

# ATTESTATION FORM

Clinical & Non-Clinical

Name: \_\_\_\_\_ School: \_\_\_\_\_  
(if applicable)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ School ID: \_\_\_\_\_  
(if applicable)

## ATTESTATION OF ORIENTATION MODULE COMPLETION

The concepts outlined in the following objectives are covered in St. Luke's Hospital's Orientation Module and/or integrated into the school's course curriculum. If not already covered, the student must complete additional orientation material to become familiar with these topics. After completing the Orientation Module, students should be able to:

1. Discuss the infection cycle and methods used to break this cycle in the health care institution.
2. Discuss identification of hazardous materials and proper precautions needed when using hazardous materials.
3. Discuss the importance of Corporate Compliance & Confidentiality in the health care system.
4. Demonstrate proper body mechanics, and safe patient handling equipment to be used when caring for patients.
5. Discuss and/or demonstrate safety and fire techniques and devices common to the health care institution.
6. Identify Patient Safety Codes and practice Error Prevention.

**A signature below indicates that:**

- The objectives listed above have been taught in my school program, and/or reviewed in the Orientation Module, and I am comfortable with that knowledge.
- Information in the Orientation Module was reviewed and understood. I understand that questions about its content, or any other aspect of my role at St. Luke's Hospital, are welcomed and can be asked of any staff member.

## STATEMENT OF CONFIDENTIALITY, INCLUDING ELECTRONIC SIGNATURE

I have reviewed and agree to comply with the St. Luke's Hospital Code of Conduct guidelines listed in the Orientation Module. As a student at St. Luke's Hospital, I agree to adhere to the following:

- To maintain Confidentiality concerning all individuals' right of privacy and not to disclose personally identifiable medical and social information revealed in patients' or observed.
- To maintain confidentiality of any information contained in any hospital computer system.
- To preserve the confidential nature of professional determinations made by members of St. Luke's Hospital. To access facilities, patients, and medical records associated with assigned clinical, or non-clinical education appropriately and only as required. Additionally, I understand that St. Luke's Hospital may utilize an electronic signature to authenticate medical records and documents. I understand that if I am assigned a password, and/or PIN, it is confidential. I certify that I will not disclose my password to another person, or permit another person to use it. I further certify that I will not utilize another person's password.

As a student at St. Luke's Hospital, I take personal responsibility not to divulge, misuse or deface any confidential information, either medical and/or institutional, that I may have access to during and following my affiliation with St. Luke's Hospital. Violation of the terms of this Attestation Form could result in the termination of my student relationship with St. Luke's Hospital, possible criminal prosecution, and other penalties, as applicable.

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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Date: \_\_\_\_\_ Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature (if student is a minor): \_\_\_\_\_

**PRINT, SIGN, and RETURN** this form to Patient Care Services (Clinical), Medical Staff Office (Physician), or Human Resources (Non-Clinical/Agency/Allied Health), whichever is applicable, **a MINIMUM of one (1) week PRIOR** to starting your learning experience at St. Luke's Hospital.