



### Confidentiality Agreement

In connection with your affiliation with the Medical Staff, Tift Regional Medical Center ("TRMC") requires that you agree to the following terms and conditions regarding confidential information to which you might be exposed.

You agree to keep confidential any and all health information to which you may be exposed, directly or indirectly, intentionally or unintentionally. If you are exposed to any health information while performing services to or for TRMC, you agree not to disclose that information to any other person or third party.

You further agree to cooperate fully with TRMC in all matters related to the health information to which you may be exposed. This includes, but is not limited to, providing a description of any exposures to health information.

You agree that this Agreement is reasonable and necessary to preserve the interests of TRMC and of the individuals who may be referenced in the health information to which you may be exposed. You further agree that breach of this Agreement will cause irreparable damage to TRMC, and that TRMC shall be entitled to a temporary restraining order and injunction to prevent any breach. In the event of any such breach, TRMC will be entitled to recover its attorney's fees and costs.

No waiver of any breach of this Agreement shall be effective unless in writing, nor shall it constitute a waiver of the same or another breach on another occasion.

This Agreement is the entire agreement of TRMC and you as to the subject matter herein, but it is not an employment agreement or a services agreement. This Agreement may not be assigned. This Agreement may not be amended except by a writing signed by both parties. This Agreement shall be governed by and construed under the laws of the State of Georgia.

**THIS AGREEMENT, AS A CONDITION OF SERVICE PROVISION TO TRMC, IMPOSES UPON YOU CERTAIN CONFIDENTIALITY RESTRICTIONS WITH RESPECT TO CERTAIN HEALTH INFORMATION BELONGING TO AND/OR MAINTAINED BY TRMC.**

The undersigned, by signature below, confirms and agrees that he/she has read and fully understands the foregoing Agreement, enters to it freely and voluntarily, and will abide by all its provisions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



**CONFLICT OF INTEREST STATEMENT**

I certify, to the best of my knowledge and belief, that neither I, nor any member of my immediate family, has any business, financial, personal, or other interest, activity, or relationship outside Tift Regional Medical Center that does, or is likely to, or may appear to, have the potential of being harmful to, or in conflict with, the best interests of Tift Regional Medical Center, except as indicated by check mark in one or more of the boxes.

- The foregoing statement is true, without exception.
- Except as previously reported by me in writing to Tift Regional Medical Center.
- Except as reported in full detail on a separate sheet of paper, attached hereto.

During the term of my employment, I agree to report to my Manager and my Vice President promptly and in writing any future situation that might involve or appear to involve me or my immediate family in any potential conflict of interest with Tift Regional Medical Center. I understand that my failure to do so may subject me to disciplinary action, which may include my termination.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Name – Printed**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**Department**



Name \_\_\_\_\_

The following list is to be read by the student as part of completing orientation. Placement of the student's initials in the YES column adjacent to each item validates the individual's understanding of the instruction. This form is to be returned to the Medical Staff Services Department. The student may request to retain a copy as reference.

**HOSPITAL SAFETY**

<b>Yes</b>	<b>General Safety</b>
	Walk, don't run.
	Isolate all spills immediately and report to Housekeeping, ext. 36172.
	Dial "0" to report all hospital emergencies such as fire, toxic spills, or threatening patients or visitors. Dial 911 and follow facility specific guidelines in clinics and off-campus sites.
	Familiarize yourself with emergency exits.
	Return to assigned area in the event of an emergency unless unable to do so.
	Close drawers and cabinets to prevent undue injury.
	Keep aisles and passageways clear of objects.
	Store materials in limited height to prevent falling or collapsing.
	Report unsafe conditions to hospital staff immediately.
<b>Yes</b>	<b>Fire Safety</b>
	Code RED announcement via page system means there is a fire in the hospital. In the event of a fire:
	Remove anyone in danger.
	Pull fire alarm box closest to fire.
	Dial "0" and give your location. Dial 911 in clinics and off campus sites.
	Confine the fire.
	Do not cross through fire doors unless move from danger area to safe zone.
	Do not use elevators during a fire.
	Prevent fires by Storing flammable substances in nonflammable storage cabinets.
	Keep aisles and passageways clear for emergency access or evacuation.
<b>Yes</b>	<b>Electrical Safety</b>
	Make sure all electrical equipment is grounded.
	Do not use any appliance or machinery while touching metal or anything wet.
	Never use an adaptor plug with any equipment – adaptor plugs are not permitted.
	Use of extension cord is not permitted (except in emergency).
	Report all frayed wires or cracked plugs to Biomedical Engineering, ext. 36174.
	Remove defective or inoperative hospital equipment from services and notify hospital staff.
	Report defective or inoperative hospital equipment to Biomedical Engineering, ext.36174.
<b>Yes</b>	<b>Body Mechanics</b>
	Bend knees when lifting heavy objects.
	Keep back straight.
	Maintain wide stance.
	Lift load close to body.

<b>Yes</b>	<b>Body Mechanics (cont)</b>
	Carry load close to body.
	Pivot, don't twist.
	Seek assistance if you believe an object/patient will be too heavy for you to safely move by yourself.
<b>Yes</b>	<b>Hazard Communication Standard</b>
	Know about the hazardous chemicals in your work area.
	Review Material Safety Data Sheets (MSDS). Books are available in all departments and on MedNet.
	Know methods of detecting hazardous chemicals in your work area.
	Know measures to protect yourself from hazardous chemicals in your work area.
	Read all labels.
	Don't use any substance that doesn't have a label on it.
	Report missing labels on containers to hospital staff.
<b>Yes</b>	<b>Infection Control</b>
	Utilize the Standard Precautions protocols for your area.
	Use Hand Hygiene principles at all times (prior to and after patient contact and at other times as appropriate. (Alcohol-based hand rubs have been shown to be more effective in reducing the number of viable bacteria and viruses on hands require less time to use, can be made more accessible at the point of care, and cause less hand irritation and dryness with repeated use).
	Hand washing (soap & water) is required when hands are visibly contaminated, when caring for patients with diarrhea, before eating, and after using the restroom and between handling money and food serving preparation.
	Don't recap or break needles/sharps.
	Dispose of needles/sharps in puncture resistant containers.
	Locate protective equipment (e.g. gloves, gowns, masks, goggles) in your area.
	Wear gloves and appropriate barrier attire when the possibility of contact with blood and body fluids exists.
	Utilize resuscitation bags/barrier devices to minimize need for mouth to mouth resuscitation.
	In the event of a Code N95, report to the Education classroom for respirator fit testing unless clinical experience is cancelled by instructor or preceptor.
<b>Yes</b>	<b>Patient Safety Care</b>
	Check armbands prior to administration of patient care.
	Keep patient call systems within their easy reach.
	Set brakes on all beds, wheelchairs, commodes, and gurneys.
	Use transfer belts when moving patients out of bed to wheelchair, walk, or to use bathroom.
	Maintain hand contact with patient while transferring, walking, etc.
	Use safety belts on all gurneys. Keep side rails up on all beds (3 rails) and gurneys.
	Maintain occupied beds in a low position when not attended by hospital staff.
	Do not permit patient owned appliances except those that are battery operated or used for hygiene (e.g. hair dryers, razors).

Signature \_\_\_\_\_

Date \_\_\_\_\_



**STUDENT ORIENTATION CHECKLIST**

Name \_\_\_\_\_

Affiliation or School \_\_\_\_\_

Supervising Physician or Preceptor \_\_\_\_\_

Dates of Rotation \_\_\_\_\_

I have read and understand the information contained in the following education materials.

Initials & Date Reviewed

- |     |  |       |
|-----|--|-------|
| 1.  | Introduction to Tift Regional Health System        | _____ |
| 2.  | HIPAA Compliance                                   | _____ |
| 3.  | Communications Systems Policy                      | _____ |
| 4.  | Guest Relations                                    | _____ |
| 5.  | Overview of Patient Rights                         | _____ |
| 6.  | Infection Prevention Basics                        | _____ |
| 7.  | Life Safety  | _____ |
| 8.  | Environment of Care                                | _____ |
| 9.  | Quality Management                                 | _____ |
| 10. | Hospital Safety                                    | _____ |
| 11. | Verification of HIPAA Education Form               | _____ |
| 12. | Confidentiality Agreement                          | _____ |
| 13. | Conflict of Interest Form                          | _____ |
| 14. | Remote Access Forms/User Agreement (if applicable) | _____ |

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TRMC Representative Signature

\_\_\_\_\_  
Date



**VERIFICATION OF HIPAA**

I have received education on HIPAA PRIVACY.

I have read and understand the importance of patient confidentiality and the requirements of the HIPAA legislation. I have had the opportunity to ask questions and have received answers to those questions regarding the above information. I understand the importance of this information related to my participation in activities if the hospital.

As a visitor/student to Tift Regional Medical Center, I agree to comply with the hospital policies on HIPAA patient privacy and to follow the guidelines addressed in the training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
In addition, I understand that I will not be allowed to take any pictures during my visit/rotation to Tift Regional Medical Center.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name