



# Student Orientation Acknowledgement Compliance Program and Policy Acknowledgement Basic Workforce Responsibilities Student Orientation Training

## Student Orientation Acknowledgement

Please review the following statements. Your signature at the bottom of this form provides documentation acknowledging that you have read, understand, and agree to, the modules presented in the Student Orientation training. If questions arise, you will seek additional information from your coordinator for clarification.

1. As a student affiliated with Mary Lanning Healthcare, I am viewed as an extension of their healthcare system and will be expected to embrace the culture of the organization.
2. I will adopt the foundational concepts that contribute to the Culture of Excellence such as AIDET and S.A.F.E.
3. I agree to adhere to the expectations of the organization; patient confidentiality and safety, appropriate conduct by respecting the patients' and their families' needs, our visitors, and one another while striving to maintain a Culture of Excellence.

## Compliance Program and Policy Acknowledgement

Please review the following statements. Your signature at the bottom of this form provides documentation acknowledging that you have read, understand, and agree to, the statements as written.

1. I know how to access the Mary Lanning Healthcare (MLH) Corporate Compliance Program and Compliance Code of Conduct and Ethical Behavior policy ADM710.00.
2. I will seek advice from the Corporate Compliance Officer or another appropriate party concerning appropriate actions that may need to be taken in order to comply with the MLH Corporate Compliance Program.
3. I understand that failure to comply with laws, regulations, standards, policies, and procedures, and/or the MLH Corporate Compliance Program may result in disciplinary action, up to and including termination of employment, services, or contract.
4. I pledge to act in accordance with the MLH Corporate Compliance Program.
5. I will immediately report any conduct that I believe to be a violation of MLH Corporate Compliance Program, applicable laws, regulations, standards, or MLH policies and procedures following the appropriate procedures set forth in the MLH Corporate Compliance Program.

## Basic Workforce Responsibilities

As a student within Mary Lanning Healthcare's workforce who has received training under Mary Lanning Healthcare's HIPAA Compliance Program, you accept basic responsibilities to:

1. Take patient privacy seriously.
2. Participate in and complete all required training that is offered to you.
3. Be familiar with the policies and procedures that apply to you and your job responsibilities.
4. Ask questions of your supervisor when unsure of how HIPAA or Mary Lanning Healthcare's policies and procedures apply to a situation or the performance of your job.
5. Access, use and disclose protected health information (PHI) only as permitted by Mary Lanning Healthcare's policies.
6. Promptly report any first-hand knowledge that there has been a violation of HIPAA or a breach of Mary Lanning Healthcare's HIPAA Compliance Plan or that there has been an improper use or disclosure of protected health information at Mary Lanning Healthcare.
7. Never share a password with another person; never allow another person to access information under your identity; never access information under another person's identity; and always comply with Mary Lanning Healthcare's access controls.
8. Not retaliate against a patient who files a complaint or exercises rights permitted by HIPAA or Mary Lanning Healthcare's policies.
9. Not retaliate against another member of the workforce who files a report, makes a complaint or exercises rights permitted by HIPAA or Mary Lanning Healthcare's policies.
10. Promptly notify a supervisor or the Compliance/Privacy Officer of any HIPAA-related complaint, in oral or written form, made by a patient or someone on behalf of a patient.
11. Cooperate in surveys, assessments and investigations by Mary Lanning Healthcare seeking information about compliance with its HIPAA Compliance Plan or HIPAA.
12. Never destroy HIPAA Records unless authorized to do so; never destroy records, reports, or data involved in a complaint or investigation.
13. Tell a supervisor or the Compliance Officer if you believe the application of HIPAA policies, procedures, and safeguards is harming patient care.
14. Never promise patients that their information will receive special protection, and never agree to voluntary restrictions on how Mary Lanning Healthcare will use and disclose information, unless authorized by Mary Lanning Healthcare to do so.
15. Refer patients who ask to see or copy their record, amend their record, obtain an accounting of disclosure, or receive communications via alternate means, to a supervisor or the Compliance Officer who can refer them to the correct individual.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_