Nursing Instructor Orientation Attestation Form

Name: _____School: _____

Phone: _____ Email: _____

ORIENTATION MODULE COMPLETION ATTESTATION

A signature below indicates that you have participated and understand the review of the following objectives provided and that you have read and understand the orientation module as part of your Wood County Hospital orientation. Your signature also indicates your understanding that clarification of content can be accomplished by any Wood County Hospital nursing personnel.

Upon completion of the **Wood County Hospital Nursing Student and Instructor Orientation Module** nursing students and instructors should be able to:

- Discuss and demonstrate knowledge of the Emergency Codes and responses including but not limited to fire safety and evacuation methods.
- Verbalize the location of Safety Data Sheets for hazardous materials.
- Verbalize the importance of Corporate Compliance in the acute care setting.
- Discuss National Patient Safety Goals and Patient Rights, and demonstrate methods used to protect patients from harm.
- Discuss how managing the Environment of Care pertains to patient safety.
- Identify and discuss infection prevention and control in the acute care setting.

CONFIDENTIALITY CONTRACT ATTESTATION

This contract is intended to ensure that students and instructors affiliated with Wood county Hospital will adhere to and respect the rights of patients.

- I have received information summarizing the privacy and security rules under the Health Insurance Portability and Accountability Act (HIPAA) and understand my responsibilities for protecting the security, privacy, confidentiality and integrity of health information.
- I agree to respect and maintain strict confidentiality of patients.
- I understand that violation of this contract may subject the hospital and/or myself to legal jeopardy and that I may be subject to appropriate action by the staff.

I understand and will adhere to each of the aforementioned statements.

Printed Name: _____Signature: _____ Date: _____