

Student Name: _____ College Name: _____

FREMONT AREA MEDICAL CENTER STUDENT ORIENTATION SIGNATURE PAGE

I received information that explained the below items to me and I was provided the opportunity to ask questions.

- Mission
- Vision
- Values
- Goals
- Safety & Infection Control
- C.A.R.E Commitment
- Fire Safety
- Emergency Preparedness and Codes
- 2006 National Patient Safety Goals
- Patients with Disabilities
- Student Smoking Policy
- Student Professionalism
- Violence in the workplace
- Corporate Compliance including:
 - Health Insurance Portability and Accountability Act (HIPAA) and Private Health Information (PHI)
 - Confidentiality, Security & Information Services Agreement
 - Protected Health Information
 - Standards of Conduct
- MSDS
- Age Specific Training
- Back Safety
- Patient Safety and Error Reduction
- Electrical Safety
- Process Improvement
- Patient Information Privacy
- IT Security
- Customer Service
- Cultural Diversity
- Parking (Students will park in the ALCO parking lot)
- Patient Rights, Responsibilities & Confidentiality
- Dress Code provided by Northern Nebraska AHEC

I agree to abide by the rules, regulations and policies of Fremont Area Medical Center. I further understand confidentiality must be maintained concerning patient records. I understand that if I do not abide by the Medical Center's rules, regulations and policies including breach of confidentiality, I will be subject to immediate termination from contractual agreement with Fremont Area Medical Center indefinitely.

The undersigned agrees that as a condition to participating in the clinical education program at Fremont Area Medical Center, he/she shall:

1. Participate in training covering Fremont Area Medical Center's policies applicable to students, trainees, and supervising faculty.
2. Access, use, and disclose protected health information of Fremont Area Medical Center only as permitted under Fremont Area Medical Center's HIPAA Compliance Program.
3. Be governed as a member of Fremont Area Medical Center's workforce for HIPAA purposes; and
4. Be subject to sanction, including exclusion from using Fremont Area Medical Center's facilities or prohibition against accessing Fremont Area Medical Center's protected health information (PHI), upon violation

Signature: _____ Date: _____

Emergency Contact Information

Your Address: _____

Your Phone # _____

Emergency Contact Name: _____

Relationship to you _____

Contact Address _____

Contact Phone # _____

