ATMORE COMMUNITY HOSPITAL

I HEARD, I READ, I UNDERSTOOD

During the course of the Atmore Community Hospital 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	☐
☐	Patient Safety and Infection Control	☐
☐	Fire Safety, Active Shooter, Back Safety	☐
☐	Security, Safety and Security/Safety Codes	☐
☐	Fall Prevention	☐
☐	Suicide Precautions	☐

I acknowledge that I have received and understand education on the Atmore Community Hospital 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 Atmore Community Hospital. 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: _____

I acknowledge that I received the influenza vaccination for the current influenza season. Yes No

I acknowledge that I DID NOT receive the influenza vaccination for the current influenza season and will be required to wear a mask when within six feet of a patient during the influenza season. Yes No

Signature:_____ Date: _____

Pledge of Confidentiality

I understand and agree that in my association with Atmore Community Hospital, I am required to maintain the confidentiality of system, employee and patient information 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 had the opportunity to review the complete Maintenance of Confidentiality Policy that is available in the Atmore Community Hospital 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: _____ Employee _____ Student _____ Instructor

Name (please print): _____

Ineligibility Certification

I certify that I am not currently excluded, debarred, suspended or otherwise ineligible to participate in the federal healthcare programs or in the federal procurement or non-procurement programs.

Name (please print): _____ DATE: _____

Signature: _____