

I Heard/Read and I Understood

During the course of the Infirmery Health System student/instructor orientation,

I Heard/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

I acknowledge that I have received and understood education on the IHS 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 Infirmery Health System. 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 Confidentially

I understand and agree with, that in my association with Infirmery Health System, I am required to maintain the confidentiality of system, employee, and patient information. I will not attempt to obtain data or information by any illegal, unethical, or unauthorized means. I have a right to review the complete Maintenance of Confidentiality Policy that is available in the Infirmery Health System Personnel Policy Manual. Any breach of confidentiality may result in disciplinary actions up to and including termination.

Signature _____

Date _____

I am a: Student Instructor

Name (please print) _____

School/University _____

Contact number _____

