

**DEKALB REGIONAL HEALTHCARE SYSTEM
CONTRACT PARTNER ORIENTATION RECORD**

NAME _____ DATE _____

DEPARTMENT _____ Time In ____:____ Out ____:____

I HAVE REVIEWED THE MATERIALS LISTED BELOW AND AGREE TO ABIDE BY DEKALB REGIONAL HEALTHCARE SYSTEM (DRHS) POLICIES AND PERFORMANCE EXPECTATIONS AS DESCRIBED THEREIN.

Signed _____ Date _____

- DRHS Contract/Agency Personnel Orientation (Governance, Mission/Vision/Values, Compliance, Environment of Care)
- DRHS HIPAA
- Cultural Diversity in Our Workplace
- Service Excellence and Patient Satisfaction

Confidentiality Agreement

I have read and understand DeKalb Medical Center's policy on Confidentiality. I am aware that the "DeKalb Medical Center's Management of Information manual, including Confidentiality, Release of Information and an Information Inventory" is available in the Medical Records Department and throughout DMC as a resource for the proper release of patient information. I understand and agree that in the performance of my duties at DMC, I must hold such information concerning patients and hospital business in confidence while on duty and off, and at the conclusion of my employment at DMC. I also understand that any violation of the confidentiality of such information may result in disciplinary action including termination and possible civil or criminal actions.

Signed _____ Date _____

ACKNOWLEDGEMENT AND CERTIFICATION

1. I Certify that I attended an orientation session on "Preserving Integrity: PROMINA's System-Wide Compliance Program" (the orientation session); and 2. I acknowledge that I received a copy of the PROMINA Health System Standards of Professional and Business Conduct at the Orientation Session (the "Standards Booklet"); and 3. I certify that I will read the Standards Booklet; and 4. I agree to abide by and comply with the Standards of Professional and Business Conduct contained in the standards booklet, as such may be updated from time to time and provided to me; and 5. If the content of the Standards Booklet is not fully understood, I agree to contact the Education Department within thirty (30) days of receipt; and I understand that this form will be maintained in my permanent personnel file.

Signature _____ Date _____

DISTRIBUTE COPIES OF THIS FORM AS FOLLOWS:

1. Give the ORIGINAL ***and*** the last copy of this form to your supervisor.
2. KEEP the middle copy for your records.