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|----------------------------|----------------------------------|
| Office Use Only | |
| NEC submitted: _____ | ReDoc Submitted: _____ |
| Attestation: _____ / _____ | SecureAuth enroll: _____ |
| CAU ACTIVE/Mapping _____ | Competency Check off Date: _____ |
| ARF submitted: _____ | Termination Date: _____ |

CONFIDENTIALITY AGREEMENT/ iCONNECT
 AdventHealth Gordon AdventHealth Murray
Name: _____
 Need access for: Last Cerner PowerChart First Cerner & Scheduling Middle/ Initial REDOC Cypress other: _____
Personal Address: _____**Personal Cell Phone:** (____) _____ - _____ **Personal Email:** _____**SS#:** XXX-XX-____ **OPID:** _____**Work Location (office/company Name):** _____ **Physician/provider associated with:** _____
 Physician Office Volunteer Contract/Agency Instructor Student Other: _____
Job Title: _____**Reason for Access/what are your job duties accessing:** _____

I understand that I may be exposed to a variety of clinical, financial, and other types of information generated in the course of business. To assure the integrity of the data, and protect it from accidental loss, alteration, destruction, or tampering by unauthorized individuals, **I agree to the following:**

1. I understand that I will refrain from releasing information (verbally, copies, faxes, downloads or the original record) to individuals who are not authorized to receive this information. This includes refraining from reading the record of or discussing a case/details with coworkers, friends, families, or other associates without a legitimate need to know and/or proper authorization. HIPAA also applies to social networking (Facebook and Twitter).
2. Any user ID and passwords for information systems, and access to information systems which I may be granted access to are strictly confidential, unique to me, and will not be shared with others. I understand these computer key codes are equal to my handwritten legal signature. Computers should not be left unattended without the user being logged out, so no one can view or document patient information under your name.
3. I understand these codes have been granted to me under a privileged "right to know" and I will limit my access only to the information pertinent to the care of the patient or within the scope of my responsibilities.
4. If I suspect or have knowledge of someone else inappropriately using my password or sign-on I will report this immediately to the Clinical Informatics Department.
5. I agree to use software only in accordance with its license agreement. Unless otherwise provided in the license, any duplication of copyrighted software, except for backup and archival purposes is a violation of the law. Any unauthorized duplication of copyrighted computer software violates the law and is contrary to the organization's standards of conduct. Any person illegally copying software other than for backup purposes is subject to appropriate discipline by this organization and can be subject to civil and criminal penalties including fines and imprisonment. No employee shall give software to outsiders including clients, customers and/or others. All software used by the organization and company computers will be properly purchased through appropriate procedures. Any employee who determines that there may be a misuse of software within the company shall notify their department manager or Information Services.
6. Professionalism should be used in all E-mail communications, as in any written business communication. Any E-mail that is in violation of the Hospital's Rule of Conduct or Confidentiality Agreement is prohibited, including but not limited to abusive, profane, derogatory or offensive language and confidential information.
7. I understand this document will be retained on file and that a violation of this policy and/or releasing any confidential information which I am exposed to in the course of my activities can result in limited or termination of access to these systems, change in ID or password assignment, possible disciplinary action, according to hospital policy and/or Medical Staff Rules and Regulations, including termination, and potential liability.
8. I understand that I cannot access a patient's hospital record prior to them having signed a consent to release previous records from AdventHealth of Georgia.

I understand that I cannot access a patient's record prior to them having signed a consent to release form.

****Office Manager will be responsible for providing notification in writing to Clinical Informatics when access removal is required (i.e. position reassignment, employee terminations, etc.)****

By signing below, I accept the responsibility of using the information system for patient-related work only. This is a confidential system and no information shall be taken from this system for personal gain or in violation of HIPAA.

SIGNATURE: _____ DATE: _____



Data Security Test 2020

NAME: _____

1. What are the four (4) Good Habits you should practice daily?
 - A. I will protect my password
 - B. I will keep a secure work area
 - C. I will protect patient information everywhere
 - D. I will promptly report any security violations
 - E. All of the above

2. What is the HIPAA Privacy Rule?
 - A. AdventHealth computer password rule
 - B. Does not protect an individual's right to privacy or confidentiality of their Health information
 - C. Federal Law protecting an individual's right to privacy and confidentiality of Health information
 - D. None of the above

3. Should you give out your OPID and password for others to see?
 - A. YES
 - B. NO

4. What is considered confidential information?
 - A. User ID and Password
 - B. Financial Information
 - C. Patient Information
 - D. Both B and C
 - E. All of the above

5. What is Need to Know?"
 - A. Attempt to acquire sensitive information such as user names, passwords, credit cards etc.
 - B. Talking to patients in a public area when others can hear
 - C. Name of Adventist Health Systems computer system
 - D. None of the above

6. You should always open attachments and/or click the links included in **any** email communication you receive.
 - A. True
 - B. False

7. What are considered Assets to an organization?
 - A. Tablet
 - B. Phone
 - C. Personal Data
 - D. All of the above

8. What is the first rule of protecting your password?
 - A. Share with all your co-workers
 - B. Keep it visible on your workstation
 - C. Do Not Share your password
 - D. None of the above

9. How do you dispose of confidential items appropriately?
 - A. Use an approved shred bin
 - B. Use a manual document shredder
 - C. All of the above
 - D. None of the above

10. Who should you report a Compliance Concern to?
 - A. Your Supervisor or Office manager
 - B. Contact a AdventHealth Regional Corporate Responsibility Officer
 - C. Call the Guideline at 1-888-924-8433
 - D. All of the above

Blood Borne Pathogen Quiz

Circle the correct answer

- True False 1) Contaminated sharps (needles, broken glass, etc) must be placed
In a covered, puncture-resistant, leak proof container that is red or has
a biohazard symbol.
- True False 2) You must wear a mask and eye protection if it is reasonably anticipated
that you could be exposed to blood or OPIM as a result of performing
your job.
- True False 3) Following "Standard Precautions" means treating all blood, body fluids,
secretions, excretions (except sweat), non-intact skin and mucous
membranes as though infected with bloodborne or other pathogens
- True False 4) HIV attacks a person's immune system and causes it to break down.
- True False 5) Dried HBV has been shown to survive on environmental surfaces at
room temperature for up to one week.
- True False 6) HBV and HCV can be spread through the air like the flu or common
cold.
- True False 7) Hand hygiene includes both handwashing and use of alcohol based
products. When your hands are visibly soiled, wash them with soap
and water.
- True False 8) Before putting on gloves, make sure to cover or bandage any hand cuts
since gloves can be torn or punctured.
- True False 9) If you are exposed to blood or body fluids, wash the area immediately
with soap and water, call Employee Health or the House Supervisor
and go to the Emergency Department for counseling and possible
treatment immediately.
- True False 10) Hepatitis B can be prevented by receiving the Hepatitis B vaccine.

Acknowledgement of Training

I have read and understand the Bloodborne Pathogen training packet. I have also completed and passed the quiz at the conclusion of the packet. I have had the opportunity to have my questions answered by someone knowledgeable, (Ginger Walraven, RN, Employee Health Nurse, Sandra Webb, RN,BSN, Infection Control Practitioner, Debbie Luffman, RN, BSN) in bloodborne pathogens.

Employee Signature

Date

Job Title



Student Departmental Orientation

AdventHealth Gordon

AdventHealth Murray

Departmental Orientation must be completed for all agency/contract prior to first day of work.

NAME: _____

Dates Working: From: _____ To: _____

School Attending: _____

Department where working: _____

HR Check Off

- Parking**
- Hospital Mission/Vision**
- Patient Rights and ethical aspects of care**
- Blood Borne Pathogens**
- Cultural Diversity Form**

HR's Signature: _____

Date: _____

Department Manager Check Off

- Infection Control Plan (Blood Borne Pathogens)**
- OSHA (Right to Know) Law/Hazmat Program**
- Life Safety Codes**
- Occurrence Reporting (Patients)**
- Work Related Injury Reporting**
- Reporting Processes for Common Problems, Failures, and User Errors**
- Identifying the Patient Safety Officer and Safety Officer**
- Departmental Policy and Procedure Related to Safety**

Nursing Educator's Signature: _____

Date: _____

I acknowledge that I have been oriented to my department and AdventHealth.

Employee's Signature: _____

Date: _____



Gordon

Murray

Diversity in the Workplace

I hereby attest that:

- I have received, read and understand Diversity in the Workplace, which contains detailed information about AdventHealth's policy regarding Diversity.

Signature

Date

Print Name and Title



Important HIPAA Reminders

- If you have any compliance concerns call the confidential hotline at (888) 924-8433.
- You may not share any patient information with anyone unless it is for a work-related purpose.
- You may not access any patient information unless it is for a work-related purpose.
- You may view your own personal medical record only or that of your minor dependent (not those of any other dependents or family members).
- You may not print information from any patient medical record, including your own. All requests must go through Medical Records.
- Computers should not be left unattended without the user logging out so that no one will be able to view patient information under your name.
- HIPAA also applies to social networking (i.e. Facebook, MySpace, Twitter, etc.)

I acknowledge that I have received training and understand the HIPAA policy. I understand that if I violate any aspect of this policy I can receive discipline, up to and including termination of assignment.

Signature

Date

Student Packet Policy Form

Access AdventHealth's Policies via the Intranet and read the policies listed below.

Patient Safety Plan

Hand Hygiene

Fall Risk Protocol

Personal Appearance-Dress Code

Sentinel Events

Abbreviations

Reporting Policy

Patient Rights and Responsibilities

Fingernail Standards

I acknowledge that I have read and understand the content of the above listed policies.

Signature

Date



Advent Health
Student Orientation Outline and Checklist

Name _____

Date _____

Place a mark beside each topic when it is covered.

1) ADMINISTRATION

- _____ Welcome
- _____ Hospital Mission and Goals

2) EMPLOYEE HEALTH

- _____ Immunizations
 - Hepatitis B Vaccine
 - MMR
 - Varicella
 - Tetanus – Diphtheria/Tdap
 - Influenza
- _____ Employee Injury Report
- _____ Work restrictions during illness
- _____ Returning to work after illness - who to report to
- _____ Latex Allergies
- _____ Blood/Body Substance Exposure

3) INFECTION CONTROL

- _____ Bloodborne pathogens/exposure control plan
- _____ Infectious Disease Process
- _____ Importance and correct technique for hand hygiene
- _____ Standard Precautions/Cough Etiquette
- _____ Proper disposal of biohazardous waste/sharp safety
- _____ Sanitation
- _____ Transmission Based Precautions
- _____ Isolation sign/manual
- _____ MDROs
- _____ Tuberculosis

4) LIFE SAFETY CODES

- _____ Emergency phone number
- _____ Identify steps to follow in the event of a fire
- _____ Evacuation procedures
- _____ Identify types of fire extinguishers and their use
- _____ Name location of fire exits, extinguishers and alarms
- _____ Security sensitive areas

Emergency Operations Plan

- Code Blue
- Code Blue PALS
- Code Blue NRP
- Code Red (fire plan)
- Code Gray
- Code Gray Bravo
- Code Pink
- Code Green
- Code Orange
- Code Triage
- Disaster Plan Activation

5) HAZARDOUS MATERIALS MANAGEMENT

- OSHA's Hazard Communication Standard/"Right to Know" law
- Identify keywords on hazardous materials labels
- Identify possible health hazards associated with hazardous materials
- Safety Data Sheets (SDS)
 - Content of SDS
 - Where are they kept?
- Importance of labels
- Handling of hazardous materials spills

6) PERSONNEL HUMAN RESOURCES

- I.D. Badge (if applicable)
- Dress Code
- No Smoking Policy
- Harassment

8) DIVERSITY

- Patient & Staff Diversity Training

I have attended AdventHealth's General Orientation or read the General Orientation Manual and have no further questions at this time.

Employee Signature

HR Representative