

Catholic Health System Student Orientation Documentation Form

Instructor/Student Name _____ Date _____

CHS Facility _____

Educational Institution: _____

I have reviewed/read the Nursing/Allied Health Student Educational Manual. I understand that the instructor and student are accountable for the information contained there in. Nursing instructor and student are also required to review the Nursing Policy update and computer training program.

Printed Name _____

Signature _____

Confidentiality Statement

As an instructor/ student within the Catholic Health System, I have been informed about my duties and responsibilities toward the confidential nature of patient information.

I understand that any discussion about a patient will be kept to the normal course of business and may not be discussed anywhere outside my Department at any time.

I further understand that I am subject to immediate dismissal without notice for the unauthorized possession, use, copying or reading of hospital records, or **disclosure of confidential information to unauthorized persons**, or the misuse and/or release of any information systems security code to unauthorized persons. This includes accessing an individual's own records (Computer Security and Acceptable Use Policy HR-010-OTH).

I have read all of the above and fully understand it.

Printed Name

Signature

Date

This form is to be kept on site at the school for the duration of the student's enrollment and available upon request.

If you have any questions regarding any of this information, please contact the Clinical Education Department at 706-2541