



Pledge of Personal Commitment to Vision, Mission and Values

Vision

Compelled by our mission to live God's love by inspiring health, wholeness and hope, we will transform the health experience of our communities by improving, physical, mental and spiritual health; enhancing interactions; and making care more accessible and affordable.

Our Mission

Living God's love by inspiring health, wholeness and hope.

Our Values

- Integrity
- Compassion
- Respect
- Excellence

I am committed to Vision, Mission and Values of Adventist Health and Rideout personally committed to follow these value standards. In every instance in which I represent Adventist Health and Rideout, I will conduct myself in a manner that promotes the interests of the organization and demonstrates our values, mission and values.

Name

Signature



NON-EMPLOYEE VERIFICATION OF ORIENTATION

Print Name: _____

Please initial each portion of the orientation program that you completed:

	Initials
1. Compliance	_____
2. Safety and Security	_____
3. Infection Prevention & Control	_____
4. Employee Health	_____
5. Emergency Preparedness	_____
6. Computer Access Training	_____
7. Quality and Service	_____
8. Discrimination & Harassment	_____
9. Information Technology Security	_____
10. Better Patient Care through Privacy Information Technology Security	_____ _____

I understand this training and agree to comply at all times while at Adventist Health and Rideout.

Signature

Date

Non-Employee Orientation Test

****Must score a 100% to be compliant****

1. True or False – Our Mission is, “Living God’s love by inspiring health, wholeness and hope”?
2. True or False – A sharps injury or exposure should be reported immediately?
3. HIPAA stands for?
 - a. Health Insurance Portability and Accountability Act
 - b. Health Insurance Portability and Actuality Act
 - c. Human Insurance Probability and Accounts Action
 - d. Humane Insurance Portable and Accounting Act
4. An example of a HIPAA violation would be?
 - a. You are at lunch with a friend and you discuss a patient you just treated that was suicidal
 - b. You are at break with a friend in the cafeteria and your co-worker comes up and starts talking about the celebrity that was a patient on 3M
 - c. You are at a staff meeting and you have a discussion with your boss about an incident which occurred on your shift
 - d. A and B
5. True or False – Fire Safety – R.A.C.E. stands for: Run, Act, Contain and Extinguish?
6. What does a Code Pink stand for?
 - a. Fire
 - b. Violent Situation
 - c. Infant Abduction
 - d. Bomb Threat
7. What are common things to make a person angry or violent?
 - a. Receiving excellent patient care
 - b. Receiving excellent customer service
 - c. Waiting for long periods of time
 - d. Lack of information
 - e. C & D
8. True or False - The most important way to prevent healthcare-associated infections is to practice hand hygiene?
9. When should you wash your hands?
 - a. After you go to the restroom
 - b. After you sneeze
 - c. Before you eat
 - d. After you touch a patient
 - e. All of the above
10. True or False - Artificial nails are permitted for healthcare workers who come into direct patient contact?
11. True or False – Sexual and Other Unlawful Harassment is tolerated and welcomed at Adventist Health and Rideout?

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

FOR VOLUNTEERS, STUDENTS, OBSERVERS, OUTSIDE CONTRACTORS, AND OTHER NON-EMPLOYEES

Welcome to Adventist Health and Rideout (“Rideout Health”). While at any facilities owned or operated by the Rideout Health, you may have access to protected health information (“PHI”) for treatment, payment or healthcare operation purposes as those terms are defined by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and California’s Confidentiality of Medical Information Act, as well as confidential and proprietary information about the Hospital and its business transactions and relationships. This information is confidential, and it shall not be disclosed to anybody inside or outside of Rideout Health except to those people who are authorized by law or hospital policy to receive such information. You may not discuss this information with family or friends even if the information is about them. Patients expect Rideout Health to keep their medical information confidential and you are expected to respect their rights and abide by applicable laws and hospital policies.

By signing this Confidentiality Agreement, I hereby agree to the following terms and conditions:

1. I shall keep confidential all PHI, regardless of whether it is oral, written or maintained in electronic media, and I shall use or disclose such PHI only as permitted by HIPAA or other applicable federal, state or local laws, rules or regulations. I shall also keep confidential all confidential and proprietary information about Rideout Health and its business transactions and relationships.
2. I understand that my access to PHI at Rideout Health shall be monitored and subject to random audits, and I shall be held responsible for all attempts at access using my password regardless of who is actually attempting such access. Therefore, I shall safeguard my password at all times and not share it with any other individuals for any purpose or reason. Likewise, I shall not use another person’s password to access PHI. I also shall log off of any Rideout Health system that contains or provides access to PHI as soon as I am finished using such system, in order to prevent unauthorized access. I shall not photograph, print or otherwise copy PHI, including copying PHI to electronic storage media, unless specifically authorized to do so by my supervisor or preceptor or pursuant to my agreement with Rideout Health.
3. I understand that I may have access to PHI beyond what I need to carry out my specific duties and responsibilities. I acknowledge that the fact that I may have access to such PHI does not authorize me to access such PHI in the absence of a legitimate reason to do so. Therefore, I shall limit access to PHI to what is specifically necessary to carry out my specific duties and responsibilities as a student, volunteer, observer, outside contractor or other non-employee.
4. I understand that access to PHI of Rideout Health employees, friends and family members is subject to the same use and disclosure requirements as access to any other patient’s PHI. Therefore, I shall not access PHI of Rideout Health employees, friends or family members beyond what is specifically necessary to carry out my duties and responsibilities.
5. I understand that posting PHI or other confidential or proprietary information from Rideout Health on social media is never permitted and that removal of patient names is not sufficient to satisfy HIPAA requirements for use and disclosure of PHI.
6. I shall report any of the following to Rideout Health’s Privacy Officer immediately at (530) 751-4251:
 - a. If my password is used by another person for access to PHI.
 - b. If I become aware of any unauthorized use or disclosure of PHI.

c. If I ever find that I have accessed PHI in error.

d. If I am advised by a patient or family member of unauthorized use or disclosure of PHI.

7. I understand that information about Rideout Health employees contained in their personnel and employee health files is also confidential and should be handled as set forth in Rideout Health Policy #3650, Confidentiality of Employee Health Records.

8. I also understand that information, such as proprietary information about Rideout Health's operations, incident reports, materials designated as "Peer Review" by the Medical Staff, information concerning lawsuits in which Rideout Health is involved, and other similar information shall be treated as confidential and not disclosed to others, such as in a paper or presentation for a class assignment, without the prior permission of my supervisor or preceptor or pursuant to my agreement with Rideout Health.

9. I understand that failure to comply with applicable laws and hospital policies and procedures on confidentiality may result in (i) loss of access; (ii) where applicable, termination of my status at the Hospital and/or any agreement the Hospital may have with me and (iii) where applicable, such actions that may be taken by the Office for Civil Rights, U.S. Department of Health and Human Services, in response to a complaint about a violation of HIPAA or other privacy laws and the respective enforcement agency.

10.. I understand that my duties and responsibilities to maintain the confidentiality of information as described in this Confidentiality Agreement shall remain in effect even after leaving Rideout Health.

11. I have received the Non-Employee Orientation Materials, and I have read and understood the information contained in the packet.

I have read and understand the information set forth above concerning confidentiality, and I agree to comply with this Confidentiality Agreement as well as all applicable laws and hospital policies and procedures on confidentiality and privacy.

Print Name: _____

Signature: _____ Date: _____

Signature of Parent or Guardian if under age 18: _____