I Heard and Read

FACILITY: _____

During the course of the Infirmary Health student/instructor orientation,

I Heard and Read a presentation on:		I Understood the presentation
☐	Mission, Vision and Values	☐
☐	Corporate Compliance/Fraud & Abuse	☐
☐	Patient Rights and Organizational Ethics	☐
☐	Confidentiality of Patient Information/HIPPA/HITECH	☐
☐	Infection Control	☐
☐	Safety and Security/Safety Codes/Back Safety	☐
☐	Quality	☐
☐	Student/Instructor-Specific Information	☐
☐	Facility Specific Procedures	☐
☐	Instructor Student Orientation Manual	☐

I acknowledge that I have received and understood education on the Infirmary Health Business and Professional Standards of Conduct. I agree to abide by the standards and understand that adherence to them is a condition of my affiliation with Infirmary Health. In addition, I understand that I am obligated to report any violations of non-compliance with these standards.

Signature _____ Date_____

I have been made aware that there is information available in my department regarding the present and potential risks of hazardous materials and wastes routinely handled and used therein; that such information addresses precautions for the handling and use of such materials; potential risks associated with them; appropriate procedures that are to be followed in the event of spills and leaks; and emergency aid and/or first aid treatment in the event of an improper exposure or overexposure to them.

Signature _____ Date_____

Pledge of Confidentiality

I understand and agree with, that in my association with Infirmary Health, I am required to maintain the confidentiality of system, employee, and patient in accordance with System policies and all applicable federal and state laws and regulations including, without limitation, HIPAA, as the same may be amended from time to time. I will not attempt to obtain data or information by any illegal, unethical, or unauthorized means. I have the opportunity to review the complete Maintenance of Confidentiality Policy that is available in the Infirmary Health Personnel Policy Manual. Any breach of confidentiality may result in disciplinary actions up to and including termination. I further understand and acknowledge that any unauthorized access and/or disclosure of patient information (PHI) may leave me subject to civil and criminal penalties in accordance with applicable law and regulations.

Signature _____ Date_____

I am a: ☐ Student ☐ Instructor
Name : _____ School/University:_____
Contact number: _____

Submission instructions:
Save document and click the facility name below to submit via email.
MOBILE INFIRMARY or **LTACH** **THOMAS HOSPITAL** **NORTH BALDWIN INFIRMARY**