

Name: _____ School: _____
(if applicable)

Phone: _____ Email: _____ School ID: _____
(if applicable)

ATTESTATION OF ORIENTATION MODULE COMPLETION

The concepts outlined in the following objectives are covered in McLaren St. Luke's Orientation Module and/or integrated into the school course, residency, agency, or Allied Health curriculum. If not already covered, the student, instructor, resident, agency, or Allied Health employee must complete additional orientation material to become familiar with these topics. After completing the Orientation Module, students, instructors, residents, agency and Allied Health employees should be able to:

- Discuss the infection cycle and methods used to break this cycle in the health care institution.
- Discuss identification of hazardous materials and proper precautions needed when using hazardous materials.
- Discuss the importance of Corporate Compliance & Confidentiality in the health care system.
- Demonstrate proper body mechanics, and safe patient handling equipment to be used when caring for patients.
- Discuss and/or demonstrate safety and fire techniques and devices common to the health care institution.
- Identify Patient Safety Codes and practice Error Prevention.

A signature below indicates that:

- The objectives listed above have been taught in my school, residency, agency, or Allied Health program, and/or reviewed in the Orientation Module, and I am comfortable with that knowledge.
- Information in the Orientation Module was reviewed and understood. I understand that questions about its content, or any other aspect of my role at McLaren St. Luke's, are welcomed and can be asked of any staff member.

STATEMENT OF CONFIDENTIALITY, INCLUDING ELECTRONIC SIGNATURE

I have reviewed and agree to comply with the McLaren St. Luke's Code of Conduct guidelines listed in the Orientation Module. As a student, instructor, resident, agency, or Allied Health employee at McLaren St. Luke's, I agree to adhere to the following:

- To maintain Confidentiality concerning all individuals' right of privacy and not to disclose personally identifiable medical and social information revealed in patients' or observed.
- To maintain confidentiality of any information contained in any hospital computer system.
- To preserve the confidential nature of professional determinations made by members of McLaren St. Luke's. To access facilities, patients, and medical records associated with assigned clinical, or non-clinical education appropriately and only as required. Additionally, I understand that McLaren St. Luke's may utilize an electronic signature to authenticate medical records and documents. I understand that if I am assigned a password, and/or PIN, it is confidential. I certify that I will not disclose my password to another person, or permit another person to use it. I further certify that I will not utilize another person's password.

As a student, instructor, resident, agency, or Allied Health employee at McLaren St. Luke's, I take personal responsibility not to divulge, misuse or deface any confidential information, either medical and/or institutional, that I may have access to during and following my affiliation with McLaren St. Luke's. Violation of the terms of this Attestation Form could result in the termination of my student, instructor, residency, agency, or Allied Health relationship with McLaren St. Luke's, possible criminal prosecution, and other penalties, as applicable.

Date: _____ Printed Name: _____ Signature: _____

Date: _____ Parent/Guardian Printed Name: _____

Parent/Guardian Signature (if student is a minor): _____

PRINT, SIGN, and RETURN to:

- **Nursing Students:** Give to Clinical Instructor on 1st clinical day
- **Other Clinical Students:** Department Specific Contact - *minimum 1 week prior to start date*
- **Physician Related:** Med Staff Office - *minimum 1 week prior to start date*
- **Non-Clinical/Agency/Allied Health:** Human Resources - *minimum 1 week prior to start date*