



Clinical Student Orientation Checklist

I have completed the orientation program for clinical nursing students. My clinical instructor has reviewed the following policies, procedures, and guidelines covered in this orientation. I have understood this information. I agree to hold all information obtained directly and indirectly concerning Children's Hospital, patients, physicians, and employees as confidential. I also agree to conduct myself professionally and ethically while on any Children's Hospital campus.

1. Children's Hospital's mission and vision.
2. Children's Hospital Nursing Professional Practice Model
3. Appropriate dress code
4. Cell Phone Policy
5. Parking compliance and shuttle service
6. Visitor hours and requirements
7. Safe Sleeping
8. Incidence and exposure reporting
9. SAFER report model
10. PACT and Rapid Response teams

Signature of Employee / Staff Physician / Student / Volunteer

Date

Print Name

*Please return this signed document to your immediate supervisor
within the Organization so that it can be filed in your personal record.*

*Please direct any questions or concerns you have regarding this document or the Organization's
Information Privacy and Security Program to the Privacy Officer, 200 Henry Clay Ave., New Orleans,
Louisiana 70118 or by phone (504) 894-5395*



EXHIBIT A

WORKFORCE CONFIDENTIALITY AGREEMENT

Children’s Hospital and its affiliates (hereinafter “Organization”) have a legal and ethical responsibility to safeguard the privacy of all patients and to protect and safeguard the confidentiality of health information. Additionally, the Organization must assure the confidentiality of its patient, human resources, payroll, fiscal, research, computer systems, computer access, management information, and/or personal computer access codes (hereinafter “Confidential Information”).

By signing this document, I agree not to directly or indirectly use or disclose Confidential Information without proper authority and specifically agree with the following:

1. In the course of my employment/assignment/medical privileges/efforts/training at the Organization, I may come into the possession of Confidential Information. I understand that such information must be maintained in the strictest confidence.
2. I agree not to use, disclose or discuss any Confidential Information with others, including friends or family, who are not authorized or who do not have a need-to-know.
3. I agree not to access any information, or utilize equipment, other than what is required to do my job.
4. I agree not to discuss Confidential Information where others can overhear the conversation, e.g. in hallways, on elevators, in the cafeterias, on the shuttle buses, on public transportation, at restaurants, or at social events. Discretion must be used when discussing Confidential Information in public areas even if a patient’s name is not used, since it can raise doubts with patients and visitors about our respect for their privacy.
5. I agree not to make inquiries for other personnel who do not have proper authority or need-to-know.
6. I agree not to willingly inform another person of my computer password or knowingly use another person’s computer password instead of my own for any reason.
7. I agree not to make any unauthorized transmissions, inquiries, modifications, or deletions of data in the system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from Organization computer systems to unauthorized locations (e.g. home).
8. I agree to log-off prior to leaving any Organization computer or terminal unattended.

I further acknowledge that a copy of the Organization’s Information Privacy and Security Program and related policies are available to me upon request.

I have read and agree to the terms and conditions of this agreement, and understand that any violation may result in corrective action, up to and including termination and/or suspension and loss of privileges.

Signature of Employee / Staff Physician / Student / Volunteer

Date

Print Name

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