



Hutchinson Regional Medical Center/Reno County EMS

Orientation Signature Form

_____ **Observer or student validation of Orientation:** I have reviewed the Key Safety Information and understand how to find Hutchinson Regional Medical Center resources should I have additional questions.

_____ **Confidentiality Agreement:** I understand that I am responsible for complying with the policies of Hutchinson Regional Medical Center, including those pertaining to the Health Insurance Portability and Accountability Act (HIPAA). I will treat all patient related information received in the course of my relationship with Hutchinson Regional, as confidential and privileged information. I will not access patient information. **I will not disclose information regarding patients to any person or organization. I understand that I shall not remove or copy any health records or take any photos.** I understand that some penalties for breaches of confidentiality are subject to certain provisions of state and federal law. I understand that violation of hospital policies related to confidentiality is a breach of the professional code of ethics, and (except as it relates to the education process in the classroom or at the practicum site) will result in immediate expulsion from this intuitional experience.

_____ **Medical Liability Release:** I acknowledge that as a student or observer with Hutchinson Regional Medical Center/ Reno County Emergency Medical service (EMS) there exists the potential for sustaining an injury and/or illness. I am aware that in the event of my injury and /or illness, I and/or my own insurance carrier will pay for any medical costs incurred. I hereby release Hutchinson Regional Medical Center and Reno County EMS of any necessary health expenses incurred by either illness and /or injury during the period of instruction or observation.

I, _____, have initialed the above sections
(please print your name)
and provided my signature below acknowledging my approval and agreement with the same.

Signature _____ Date _____

School _____

Give this completed form to the Education Department at Hutchinson Regional Medical Center at least 48hours prior to your clinical experience.