I acknowledge that I have read and reviewed the following orientation documents for my student placement at SCL Health. I agree to adhere to the policies and guidelines contained in these documents.

- Mission, Vision and Values
- Compliance Training – HIPAA / HITECH regulations
- Emergency Codes – Emergency Codes used within the SCL Health system
- Service Behaviors – Our goals for presenting ourselves to others
- Service Behaviors through Our Patient's Eyes
- National Patient Safety Goals – Poster detailing NPSGs for the year, requirements and expectations
- Student Guidelines
- Patient Rights, Diversity, and Abuse Awareness
- **Nursing Students Only:**
  - Pre-licensure Nursing Student Guidance

In addition, I have successfully completed the following:

- HIPAA Quiz
- Confidentiality and Security Policy Form
- Any site-specific paperwork from Good Samaritan Medical Center, Lutheran Medical Center, or Saint Joseph Hospital
- **Nursing Students Only:**
  - Clinical Readiness Self-Assessment

Signature ____________________________ Date __________________

Student Name (PLEASE PRINT) ____________________________________________

School ________________________________________________________________