



Student Orientation Forms

Complete and return
forms to:

Faith Regional University

P.O. Box 869

Norfolk, NE 68701

Fax to: 402.844.8127

Email to: lhoesing@frhs.org

Student Orientation Verification Form

I have received and read the Student Orientation Guide which contains important safety and risk management information. I also understand that I am responsible for knowing the following topics:

Patient Rights and Patient Safety Goals
Confidentiality/HIPAA
General Safety and Security
Fire Safety
Dress and Appearance

Injury/Occurrence Reporting
Emergency Codes
Tobacco-Free Environment
Personal Conduct/ Abuse & Neglect
Parking
Orientation Quiz

Initial

- I have read and signed the confidentiality and security access statements
- I agree to abide by the tobacco and dress code policies.
- I will adhere to the FRHS Performance Standards.
- I will ask my preceptor , Human Resources, or Faith Regional University staff if I have any additional questions while at FRHS.
- I have completed the orientation packet. I feel prepared to be a student at Faith Regional Health Services. I understand that I am responsible for practicing within the boundaries of Faith Regional Health Services' policies and procedures. In the event that I am faced with an unfamiliar situation, I will seek out resources so that I can deliver safe and effective care or services.

I am submitting the following: (check all that apply)

- Student Orientation Verification Sheet
- Understanding of Hospital Confidentiality
- Orientation Quiz and Evaluation
- Students on rotation at FRHS/FRPS between October 1st and March 31st need to provide a copy of their flu shot immunization.
- I need a badge and will contact HR to schedule a time to come in for the photo. (not needed if student has school ID with photo)
- I have a school badge with my picture.
- I have picked up a parking pass at Faith Regional University

Signature

Rotation Start Date/End Date

Print Name

Today's Date

Date of Birth

Last 5# of Social Security

School

Contact Number

FRHS Rotation/Department

Email Address

Understanding of Hospital Confidentiality

(Required by Nebraska and U.S. Federal Law and Faith Regional Health Services Policy)

As an employee or associate (i.e. volunteer, student shadow, officer, intern, contract) of Faith Regional Health Services, I, the undersigned, hereby acknowledge that I have read and understand the Faith Regional Health Services' policy on confidentiality of personal health information as described in the Confidential Information Policy, which is in accordance with Nebraska and Federal law.

I also acknowledge that I am aware of and understand Faith Regional Health Services' policies regarding the security of personal health information including the policies relating to the use, collection, disclosure, storage and destruction of personal health information.

I understand that I have the responsibility for maintaining strict confidentiality of information shared with me or acquired by me as a part of my routine duties and access at Faith Regional Health Services. Any patient information, computer passwords, confidential information about an employee, physician, or management and any and all financial information regarding Faith Regional Health Services that is made available to me as an associate or employee of Faith Regional Health Services is for my professional and authorized use only. I understand that such information may be discussed only as needed to perform the duties and responsibilities of my position.

In consideration of my employment/association with Faith Regional Health Services, and as an integral part of the terms and conditions of my employment/association, I hereby agree, pledge and undertake that I will not, at any time during my employment/association with Faith Regional Health Services, or at any time after my employment/association ends, access or use personal health information, or reveal or disclose to any persons or entities within or outside of Faith Regional Health Services, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with all applicable legislation, corporate and departmental laws, rules, regulations or policies governing the release of information.

I understand that my obligations outlined above will continue after my employment/association with Faith Regional Health Services ends and, **I further understand** that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information, that I have acquired through my employment/association with Faith Regional Health Services or within any of the healthcare facilities owned or managed by Faith Regional Health Services.

I also understand that unauthorized use or disclosure of confidential information will result in corrective action up to and including, but not limited to termination of employment with Faith Regional Health Services, the imposition of sanctions or fines pursuant to Nebraska and Federal laws, and a report to any and all of my professional regulatory bodies.

Signature

Date

Faith Regional Health Services Security Access Statement

Faith Regional Health Services (FRHS) supports the Health Insurance Portability and Accountability Act (HIPAA) Privacy Standards and Security regulations, the right of all patients to have their Protected Health Information (PHI) secure from unauthorized viewing, use and disclosures. We further believe that all employees of FRHS should have the same right of confidentiality regarding their personal data, records and information.

In order to safeguard these rights and abide by HIPAA regulations, appropriate individuals may view, use or disclose patient or employee information only for reasons necessary in the performance of their job, and only when given proper consent or authorization by patient unless exempted under HIPAA standards and regulations. Any unauthorized viewing, use or disclosure of such information by a FRHS employee will result in corrective action up to and including termination of employment. Any violation by other individuals will be reported to their employer and may result in a denial of further access.

When in doubt as to whether or not information should be obtained or released, it is your responsibility to discuss the matter with the Vice President of Medical Affairs, or contact Faith Regional Health Services Legal Department before the viewing or release of PHI occurs.

By logging into this system, I acknowledge being informed of this statement of confidentiality and Faith Regional Health Services commitment to HIPAA standards and regulations and the treatment and handling of PHI and agree to abide by the requirements of this statement. The requestor agrees to abide by the FRHS Information Security computer policies.

I understand that my access code which consists of my user ID and password is my electronic signature for all transactions in the **applications checked marked above in the Faith Regional Health Services Computer Systems**. It has been explained to me that this access code will be used to track all of my transactions on the system and will be permanently attached to those transactions with a time/date stamp. These records will be maintained and archived as per the facility policy and will be available for inspection by all regulatory bodies (i.e., DEA, State Board of Pharmacy, State Board of Nursing, etc.)

My user ID will be assigned per the naming convention set by the Information Systems Security Officer. It is my responsibility to immediately sign on to each system and to enter a password of my choice. There is no record kept of this password, therefore, should I forget my password I must contact the Information Systems Help Desk to have it reset.

I also understand that to maintain the integrity of my electronic signature, I must not give the password to any other individual. My individual password is selected by and known only to me, the user. This password is encrypted throughout the Faith Regional Health Services Computer System and cannot be accessed by any other users, Management, Supervisors or FRHS employees. If for any reason I feel another individual has knowledge of my password, I must select a new password immediately and notify the Information Systems Security Officer through the Help Desk. A password can be reset and reentered by the user at his/her convenience.

I also understand that patient, payroll, finance and other business related information confidentiality must be observed when connecting to our network remotely. When accessing remote e-mail, files and patient identifiable or financial data located on Faith Regional's network, I will not save any files locally on my home computer. I will follow current and future policies of Faith Regional Health Services as they pertain to the use of electronic e-mail and the use of sending and receiving identifiable information.

If I feel that I have inadvertently saved confidential information that could be used inappropriately, I will contact the Information Systems Security Officer through the Help Desk immediately. My signature below indicates I understand the appropriate use of my access and any violation to this can result in corrective action up to and including termination.

Employee:

Signature _____

Printed Name _____

Date _____

Orientation Quiz

Name _____ Date _____

1. You must protect the privacy of any and all patients at Faith Regional Health Services. True or False
2. Washing your hands or using hand sanitizer is the best way to stop the spread of germs. True or False
3. Smoking or using any tobacco products is not allowed on any of the properties owned or leased by Faith Regional. True or False
4. In case of a fire at Faith Regional, what steps would you do?
(Use the acronym RACE to answer)

R A C E
5. Confidential information you may learn and see during my time at Faith Regional must not be shared with anyone. True or False.
6. To call a code I need to dial _ _ _ _ .
7. If a visitor or patient begins to shout and you feel threatened, what code would need to be paged?
8. Any item that contains blood should go into what color of garbage bag? _____
9. Clean and professional looking clothing must be worn while working and learning at Faith Regional. True or False

Student Orientation Evaluation

Overall rating of orientation	Good	Ok	Poor
Was the information in the orientation booklet useful?	Yes	No	Not sure
Was the booklet instructions easy to follow and understand to follow and understand?	Yes	No	Not sure

What I like best about the online orientation packet was

What do you feel should or could be changed?

Are there any additional topics you think should be added?

Any other comments to help us improve the orientation process for clinical students at Faith Regional.