



Essentia Health

2019-2020 Student/Faculty/Resident/Fellow Orientation Guide

Name (please print) _____

School Affiliation _____ Program _____

The information in this Orientation Guide provides you with the necessary background and specific information necessary for your on-site learning experience at Essentia Health. You are required to complete the following, prior to your placement for a structured learning experience in an Essentia Health Hospital or Clinic location.

1. Review all enclosed information.
2. If you have questions regarding any information in this packet, contact your school or Essentia Health contact
3. When you have completed the review of information, sign and date below and remove this cover page from the packet.
4. Forward this cover page only, with student signature verifying review of information, to your school learning experience coordinator.

I have read the information provided and had an opportunity to have my questions answered regarding the following topics as they relate to my onsite learning experience at Essentia Health:

Mission, Vision, Values and Beliefs	Workplace Safety and Expectations
Patient Rights and Patient Privacy Policies	Information Security
Organizational Integrity and Compliance	Occurrence Reporting
Patient Safety	Emergency Management
Safe Work Practices for Lifting and Moving	Fire Safety
Infection Prevention and Standard Precautions	Smoke Free Campus
Hazardous Materials and Waste	Dress Code
Radiation Safety	Student ID Badge
Antimicrobial Stewardship	Parking Information
	Social Media

- I understand the information and agree to follow the outlined responsibilities.
- I know whom to contact if I have questions/concerns about any of these topics.

Acknowledgement of Confidentiality

Healthcare facilities have legal and ethical responsibilities to safeguard the privacy of all patients, protect the confidentiality of their health information, and provide an environment and guidelines to ensure compliance with ethical practices. I understand that in my clinical experiences I may have access to confidential patient and business information even though I may not be directly involved in providing patient services. I understand that such information, whether in oral, paper or electronic format, must be maintained in the strictest confidence. Information is to be accessed and/or disclosed only if a business need exists. Any violation of patient confidentiality or unethical conduct or practices could result in immediate termination of my on-site learning experience at any Essentia Health facility.

Signature _____ Date _____