Catholic Health System
Allied Health Student - Nursing
Orientation Documentation Form

Instructor/Student Name_________________________________ Date __________

CHS Facility ___________________________________________________________

Educational Institution: _____________________________________________

1. I have reviewed/read the Allied Health Student Educational Manual. I understand that along with my students, I am accountable for the information contained there in.

2. I have reviewed the Nursing Policy Update and the computer training information. I understand that along with my students, I am accountable for the information contained there in.

Printed Name __________________________ Date ______________________

Signature ___________________________________________________________

Confidentiality Statement

3. As a faculty member/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 your own personal protected information.

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

________________________________________

Printed Name

________________________________________ Date

Signature

This form is to be kept on site at the school of nursing 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.