letter also provides the opportunity to inquire about dress code, parking, hours of work, etc. prior to beginning the PPE. Additional information will be provided by the Clinical Coordinator.

## PROFESSIONAL/PERSONAL CONDUCT

### ATTENDANCE

As a student in a professional program, it is expected you will use your time wisely.

### CAMPUS-BASED STUDENTS

Attendance at all classes is strongly recommended. Individual instructors will set attendance requirements for their classes with the course syllabi stating the specific requirements. Attendance at exams is REQUIRED. If an exam is to be missed for a legitimate reason, the instructor should be notified prior to the exam if at all possible. Make-up exams are at the discretion of the individual course instructors. Attendance is required at all scheduled clinical affiliation sessions.

### ON-LINE STUDENTS

Content and expectations for on-line students are comparable to those for the campus-based in-seat classes. Due to the nature of the course delivery, on-line students must be active learners to engage in the courses appropriately. This active engagement includes becoming familiar with the TRACS course site within the first few days of the semester, making note of due dates, course expectations, and format of the material presented at the course site. From that point on, it is imperative that the course site be accessed with active engagement a minimum of weekly or whatever frequency is needed to keep up, participate, and submit requirements in a timely manner. Faculty maintain frequent contact with their course sites but students must take the initiative to also interact with the site frequently and contact the faculty member via e-mail or phone when there are questions or assistance needed. Students should become familiar with the TRACS help lines. Specific requirements for accessing course information will be given by faculty for the respective courses.

### EXAMS ON TRACS

Each faculty determines the parameters for administrating the exams related to length of time for the exam to be available. Exams will be time-limited with a single access allowed.

### DRESS

Lectures: There are no specific requirements for dress for on-campus lectures UNLESS a guest lecturer is scheduled. In this instance, it is preferred that more suitable attire be work; i.e. no shorts, etc. Refer to Clinical Assignment section for guidelines for dress at clinical sites.

### CLASSROOM BEHAVIOR

Students are full partners in fostering a classroom environment which is conducive to learning. In order to assure that all students have the opportunity to gain from time spent in class, unless otherwise approved by the instructor, students are prohibited from engaging in any form of behavior that detracts from the learning experience of fellow students.

All classes are considered important and therefore should be taken seriously. Students are expected to behave in a manner commensurate with their status as a mature, intelligent, and professional student. Cheating, in any form, will not be tolerated. Situations determined by the faculty to involve cheating will be treated severely (possible dismissal from the Program). The following information on Academic Honesty and Academic Offenses is taken from the latest edition of the Texas State publication of the *Student Handbook*.

## BEHAVIORS

### CLASSROOM

Students are expected to behave in a manner commensurate with their status as a student in a professional program.

### MULTICULTURALISM AND SEXUAL HARASSMENT

Texas State believes in freedom of thought, innovation and creativity and consequently it seeks to encourage diversity of though and to nurture sensitivity, tolerance and mutual respect. Discriminating against or harassing anyone based on race, color, national origin, age, religion, sex, sexual orientation, or disability is inconsistent with the University’s purpose and will result in appropriate disciplinary actions. Any student who believes he/she has been a victim of discrimination or has observed incidents or discrimination should call the Dean of Students at (512) 245-2124, or the Department Chair. Texas State does not allow sexual harassment. Should a Texas State student believe himself/herself to have been sexually harassed, contact the Dean of Students. Texas State enforces a strict drug policy. Texas State complies with the Family Educational Rights and Privacy Act of 1974, protecting certain confidentiality rights of students.

### PROFESSIONAL

In addition to a commitment to lifelong learning, students are expected to demonstrate professional behavior. This is defined by the Program as the demonstration values, attitudes and behaviors consistent with the expectations of the public and the profession. These values and behaviors are delineated for the profession by the AHIMA Code of Ethics. Students are expected to adhere to the AHIMA Code of Ethics. **(Attachment G)**

### PROFESSIONAL BEHAVIORS

Professional abilities include those attributes, characteristics, or behaviors that are not explicitly part of a profession’s core of knowledge but are nevertheless required for success. HIM-specific professional behaviors include:

1. Critical Thinking
2. Communication
3. Problem Solving
4. Interpersonal skills
5. Responsibility
6. Professionalism
7. Use of constructive feedback
8. Effective use of time and resources
9. Stress Management
10. Commitment to learning

The faculty believe that each student should develop an entry-level mastery (behaviors demonstrated upon graduation and entry into the profession) of each of these skills by graduation. This belief is based on the following assumptions: the process of becoming socialized into a profession requires hard work and takes a long time and therefore must begin early; a repertoire of behaviors, in addition to a core of knowledge and skills, is important to be a successful HIM Professional. Professional behaviors are defined by the ability to generalize, integrate, apply, synthesize, and interact effectively; whether behaviors can be “taught” or not, the fact remains that behaviors are learned; and behaviors can be objectified and assessed.

### HIM COMPUTER LAB RULES

The HIM Computer Lab is a common facility shared by students and faculty in the Program. The following rules are set to allow us to share the room with minimum difficulty or inconvenience.

#### GENERAL RULES

The HIM Computer Lab is generally available to students between 8:00 a.m. and 5:00 p.m. unless a class is in session in either room 215A or 215B or a scheduled meeting is being held there.

* If door 215B is locked, see Jimmie Davis, Administrative Assistant, in Room 302.
* Do not eat or drink in the lab. No food or drink at computer work stations.
* The reference material available for you to use in the lab must stay in the lab. Please return this material to the shelves when you are done.
* Do not adjust the thermostat in the room.
* Do not move the computer equipment or desks.
* The open lab times are made available for students to use as a place to study and work on course assignments and to use the computers. The area must be conducive to these activities. Students being excessively loud and disruptive may be asked to leave.

#### COMPUTER RULES

Computers may be used by HIM students for all class work. Students are expected to work independently.

* You must log onto the computers using your account only. Do not share your password with others.
* Do not change the computer settings unless instructed to do so by a faculty member.
* Do not copy any application programs from the computers.
* Do not add or delete any programs from the computers.
* The HIM department is not responsible for your documents. Save your documents to a jump drive.
* The hard drive with periodically be cleaned of all files.
* Shut down your computer when you are through using it.

#### PRINTER

Report all issues with the printer to Carla Coco in Room 302. Do NOT attempt to clear jams, change toner, or change the settings on the printer. Contact Carla to do these kinds of things. Come to the HIM office if additional paper is needed.

## COMMUNICATIONS

### FACULTY OFFICE HOURS

Each faculty member establishes office hours based on the semester’s schedule. The office staff will maintain a list of current office hours. Faculty may agree to see students outside their posted office hours through an open door policy. Office staff will be glad to check the faculty member’s availability on an individual basis.

### TELEPHONES

Each faculty member has a direct office phone which has voicemail capability. Feel free to leave a voice mail message.

### ELECTRONIC COMMUNICATION

Each faculty member has an e-mail address and encourages students to communicate via e-mail. ***Students are expected to use their Texas State e-mail account*** and to check their e-mail for regular announcements or specific messages.

When using electronic communication, please use correct etiquette. E-mail can be a valuable communication tool, however, can often create miscommunications if not used effectively.

### CELL PHONES

Cell phones should be turned to silent mode or in the off position during classes. Text messaging is prohibited as well as phone calls when classes are in session.

### COMPUTERS IN THE CLASSROOM

Students are allowed to use personal computers in the classroom for class purposes. Checking e-mail, surfing the Internet or other distracting activities are prohibited. Violation of this requirement may result in loss of privileges for all students.

### MAILBOXES

Faculty members have mailboxes in the Department workroom. You may ask the office staff to place an item in the faculty mailbox in the workroom. There is an outgoing mail pickup location in the faculty office. You are free to use this for outgoing mail. Drop the item in the box and it will be picked up during the regular mail delivery cycle.

### TRACS

The faculty uses TRACS for course support. Students should become familiar with the TRACS sites. Questions to instructors are welcome.

## PROFESSIONAL INVOLVEMENT

### COMMUNITY

The Department faculty encourage all students to participate in community and professional activities. Involvement in such activities is one step toward becoming a complete professional. Such activities include participating as a volunteer at the RELAY FOR LIFE, Bobcat Days, Texas State student organizations, or involvement in other professional groups.

### PROFESSION

The American Health Information Management Association (AHIMA) is the organization representing HIM professionals and HIM students in the United States. AHIMA is divided into its components of the state associations to which the student is assigned based on place of residency.

### MEMBERSHIP

Students are eligible for student membership in both AHIMA and TxHIMA, unless they already hold an AHIMA credential (RHIT, CCA, etc.) Students are encouraged to become members to reap the many benefits of membership including: publications, continuing education, professional conferences, networking with colleagues, and peer support. Student membership during the professional program allows a graduate to qualify for reduced registration fees to meetings, and reduced rates for taking the RHIA exam. Membership information can be obtained by going to www.ahima.org or from the Department Chair.

# MISCELLANEOUS INFORMATION

### PHONES

The Department phone number is (512) 245-8242. This number may be used in an emergency situation to contact a student.

### FACULTY APPOINTMENTS

Appointments with faculty can be made in the Department Office. The office staff keeps a schedule of each faculty member’s office hours during the semester and will be glad to assist the student in making an appointment. Should you schedule an appointment and be unable to keep it, please call to notify the office or the individual faculty member.

### CONTACT FOR IMPORTANT OFFICES

* College of Health Professions, Dean’s Office – <http://www.health.txstate.edu> , 245-3300
* Financial Aid – [www.finaid.txstate.edu/](http://www.finaid.txstate.edu/) , 245-2315
* Multicultural Student Affairs Office – [www.msa.txstate.edu/](http://www.msa.txstate.edu/) , 245-2278
* Alcohol and Drug Resource Center – [www.adrc.txstate.edu/](http://www.adrc.txstate.edu/) , 245-3601
* Career Services- [www.careerservices.txstate.edu](http://www.careerservices.txstate.edu) , 245-2645
* Counseling Center – [www.counseling.txstate.edu/](http://www.counseling.txstate.edu/) , 245-2208
* Disability Services – [www.ods.txstate.edu/](http://www.ods.txstate.edu/) , 245-3451
* Student Health Center – [www.healthcenter.txstate.edu](http://www.healthcenter.txstate.edu) , 245-2161
* Writing Center- [www.writingcenter.english.txstate.edu/](http://www.writingcenter.english.txstate.edu/) ,245-3081
* Alkek Library – [www.library.txstate.edu](http://www.library.txstate.edu) , 245-3681
* Bookstore – [www.bookstore.txstate.edu](http://www.bookstore.txstate.edu) , 245-2273
* University Police Department – [www.police.txstate.edu/](http://www.police.txstate.edu/) , 245-2805

# CONFIDENTIALITY

*\*And whatsoever I shall see or hear in the course of my profession, as well as outside my profession… if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.” Hippocratic Oath*

### CONFIDENTIALITY

Confidential information is information about a patient that is furnished by the patient directly or even from a third party, including information that comes to you in writing or through electronic means. Any time you think a patient has a reasonable expectation that sensitive information will not be shared, treat the information as confidential. The patient who chooses to share confidential information with you has the expectation that he or she can control that information for his or her own welfare. Confidential information should be used to facilitate the goal of helping the patient and be kept from unauthorized people. It is not considered a breach of confidentiality if information is shared with other health professionals involved in the patient’s care, as long as the information has some relevance regarding that case.

***ANY BREACH OF CONFIDENTIALITY IS GROUNDS FOR DISMISSAL FROM THE DEPARTMENT.***

#### EXAMPLES OF BREACH OF CONFIDENTIALITY:

1. Discussing a patient’s condition or treatment in a public setting;
2. Naming a patient and the patient’s condition or treatment in a public setting;
3. Speaking of a patient within hearing range of other patients;
4. Reading a patient’s chart when not involved in that patient’s care or as a course assignment;
5. Asking co-workers about the condition or treatment of a patient known to you;
6. Reading correspondence or information relating to a patient or employee or discussing that information with others;
7. Discussing information, which a supervisor indicates, is confidential.

#### EXAMPLES OF POOR SENSITIVITY CONSIDERED A BREACH OF CONFIDENTIALITY

1. Asking loudly in the waiting room (or other area) about a patient’s condition, treatment, lab work, test results, etc.
2. Making light of patient’s condition or personal characteristics.
3. Discussing personal matters of another student or supervisor within hearing range of patients or other students.

### HEALTH INFORMATION PRIVACY AND ACCOUNTABILITY ACT (HIPAA)

In 1996, Congress passes HIPAA mandating the adoption of Federal privacy protections for individually identified health information. In response to this mandate, the Department of Health and Human Services (HHS) published the Privacy Rule in the Federal Register of December 28, 2008. Final rules were issued in August 2002 making modifications to the Privacy Rule. Final Privacy Rules can be found at [www.hhs.gov/ocr/hipaa/finalreg.html](http://www.hhs.gov/ocr/hipaa/finalreg.html). These rules provide comprehensive federal protection for the privacy of health information. The Privacy Rule sets a federal floor safeguards to protect the confidentiality of information. The rule does not replace federal, state, or other law that provides individuals even greater privacy protections. Confidentiality is certainly a key element of HIPAA.

**Health Information Management Department – Fall 2018**

Jimmie Davis

Admin Asst. II

Carla Coco

Admin Asst. III

Jennifer Teal

Lecturer

Karima Lalani

Senior Lecturer

Cathy Hess

Lecturer

Sylvia Benitez

Lecturer

Sylvia Alcala

Lecturer

Adjunct Faculty

Kim Murphy-Abdouch

Clinical Assoc. Prof

Melissa Walston-Sanchez

Lecturer

Danette Myers

Clinical Assoc. Prof

Barbara Hewitt

Assistant Prof

David Gibbs

Assistant Prof

Jackie Moczygemba

Department Chair

Associate Professor

Ruth Welborn

Dean

College of Health Professions

Alex McLeod

Associate Prof

Diane Dolezel

Assistant Prof

Tiankai Wang

Assistant Prof

MHIM Program Director

**TEXAS STATE UNIVERSITY Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BSHIM Degree Requirements, 2017-18 Catalog Degrees completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **GENERAL EDUCATION CORE CURRICULUM**  Core Component = 42-43 hours Core Component #:  \_\_\_\_ English 1310 010  \_\_\_\_ English 1320 010  \_\_\_\_ Math 1315 020  \_\_\_\_ Natural Science\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(3 hours)1 030  \_\_\_\_ Natural Science\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(3 hours)1 030  \_\_\_\_ Art, Dance, Music, or Theatre Arts 2313 050  \_\_\_\_ Philosophy1305 or 1320 (WI at Texas State) 040  \_\_\_\_ History 1310 (WI at Texas State) 060  \_\_\_\_ History 1320 (WI at Texas State) 060  \_\_\_\_ Political Science 2310 070  \_\_\_\_ Political Science 2320 070  \_\_\_\_ Social Science (Anthropology 1312 or Geography  1310 or Psychology 1300 or Sociology 1310) 080  \_\_\_\_ Communications 1310 090  \_\_\_\_ English 2310, 2320, 2330, 2340, 2359 or 2360 090  \_\_\_\_US 1100 -- University Seminar (1 hr.)  \_\_\_\_\_\_**Foreign language** requirement:  Students who did not complete satisfactorily at least two years of the same foreign language in high school, must complete two semesters (6-8 hours) of a single foreign language as part of the general education core curriculum.  \_\_\_\_\_\_**Minimum 2.50 Overall GPA to Apply** | COURSEWORK IN HIM PROFESSIONAL PROGRAM  **~~~~Fall, Year 1~~~~**  \_\_\_HIM 3301 Principles of Health Information Management  \_\_\_HIM 3310 Fundamentals of Health Information Systems  \_\_\_HIM 3463 Introduction and Technical Aspects of HIM  \_\_\_HIM 3367 Disease and Medical Science  \_\_\_HIM 3390 Principles of Management  **~~~~Spring Year 1~~~~**  \_\_\_HIM 3311 Health Informatics, Analytics and Data Use  \_\_\_HIM 3350 Legal Aspects of HIM  \_\_\_HIM 3380 Quality Improvement Regulations & Procedures for HIM  \_\_\_HIM 3364 Coding and Classification Systems  \_\_\_HIM 4393 Project Management for HIM  **~~~~Summer Year 1~~~~**  \_\_\_HIM 4370 Finance & Reimbursement Methodologies for HIM  \_\_\_HIM 4363 Comparative Record Systems  **~~~~Fall Year 2~~~~**  \_\_\_HIM 4401 Organizational Management of Health Information Technology  \_\_\_HIM 4331 Health Information Management Research and Data Analysis  \_\_\_HIM 4364 Coding and Compliance for HIM  \_\_\_HIM 4320 Principles of Information Governance  **~~~~Spring Year 2~~~~**  \_\_\_HIM 4383 Seminar in Health Information Management  \_\_\_HIM 4385 Health Information Management Practicum  \_\_\_HIM 4390 Contemporary Leadership Principles for HIM  \_\_\_HIM 4501 Professional Practice Experience  \_\_\_HIM 4388 and\_\_\_ HIM 4389 may be substituted for HIM 4501 for RHIT progression students and others who already have a significant amount of HIM or related work experience and by approval of Department Chair. |
| OTHER PREREQUISITES for BSHIM  \_\_\_\_ HP 3302 Statistics for the Health Professional2  \_\_\_\_ BIO 2430 Human Anatomy & Physiology  \_\_\_\_ CIS 1323 Computer Information Systems  \_\_\_\_ HIM 2360 Medical Terminology |
| **FOOTNOTES**  **1-**3 hrs. from Natural Science: For course options, see the 2014-2016 Undergraduate Catalog, pg. 17-18  **2-**3 hrs. from Statistics: HP 3302, PSY 2301, SOCI 3307, MATH 2328 *OR* CJ 3347  All Health Information Management (HIM) courses require a minimum grade of “C”.  Catalog designation determines the curriculum and other academic policies that apply to a student. Students must graduate within six years of the semester used to designate their catalog; otherwise, they are subject to the curriculum and academic policies of a subsequent catalog. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **MHIM Degree Plan** | | | Credit Hours |
|  | | **Year One, Fall** | Total 9 |
| HIM | 5390 | Contemporary Leadership Principles for HIM | 3 |
| HIM | 5351 | Data Security, Privacy, Confidentiality | 3 |
| HIM | 5363 | Health Data Content Structure and Standards | 3 |
|  |  |  |  |
|  |  | **Year One, Spring** | Total 9 |
| HIM | 5311 | Informatics, Analytics, and Data Use | 3 |
| HIM | 5370 | Healthcare Finance and Revenue Cycle Management | 3 |
| HIM | 5320 | Research Methods | 3 |
|  |  |  |  |
|  |  | **Year One, Summer** | Total 3 |
| HIM | 5341 | Healthcare Terminologies and Vocabularies (elective) | 3 |
|  |  | Elective\* (optional during summer) |  |
|  |  |  |  |
|  |  | **Year Two, Fall** | Total 9 |
| HIM | 5342 | Information Systems and Technology | 3 |
| HIM | 5380 | Quality Improvement in Healthcare | 3 |
|  |  | Elective\* or Thesis A | 3 |
|  |  |  |  |
|  |  | **Year Two, Spring** | Total 6 |
| HIM | 5382 | Compliance for HIM Topics | 3 |
| HIM | 5397 | Directed Practicum | 3 |
|  |  | Elective\* or Thesis B |  |
|  |  | **Total Hours** | **36** |

**\*Non-thesis Option (Electives)**

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Non-thesis Option (Choose 2 Courses from below)** | **SCH** |
| HIM 5340 | Healthcare Informatics (spring) | 3 |
| HIM 5341 | Healthcare Terminologies and Vocabularies  (summer) | 3 |
| HIM 5301 | The Enterprise Electronic Health Record (fall) | 3 |
| HA 5300 | Healthcare Organization and Delivery (must be taken first if taking any of the HA electives) | 3 |
| HA 5334 | Operational Decision Making for Healthcare Managers | 3 |
| HA 5335 | Public Health for Healthcare Administrators | 3 |
| HA 5355 | Human Resource Management in Healthcare Facilities | 3 |
| HA 5356 | Policy Development in Healthcare Arena | 3 |
| CIS 5355 | Database Management Systems | 3 |
| CIS 5358 | IT Systems Project Management | 3 |
| CIS 5364 | Data Warehousing and Mining | 3 |
| CIS 5368 | Information Security | 3 |
| CIS 5370 | Enterprise Resource Planning | 3 |
| **Sub-Total** | | **6** |

**Thesis Option**

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Thesis Option** | **SCH** |
| HIM 5399A | Thesis | **3** |
| HIM 5399B | Thesis | **3** |
| **Sub-total** | | **6** |



**CAHIIM Curriculum Requirements – *AHIMA 2014 Curriculum Competencies and Knowledge Clusters   
for Health Information Management (HIM) Education at the Baccalaureate Degree Level***

To use this template for CAHIIM accreditation purposes, please document the course or courses (in Column 3) by prefix and number, that contain the knowledge clusters listed in Column 2 and those courses that address achievement of Entry-Level Competency for each Domain and Subdomain (Column 1). Note that each knowledge cluster contains the term and number corresponding to the *New Version of Bloom’s Taxonomy* (see last page of this document). Where a knowledge cluster is specified at a higher taxonomy level, it is expected that the content will be introduced and reinforced in the curriculum, which in some cases may occur in more than one course in the program. When this occurs please list all courses that cover the knowledge cluster and that build toward entry-level competence.

| **Entry-Level Competencies** | **Required Bloom’s Level** | **Knowledge Clusters** | **List the Course(s) Prefix and Number that contain each of the Knowledge Clusters as listed in Column 3 and those courses that address achievement of Entry-Level Competency for each Domain and Subdomain (Column 1).** |
| --- | --- | --- | --- |
| **Domain I. Data Content Structure and Standards** | | | |
| **Subdomain I.A Classification Systems** | | | |
| 1. Evaluate, implement and manage electronic applications/systems for clinical classification and coding | 5 | \*Encoders, Computer Assisted Coding (CAC), Systems Development Life Cycle |  |
| 1. Identify the functions and relationships between healthcare classification systems | 3 | \*Healthcare Classification Systems, taxonomies, nomenclatures, terminologies and clinical vocabularies (ICD, CPT, SNOMED-CT, DSM, RxNorm: Standard Clinical Drug Naming catalog) |
| 1. Map terminologies, vocabularies and classification systems | 4 | \*Mapping from a standard clinical terminology to a HIPAA code set (LOINC to CPT or SNOMED to ICD); Mapping from one code set to another code set (one revision of ICD to another) |
| 4. Evaluate the accuracy of diagnostic/procedural coding | 5 | \*Principles and applications of Classification Systems and auditing |
| **Subdomain I.B. Health Record Content and Documentation** | | | |
| 1. Verify that documentation in the health record supports the diagnosis and reflects the patient’s progress, clinical findings, and discharge status | 4 | \*Health record components for all record types |  |
| 1. Compile organization-wide health record documentation guidelines | 6 | \*Standards and regulations for the Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), & Centers for Medicare and Medicaid Services (CMS); Health record documentation policies and procedures |
| 1. Interpret health information standards | 3 |  |
| **Subdomain I.C. Data Governance** | | | |
| 1. Format data to satisfy integration needs | 4 | \*Interoperability principles; Capture, structure, and use of health information |  |
| 1. Construct and maintain the standardization of data dictionaries to meet the needs of the enterprise | 6 | \*Data sources and data dictionary composition |
| 1. Demonstrate compliance with internal and external data dictionary requirements | 3 | \*Accreditation standards for The Joint Commission, National Committee for Quality Assurance (NCQA), CARF, Community Health Accreditation Program (CHAP), Utilization Review Accreditation Commission (URAC), HL7, American Society for Testing and Materials (ASTM), Healthplan Employer Data Information Sets (HEDIS), Outcome and Assessment Information Set (OASIS), and Uniform Hospital Discharge Data Set (UHDDS) |
| 1. Advocate information operability and information exchange | 5 | \*Interoperability Standards and Health Information Exchanges (HIEs) |
| **Subdomain I.D. Data Management** | | | |
| 1. Analyze information needs of customers across the healthcare continuum | 4 |  |  |
| 1. Evaluate health information systems and data storage design | 5 | \*Storage media, disaster recovery, and cloud computing |
| 1. Manage clinical indices/ databases/registries | 5 | \*Policies for secondary data sources, registries, and indices |
| 1. Apply knowledge of database architecture and design to meet organizational needs | 3 | \*Data dictionary, data modeling, and data warehousing; Database architecture and design |
| 1. Evaluate data from varying sources to create meaningful presentations | 5 |  |
| **Subdomain I.E Secondary Data Sources** | | | |
| 1. Validate data from secondary sources to include in the patient’s record, including personal health records | 3 | \*Data stewardship & Information Governance Standards; Patient-Centered Health Information technology and portals |  |
| **Domain II. Information Protection: Access Disclosure, Archival, Privacy and Security** | | | |
| **Subdomain II.A. Health Law** | | | |
| 1. Identify laws and regulations applicable to health care | 3 | \*Health information laws and regulations including HIPAA, The Joint Commission, State laws, and Centers for Medicare and Medicaid Services (CMS) |  |
| 1. Analyze legal concepts and principles to the practice of HIM | 4 |  |
| **Subdomain II.B. Data Privacy Confidentiality and Security** | | | |
| 1. Analyze privacy, security and confidentiality policies and procedures for internal and external use and exchange of health information | 4 | \*Patient verification and identity management policies; Privacy, confidentiality, security principles, policies and procedures, and federal/state laws; E-Discovery |  |
| 1. Recommend elements included in design of audit trails, data quality monitoring programs | 5 | \*Data security (audits, controls, data recovery, e-security, disaster recovery planning, and business continuity planning) |
| 1. Collaborate in the design and implementation of risk assessment, contingency planning, and data recovery procedures | 4 | \*Health information archival and retrieval systems; Data security protection methods (authentication, encryption, decryption, and firewalls) |
| 1. Analyze the security and privacy implications of mobile health technologies | 4 |  |
| 1. Develop educational programs for employees in privacy, security, and confidentiality | 6 | \*Privacy and security laws/regulations, adult education strategies, and training methods |
| **Subdomain II.C. Release of Information** | | | |
| 1. Create policies and procedures to manage access and disclosure of personal health information | 6 | \*Principles for releasing PHI; Elements of an authorization |  |
| 1. Protect electronic health information through confidentiality and security measures, policies and procedures | 3 | \*Audit techniques and principles |  |
| **Domain III. Informatics, Analytics and Data Use** | | | |
| **Subdomain III.A. Health Information Technologies** | | | |
| 1. Utilize technology for data collection, storage, analysis, and reporting of information | 3 | \*Health information archival and retrieval systems; Computer concepts (hardware components, network systems architecture operating systems and languages, software packages and tools, and cloud computing applications) |  |
| 1. Assess systems capabilities to meet regulatory requirements | 5 | \*Electronic signatures, data correction, and audit logs |
| 1. Recommend device selection based on workflow, ergonomic and human factors | 5 | \*Human factors and user interface design |
| 1. Take part in the development of networks, including intranet and Internet applications | 4 | \*Communication technologies (Network-LANS, WANS, WLANS, and VPNs); Internet technologies (Intranet, web-based systems, standards SGML, and XML) |
| 1. Evaluate system architecture, database design, data warehousing | 5 | \*System testing; Interface management; Data relationships |
| 1. Create the electronic structure of health data to meet a variety of end user needs | 6 | \*Data information and file structures (data administration, data definitions, data dictionary, data modeling, data structures, data warehousing, and database management systems) |
| **Subdomain III.B. Information Management Strategic Planning** | | | |
| 1. Take part in the development of information management plans that support the organization’s current and future strategy and goals | 4 | \*Corporate strategic plan, operation improvement planning, and information management plans; Disaster and recovery planning |  |
| 1. Take part in the planning, design, selection, implementation, integration, testing, evaluation, and support of health information technologies | 4 | \*Systems development life cycle (systems analysis, design, implementation, evaluation, maintenance, EHRs, HIEs, and RECs) |
| **Subdomain III.C. Analytics and Decision Support** | | | |
| 1. Apply analytical results to facilitate decision-making | 3 | \*Data display, power point, and dashboards |  |
| 1. Apply data extraction methodologies | 3 | \*Healthcare statistical formulas (LOS, death, birth, and infection rates); Data capture tools and technologies (forms, computer screens, templates, other health record documentation tools; clinical, financial, and administrative) |
| 1. Recommend organizational action based on knowledge obtained from data exploration and mining | 5 |  |
| 1. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare | 4 | \*Descriptive statistics (mean, standard deviation, ranges, and percentiles); Inferential statistics (T-tests, ANOVA, regression analysis, reliability, and validity); Epidemiological applications |
| 1. Apply knowledge of database querying,and data exploration and mining techniques to facilitate information retrieval | 3 |  |
| 1. Evaluate administrative reports using appropriate software | 5 |  |
| **Subdomain III.D. Health Care Statistics** | | | |
| 1. Interpret inferential statistics | 5 | \*Inferential statistics (T-tests, ANOVA, regression analysis, reliability, and validity); Computerized statistical packages (SPSS & SAS) |  |
| 1. Analyze statistical data for decision making | 4 | \*Data reporting of statistical healthcare data and presentation techniques |
| **Subdomain III.E. Research Methods** | | | |
| 1. Apply principles of research and clinical literature evaluation to improve outcomes | 3 | \*Research design/methods (quantitative, qualitative, evaluative, mixed, and outcomes); Literature review and evaluation; Knowledge-based research techniques (Medline, CMS libraries, AHRQ, and other websites) |  |
| 1. Plan adherence to Institutional Review Board (IRB) processes and policies | 3 | \*National guidelines regarding human-subjects research (IRB process); Research protocol data management |
| **Subdomain III.F. Consumer Informatics** | | | |
| 1. Educate consumers on patient-centered health information technologies | 3 | \*Patient centered medical homes; Patient portals, patient safety, and patient education; Personal Health Record (PHR) |  |
| **Subdomain III.G. Health Information Exchange** | | | |
| 1. Collaborate in the development of operational policies and procedures for health information exchange | 4 | \*HIEs, local, regional including providers, pharmacies, and other health facilities |  |
| 1. Conduct system testing to ensure data integrity and quality of health information exchange | 6 | \*Integration, interfaces, and data reliability |
| 1. Differentiate between various models for health information exchange | 5 |  |
| **Subdomain III.H. Information Integrity and Data Quality** | | | |
| 1. Discover threats to data integrity and validity | 3 | \*Intrusion detection systems, audit design, and principles |  |
| 1. Implement policies and procedures to ensure data integrity internal and external to the enterprise | 3 | \*Authentication, encryption, and password management |
| 1. Apply quality management tools | 3 | \*Control charts, pareto charts, fishbone diagrams and other statistical process control techniques |
| 1. Perform quality assessment including quality management, data quality, and identification of best practices for health information systems | 4 | \*Data quality assessment and integrity; Disease management process (case management, critical paths, and care coordination); Outcomes measurement (patient as patient, customer satisfaction, and disease specific); Patient and organization safety initiatives |
| 1. Model policy initiatives that influence data integrity | 3 |  |
| **Domain IV. Revenue Management** | | | |
| **Subdomain IV.A. Revenue Cycle and Reimbursement** | | | |
| 1. Manage the use of clinical data required by various payment and reimbursement systems | 5 | \*Clinical data management; Case mix management; Reimbursement management; Payment Systems (Prospective Payment System [PPS], DRGs Resource-Based Relative Value Scale [RBRVS], Resource Utilization Groups [RUGs], Value-Based Purchasing [VBP], MSDRGs, commercial, managed care, and federal insurance plans); Billing and reimbursement at hospital inpatient & outpatient, physician offices, and other delivery settings |  |
| 1. Take part in selection and development of applications and processes for chargemaster and claims management | 4 | \*Chargemaster management |  |
| 1. Apply principles of healthcare finance for revenue management | 3 | \*Cost reporting, budget variances, and budget speculation |
| 1. Implement processes for revenue cycle management and reporting | 3 | \*Corrective Coding Initiative (CCI)-Electronic Billing X12N; Compliance strategies and reporting; Audit process (compliance and reimbursement); Revenue cycle process; Utilization and resource management |
| **Domain V. Compliance** | | | |
| **Subdomain V.A. Regulatory** | | | |
| 1. Appraise current laws and standards related to health information initiatives | 5 | \*Compliance strategies and reporting; Regulatory and licensure requirements; Elements of compliance programs; Patient safety |  |
| 1. Determine processes for compliance with current laws and standards related to health information initiatives and revenue cycle | 5 | \*Policies and procedures; Non-retaliation policies; Auditing and monitoring |
| **Subdomain V.B. Coding** | | | |
| 1. Construct and maintain processes, policies, and procedures to ensure the accuracy of coded data based on established guidelines | 6 | \*UHDDS and Federal compliance guidelines; Official coding guidelines from CMS, AMA, National Committee on Vital and Health Statistics (NCHVS), National Correct Coding Initiative (NCCI, and AHA |  |
| 1. Manage coding audits | 5 | \*Audit principles and reporting |
| 1. Identify severity of illness and its impact on healthcare payment systems | 3 | \*Case mix; Computer Assisted Coding (CAC) systems |
| **Subdomain V.C. Fraud Surveillance** | | | |
| 1. Determine policies and procedures to monitor abuse or fraudulent trends | 5 |  |  |
| **Subdomain V.D. Clinical Documentation Improvement** | | | |
| 1. Implement provider querying techniques to resolve coding discrepancies | 3 | \*Query process (written, verbal, and template queries; timelines & interpretation; and query retention) |  |
| 1. Create methods to manage Present on Admission, hospital acquired conditions, and other CDI components | 6 | \*Clinical Documentation Improvement (CDI) metrics and reporting process (concurrent, retrospective, and post-bill review) |
| **Domain VI. Leadership** | | | |
| **Subdomain VI.A Leadership Roles** | | | |
| 1. Take part in effective negotiating and use influencing skills | 4 |  |  |
| 1. Discover personal leadership style using contemporary leadership theory and principles | 3 |  |
| 1. Take part in effective communication through project reports, business reports and professional communications | 4 |  |
| 1. Apply personnel management skills | 3 | \*Communications and interpersonal skills; Leadership and governance |
| 1. Take part in enterprise-wide committees | 4 | \*Facilitation, networking, and consensus building |

| **Entry-Level Competencies** | **Required Bloom’s Level** | **Knowledge Clusters** | **List the Course(s) Prefix and Number that contain each of the Knowledge Clusters as listed in Column 3 and those courses that address achievement of Entry-Level Competency for each Domain and Subdomain (Column 1).** |
| --- | --- | --- | --- |
| 1. Build effective teams | 6 | \*Team/consensus building |  |
| **Subdomain VI.B. Change Management** | | | |
| 1. Interpret concepts of change management theories, techniques and leadership | 5 | \*Change management; Risk exposure; Organizational design and mergers |  |
| **Subdomain VI.C. Work Design and Process Improvement** | | | |
| 1. Analyze workflow processes and responsibilities to meet organizational needs | 4 | \*Workflow reengineering and workflow design techniques |  |
| 1. Construct performance management measures | 6 | \*Benchmarking techniques (productivity standards, report cards, and dashboards) |
| 1. Demonstrate workflow concepts | 3 | \*Use cases; Top down diagrams; Swimlane diagrams |
| **Subdomain VI.D. Human Resource Management** | | | |
| 1. Manage human resources to facilitate staff recruitment, retention, supervision | 5 | \*Principles of human resources management (recruitment, supervision, retention, counseling, and disciplinary action) |  |
| 1. Ensure compliance with employment laws | 5 | \*Employment laws and labor laws (federal/state); Equal Employment Opportunity Commission (EEOC) |
| 1. Create and implement staff orientation and training programs | 6 |  |
| 1. Benchmark staff performance data incorporating labor analytics | 4 |  |
| 1. Evaluate staffing levels and productivity, and provide feedback to staff regarding performance | 5 | \*Performance standards; Professional development in self and others |
| **Subdomain VI.E. Training and Development** | | | |
| 1. Evaluate initial and on-going training programs | 5 |  |  |
| **Subdomain VI.F. Strategic and Organizational Management** | | | |
| 1. Identify departmental and organizational survey readiness for accreditation, licensing and/or certification processes | 3 | \*Accreditation standards (The Joint Commission, National Committee for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Community Health Accreditation Partners (CHAP), Utilization Review Accreditation Commission (URAC), Provider credentialing requirements, and CMS Conditions of Participation) |  |
| 2. Implement a departmental strategic plan | 3 | \*Strategic planning, critical thinking, and benchmarking |  |

| **Entry-Level Competencies** | **Required Bloom’s Level** | **Knowledge Clusters** | **List the Course(s) Prefix and Number that contain each of the Knowledge Clusters as listed in Column 3 and those courses that address achievement of Entry-Level Competency for each Domain and Subdomain (Column 1).** |
| --- | --- | --- | --- |
| 3. Apply general principles of management in the administration of health information services | 3 | \*Organizational structures and theory |  |
| 4. Evaluate how healthcare policy-making both directly and indirectly impacts the national and global healthcare delivery systems | 5 | \*State, local, and federal policies |
| 5. Identify different types of organizations, services, and personnel and their interrelationships across health care delivery system | 3 | \*Payers/providers in all delivery settings; Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs); Medical devices and biotech |
| 6. Collaborate in the development and implementation of information governance initiatives | 4 |  |
| 7. Facilitate the use of enterprise-wide information assets to support organizational strategies and objectives | 4 | \*Information management planning; Enterprise information management; Master data/information management |
| **Subdomain VI.G. Financial Management** | | | |
| 1. Evaluate capital, operating and/or project budgets using basic accounting principles | 5 | \*Budget process (capital and operating; staffing and budgeting) |  |
| 1. Perform cost-benefit analysis for resource planning and allocation | 4 | \*Accounting principles; Cost/benefit analysis (outsourcing & acquisition) |
| 1. Evaluate the stages of the procurement process | 5 | \*Content of and answers to a Request for Proposal (RFP), Request For Information (RFI), and Request For Quotation (RFQ) |  |
| **Subdomain VI.H. Ethics** | | | |
| 1. Comply with ethical standards of practice | 5 | \*Professional ethics issues; Ethical decision-making process; AHIMA Code of Ethics; Patient rights; Patient safety |  |
| 1. Evaluate the culture of a department | 5 |  |
| **3.** Assess how cultural issues affect health, healthcare quality, cost, and HIM | 5 | \*Healthcare professionals and cultural diversity; Cultural competence and self-awareness; Assumptions, biases, and stereotypes |
| 4**.** Create programs and policies that support a culture of diversity | 6 | \*Diversity awareness training programs; age, race, sexual orientation, education, work experience, geographic location, and disability; Regulations such as Americans with Disabilities Act (ADA) and Equal Employment Opportunity Commission (EEOC) |
| **Subdomain VI.I. Project Management** | | | |
| 1. Take part in system selection processes | 4 | \*RFI and RFP |  |
| 1. Recommend clinical, administrative, and specialty service applications | 5 | \*RFP vendor selection |
| 1. Apply project management techniques to ensure efficient workflow and appropriate outcomes | 3 | \*GANTT Charts, benchmarking, and risk analysis tools |
| 1. Facilitate project management by integrating work efforts | 4 | \*Project management principles; Issue tracking, and facilitation techniques |
| **Subdomain VI.J. Vendor/Contract Management** | | | |
| 1. Evaluate vendor contracts | 5 | \*Contract management; System acquisition and evaluation |  |
| 1. Develop negotiation skills in the process of system selection | 6 |  |
| **Subdomain VI.K. Enterprise Information Management** | | | |
| 1. Manage information as a key strategic resource and mission tool | 5 | \*Information Management Plan; Information as an asset |  |

|  |
| --- |
| **Baccalaureate Degree** |
| **Supporting Body of Knowledge (Pre-requisite or Evidence of Knowledge)** | |
| Pathophysiology and Pharmacology |
| Anatomy and Physiology |
| Medical Terminology |
| Computer Concepts and Applications |
| Statistics |

**Bloom’s Taxonomy: Revised Version**

**1 = Remembering: Can the student recall or remember the information?**

**2 = Understanding: Can the student explain ideas or concepts, and grasp the meaning of information?**

**3 = Applying: Can the student use the information in a new way?**

**4 = Analyzing: Can the student distinguish between the different parts, break down information, and infer to support conclusions?**

**5 = Evaluating: Can the student justify a stand or decision, or judge the value of?**

**6 = Creating: Can the student create new product or point of view?**

****

**Student Records Release Form**

I, , give consent to the Health   
 Print Name

Information Management Department to release the following information contained in my   
  
educational record. This information is to be provided to

for the purpose of .

Signature

Date

UPPS 01.04.31 Access to Students Records

Family Educational Rights and Privacy Act of 1974



**Authorization to Photograph and Record**

I , authorize Texas State University to videotape, photograph, or record me and to use my name, picture, silhouette, voice, and any other reproduction of my physical likeness in any manner in connection with the university’s activities and programs. I agree that the videotapes, photographs, audio recordings, and any other products thereof shall constitute the property of Texas State University, with full right of disposition in any manner.

I waive the right to inspect or approve any reproduction of my physical likeness or my voice recording, and I release and discharge Texas State University and all of its agents and employees from all claims in connection with the use of my physical likeness, voice, and name.

Signature

Date



**Parent Photograph Release and Indemnity Agreement**

Child’s name

Parent’s name

Activity

Activity dates

Today’s date

Releasees:

The Board of Regents, Texas State University System, Texas State University, and all regents, employees, and agents of these entities.

Consent:

I authorize Texas State University to tape, photograph, or record my child and to use my child’s image, name, and voice in any manner in connection with the university’s activities and programs. I agree that the tapes, photographs, and records will be the property of the university with full right of disposition in any manner.

Release:

I release, discharge, and agree not to sue the Releasees for any claims relating to the capturing of my child’s image, name, or voice. This release includes all claims, whether or not caused by the negligence of the Releasees.

Indemnity:

I also agree to indemnify and hold the Releasees harmless from any loss, damage, liability, or costs that they may incur from the university’s use of my child’s image, name, or voice.

Parent Signature   
Date

**Professional Practice Experience Forms**

**(to be posted)**

Site Request

Health Form

Other

**The Code of Ethics and How to Interpret the Code of Ethics**

Principles and Guidelines

The following ethical principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members and certificants.  Guidelines included for each ethical principle are a non-inclusive list of behaviors and situations that can help to clarify the principle. They are not meant to be a comprehensive list of all situations that can occur.

***I. Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.***

A health information management professional **shall**:

1.1 Safeguard all confidential patient information to include, but not limited to, personal, health, financial, genetic, and outcome information.

1.2. Engage in social and political action that supports the protection of privacy and confidentiality, and be aware of the impact of the political arena on the health information issues for the healthcare industry.

1.3. Advocate for changes in policy and legislation to ensure protection of privacy and confidentiality, compliance, and other issues that surface as advocacy issues and facilitate informed participation by the public on these issues.

1.4. Protect the confidentiality of all information obtained in the course of professional service. Disclose only information that is directly relevant or necessary to achieve the purpose of disclosure. Release information only with valid authorization from a patient or a person legally authorized to consent on behalf of a patient or as authorized by federal or state regulations. The minimum necessary standard is essential when releasing health information for disclosure activities.

1.5. Promote the obligation to respect privacy by respecting confidential information shared among colleagues, while responding to requests from the legal profession, the media, or other non-healthcare related individuals, during presentations or teaching and in situations that could cause harm to persons.

1.6. Respond promptly and appropriately to patient requests to exercise their privacy rights (e.g., access, amendments, restriction, confidential communication, etc.). Answer truthfully all patients’ questions concerning their rights to review and annotate their personal biomedical data and seek to facilitate patients’ legitimate right to exercise those rights.

***II. Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, peers, and to the health information management profession.***

A health information management professional **shall**:

2.1. Act with integrity, behave in a trustworthy manner, elevate service to others above self-interest, and promote high standards of practice in every setting.

2.2. Be aware of the profession's mission, values, and ethical principles, and practice in a manner consistent with them by acting honestly and responsibly.

2.3. Anticipate, clarify, and avoid any conflict of interest, to all parties concerned, when dealing with consumers, consulting with competitors, in providing services requiring potentially conflicting roles (for example, finding out information about one facility that would help a competitor), or serving the Association in a volunteer capacity. The conflicting roles or responsibilities must be clarified and appropriate action taken to minimize any conflict of interest.

2.4. Ensure that the working environment is consistent and encourages compliance with the AHIMA Code of Ethics, taking reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the code.

2.5. Take responsibility and credit, including authorship credit, only for work they actually perform or to which they contribute. Honestly acknowledge the work of and the contributions made by others verbally or written, such as in publication.

A health information management professional **shall not**:

2.6. Permit one’s private conduct to interfere with the ability to fulfill one’s professional responsibilities.

2.7. Take unfair advantage of any professional relationship or exploit others to further one’s own personal, religious, political, or business interests.

***III. Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.***

A health information management professional **shall**:

3.1. Safeguard the privacy and security of written and electronic health information and other sensitive information. Take reasonable steps to ensure that health information is stored securely and that patients' data is not available to others who are not authorized to have access. Prevent inappropriate disclosure of individually identifiable information.

3.2. Take precautions to ensure and maintain the confidentiality of information transmitted, transferred, or disposed of in the event of termination, incapacitation, or death of a healthcare provider to other parties through the use of any media.

3.3. Inform recipients of the limitations and risks associated with providing services via electronic or social media (e.g., computer, telephone, fax, radio, and television).

***IV. Refuse to participate in or conceal unethical practices or procedures and report such practices.***

A health information management professional **shall**:

4.1. Act in a professional and ethical manner at all times.

4.2. Take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.  If needed, utilize the [Professional Ethics Committee Policies and Procedures](http://www.ahima.org/downloads/pdfs/about/371PECPolicyProcedureFinal_093010.pdf) for potential ethics complaints.

4.3. Be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. These include policies and procedures created by AHIMA, licensing and regulatory bodies, employers, supervisors, agencies, and other professional organizations.

4.4. Seek resolution if there is a belief that a colleague has acted unethically or if there is a belief of incompetence or impairment by discussing one’s concerns with the colleague when feasible and when such discussion is likely to be productive.

4.5. Consult with a colleague when feasible and assist the colleague in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.

4.6. Take action through appropriate formal channels, such as contacting an accreditation or regulatory body and/or the AHIMA Professional Ethics Committee if needed.

4.7. Cooperate with lawful authorities as appropriate.

A health information management professional **shall not**:

4.8. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-inclusive list of examples includes:

* + - Allowing patterns of optimizing or minimizing documentation and/or coding to impact payment
    - Assigning codes without physician documentation
    - Coding when documentation does not justify the diagnoses or procedures that have been billed
    - Coding an inappropriate level of service
    - Miscoding to avoid conflict with others
    - Engaging in negligent coding practices
    - Hiding or ignoring review outcomes, such as performance data
    - Failing to report licensure status for a physician through the appropriate channels
    - Recording inaccurate data for accreditation purposes
    - Allowing inappropriate access to genetic, adoption, health, or behavioral health information
    - Misusing sensitive information about a competitor
    - Violating the privacy of individuals

Refer to the [AHIMA Standards for Ethical Coding](http://www.ahima.org/about/ethicsstandards.aspx) for additional guidance.

4.9. Engage in any relationships with a patient where there is a risk of exploitation or potential harm to the patient.

***V. Advance health information management knowledge and practice through continuing education, research, publications, and presentations.***

A health information management professional **shall**:

5.1. Develop and enhance continually professional expertise, knowledge, and skills (including appropriate education, research, training, consultation, and supervision). Contribute to the knowledge base of health information management and share one’s knowledge related to practice, research, and ethics.

5.2. Base practice decisions on recognized knowledge, including empirically based knowledge relevant to health information management and health information management ethics.

5.3. Contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the health information management profession. These activities may include teaching, research, consultation, service, legislative testimony, advocacy, presentations in the community, and participation in professional organizations.

5.4. Engage in evaluation and research that ensures the confidentiality of participants and of the data obtained from them by following guidelines developed for the participants in consultation with appropriate institutional review boards.

5.5. Report evaluation and research findings accurately and take steps to correct any errors later found in published data using standard publication methods.

5.6. Design or conduct evaluation or research that is in conformance with applicable federal or state laws.

5.7. Take reasonable steps to provide or arrange for continuing education and staff development, addressing current knowledge and emerging developments related to health information management practice and ethics.

***VI Recruit and mentor students, staff, peers, and colleagues to develop and strengthen professional workforce.***

A health information management professional **shall**:

6.1. Provide directed practice opportunities for students.

6.2. Be a mentor for students, peers, and new health information management professionals to develop and strengthen skills.

6.3. Be responsible for setting clear, appropriate, and culturally sensitive boundaries for students, staff, peers, colleagues, and members within professional organizations.

6.4. Evaluate students' performance in a manner that is fair and respectful when functioning as educators or clinical internship supervisors.

6.5. Evaluate staff's performance in a manner that is fair and respectful when functioning in a supervisory capacity.

6.6. Serve an active role in developing HIM faculty or actively recruiting HIM professionals.

A health information management professional **shall not**:

6.7. Engage in any relationships with a person (e.g. students, staff, peers, or colleagues) where there is a risk of exploitation or potential harm to that other person.

***VII. Represent the profession to the public in a positive manner.***

A health information management professional **shall**:

7.1. Be an advocate for the profession in all settings and participate in activities that promote and explain the mission, values, and principles of the profession to the public.

***VIII. Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.***

A health information management professional **shall**:

8.1. Perform responsibly all duties as assigned by the professional association operating within the bylaws and policies and procedures of the association and any pertinent laws.

8.2. Uphold the decisions made by the association.

8.3. Speak on behalf of the health information management profession and association, only while serving in the role, accurately representing the official and authorized positions of the association.

8.4. Disclose any real or perceived conflicts of interest.

8.5. Relinquish association information upon ending appointed or elected responsibilities.

8.6. Resign from an association position if unable to perform the assigned responsibilities with competence.

8.7. Avoid lending the prestige of the association to advance or appear to advance the private interests of others by endorsing any product or service in return for remuneration. Avoid endorsing products or services of a third party, for-profit entity that competes with AHIMA products and services.  Care should **also** be exercised in endorsing any other products and services.

***IX. State truthfully and accurately one’s credentials, professional education, and experiences.***

A health information management professional **shall**:

9.1. Make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the health information management profession, a professional health information association, or one’s employer.

9.2. Claim and ensure that representation to patients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, training, certification, consultation received, supervised experience, and other relevant professional experience are accurate.

9.3. Claim only those relevant professional credentials actually possessed and correct any inaccuracies occurring regarding credentials.

9.4 Report only those continuing education units actually earned for the recertification cycle and correct any inaccuracies occurring regarding CEUs.

***X. Facilitate interdisciplinary collaboration in situations supporting health information practice.***

A health information management professional **shall**:

10.1. Participate in and contribute to decisions that affect the well-being of patients by drawing on the perspectives, values, and experiences of those involved in decisions related to patients.

10.2. Facilitate interdisciplinary collaboration in situations supporting health information practice.

10.3. Establish clearly professional and ethical obligations of the interdisciplinary team as a whole and of its individual members.

10.4. Foster trust among group members and adjust behavior in order to establish relationships with teams.

***XI. Respect the inherent dignity and worth of every person.***

A health information management professional **shall**:

11.1. Treat each person in a respectful fashion, being mindful of individual differences and cultural and ethnic diversity.

11.2. Promote the value of self-determination for each individual.

11.3. Value all kinds and classes of people equitably, deal effectively with all races, cultures, disabilities, ages and genders.

11.4. Ensure all voices are listened to and respected.

***Revised & adopted by AHIMA House of Delegates – (October 2, 2011)***

**The Use of the Code**

Violation of principles in this code does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the code would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members although in some situations, violations of the code would constitute unlawful conduct subject to legal process.

Guidelines for ethical and unethical behavior are provided in this code. The terms "shall and shall not" are used as a basis for setting high standards for behavior. This does not imply that everyone "shall or shall not" do everything that is listed. This concept is true for the entire code. If someone does the stated activities, ethical behavior is the standard. The guidelines are not a comprehensive list. For example, the statement "safeguard all confidential patient information to include, but not limited to, personal, health, financial, genetic and outcome information" can also be interpreted as "shall not fail to safeguard all confidential patient information to include personal, health, financial, genetic, and outcome information."

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values and ethical principles, and offers ethical guidelines to which a HIM professional can aspire and by which actions can be judged. Ethical behaviors result from a personal commitment to engage in ethical practice.

Professional responsibilities often require an individual to move beyond personal values. For example, an individual might demonstrate behaviors that are based on the values of honesty, providing service to others, or demonstrating loyalty. In addition to these, professional values might require promoting confidentiality, facilitating interdisciplinary collaboration, and refusing to participate or conceal unethical practices. Professional values could require a more comprehensive set of values than what an individual needs to be an ethical agent in one’s own personal life.

The AHIMA Code of Ethics is to be used by AHIMA members and certificants, consumers, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. The AHIMA Code of Ethics reflects the commitment of all to uphold the profession's values and to act ethically. Individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments, must apply ethical principles.

The code does not provide a set of rules that prescribe how to act in all situations. Specific applications of the code must take into account the context in which it is being considered and the possibility of conflicts among the code's values, principles, and guidelines. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional. Further, the AHIMA Code of Ethics does not specify which values, principles, and guidelines are the most important and ought to outweigh others in instances when they conflict.

**Code of Ethics 2011 Ethical Principles**

Ethical Principles: The following ethical principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members.

A health information management professional shall:

1. ***Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.***
2. ***Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, their peers, and to the health information management profession.***
3. ***Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.***
4. ***Refuse to participate in or conceal unethical practices or procedures and report such practices.***
5. ***Advance health information management knowledge and practice through continuing education, research, publications, and presentations.***
6. ***Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.***
7. ***Represent the profession to the public in a positive manner.***
8. ***Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.***
9. ***State truthfully and accurately one’s credentials, professional education, and experiences.***
10. ***Facilitate interdisciplinary collaboration in situations supporting health information practice.***
11. ***Respect the inherent dignity and worth of every person.***

***Revised & adopted by AHIMA House of Delegates – (October 2, 2011)***