

Must Read

During the course of your work with PeaceHealth, you may develop, use, maintain, or have incidental contact with or access to patient information, employee information and/or business information that is confidential ("PeaceHealth Information"). PeaceHealth Information from any source in any form (including paper records, oral communication, audio recordings, and electronic displays) shall be kept **strictly** confidential. You may access PeaceHealth Information only if you *need to know* the specific PeaceHealth Information to perform your job responsibilities.

You agree to comply with the notice of privacy practices adopted by PeaceHealth ("Joint Notice of Privacy Practices") as well as PeaceHealth's policies and procedures to respect and preserve the privacy, security, and confidentiality of PeaceHealth Information. You agree and recognize that you are solely responsible for your own actions relating to protecting the privacy, security, and confidentiality of PeaceHealth Information. This agreement is valid for all positions with access to PeaceHealth information, whether internal or external.

Violations of PeaceHealth's policies and procedures may include, but are not limited to:

- Accessing PeaceHealth Information that is not within the scope of your job or responsibilities to PeaceHealth or otherwise permitted by written policy.
- Leaving confidential information including but not limited to confidential business information, employee records, patient medical records or charts in an unsecured place or leaving a secured application unattended while signed on to the computer system.
- Misusing, disclosing without proper authorization, or improperly altering PeaceHealth Information.
- Disclosing your sign-on code and/or password or using another person's sign-on code and/or password for accessing electronic or computerized records.
- Discussing PeaceHealth Information in a public place (e.g., elevator or cafeteria) or with persons not authorized to receive such information.
- Using the incorrect sign-on code and password for a given position, when different sign-on codes exist for multiple positions and/or employers.

Violation of PeaceHealth policies and procedures by any user of PeaceHealth Information may constitute grounds for corrective action, up to and including termination of employment or loss of medical staff privileges, in accordance with applicable Medical Staff Bylaws, Rules, and Regulations. Violation of PeaceHealth policies and procedures by volunteers or interns/students may constitute grounds for corrective action in accordance with applicable PeaceHealth or educational institution procedures. Violation of PeaceHealth policies and procedures by third parties, such as temporary staff or vendors, may constitute grounds for corrective action, termination of the user's access, or termination of the contract or other terms of affiliation. Violation of PeaceHealth policies and procedures also may result in civil and/or criminal liabilities and penalties.

If you use or disclose a "limited data set," which is PeaceHealth Information that has had some but not all identifiers removed, then you specifically agree to only use or disclose the limited data set for research, public health, or health care operations and to comply with PeaceHealth's policy on De-identification of Protected Health Information and Limited Data Sets.

Certain federal and state laws provide you with the right to request access to your personal health information, under specific circumstances. Some users have been provided the right to access their personal health information electronically because of their job responsibilities. If you are one of these users, your right to access your personal health information is subject to the following conditions:

For Office Use Only:

Completed

Received: _____ Coordinator: _____ Unit: _____ Preceptor: _____

Affiliation Agreement: Yes N/A Requirements fulfilled Computer Access Obtained Accepted Denied Why: _____

Notes: _____



PeaceHealth

Clinical Experiences Application

Participant Information:

Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Affiliation information (school, business, etc.): *if you are a community member just wanting to job shadow, check here*

School/Business: _____ Program: _____

Instructor: _____ Phone: _____ e-mail: _____

Experience Request: *Please enter as much information as possible to assist us with proper placement*

Type of experience requested: Job Shadow Clinical Rotation Internship Re-entry

Please refer to the PeaceHealth Clinical Experiences website for Experience definitions: <http://www.peacehealth.org/clinicalexperiences>

Department(s) participant wishes to experience: _____

Name of staff member already contacted (if applicable): _____

Approximate date(s) experience needs to be completed: _____ **Approximate total time needed (in hours):** _____

Objective: _____

(Must provide written objectives to the assigned preceptor during clinical experience)

Requirements: **NOTE:** *ALL necessary paperwork must be completed prior to beginning your clinical experience*

1. All participants **must** have a **negative** Tuberculin skin test or chest x-ray **within the past two years** *Date of Test:* _____
 Check here if you have/had positive TB results. Complete the TB Surveillance form available on line and submit with your application.
2. Read the orientation material available online at: <http://www.peacehealth.org/clinicalexperiences> , complete and submit the quiz at the end of this application. Applications with incomplete quiz will not be processed.
3. **All remaining requirements for clinical experiences (EXCEPT job shadowing) will be arranged through your instructor or PeaceHealth Clinical Placement Coordinator assigned your application.**

Please allow 10 business days from receipt of your application to be contacted for further instructions.

Signature:

Participant's signature _____

Date _____

Parent's signature (if participant is under 18 years of age) _____

Date _____

Send completed form to: Sacred Heart Medical Center, Attn: Clinical Education, 1255 Hilyard Street, Eugene, OR 97401
Or you may **Fax** it to **(541) 685-1776**, Attn: Clinical Education.
If you have any questions, please call (541) 686-8527



PEACEHEALTH
SACRED HEART MEDICAL CENTER

VEHICLE PARKING REGISTRATION
Non-PeaceHealth Employees

To be filled in by Security & Parking Services

Parking Permit Number	Permit Color/Lot
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Assigned to the following Parking Space/Area
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Bottom section to be filled out by employee
Check One:

Intern _____
Traveler _____
Temp. Emp. _____
Other: _____ (Please explain)

NAME OF PRIMARY DRIVER _____

Home Address: _____

Department: _____ Campus: _____

Work number: _____ Home Number: _____

MAKE OF VEHICLE _____ MODEL _____

Year of Vehicle _____ Color(s) _____

Current Tag Number _____ State _____

Driver's Signature _____ Date Registered _____

Notice: Return completed form to Security & Parking Services to receive your temporary parking permit 743-4750 (RiverBend & RBA campus)
UD campus, contact Facilities Management at 686-6867

Orientation Information Quiz

1. At PeaceHealth, our Standard of Behavior Expectations is based on what?
2. I understand that I will be held accountable to the Standards of Behavior Expectations as outlined in Chapter 1 of the orientation information. **(Initial)** ____
3. PeaceHealth Information in any form (electronic records, paper, oral communication...) shall be kept **strictly** confidential. As a student, you may access PeaceHealth Information for what reason? (Hint: located on the Statement and Agreement Regarding PeaceHealth Information form)
4. List the 6 violations of PeaceHealth's policies and procedures related to PeaceHealth Information:
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
5. Can a breach of the PeaceHealth Information policy/procedure be grounds for termination? Y N
6. I have read the Notice of Privacy Practices (NPP) document as directed in Chapter 7 of the orientation materials and will maintain the integrity of PeaceHealth's responsibility regarding patient health information. **(Initial)** ____
7. What do the acronyms RACE and PASS stand for in regards to a fire?
8. Where can you find information about hazardous substances used within your unit?
9. Standard Precautions are only for patients with a specific illness. T F
10. If an exposure occurs, report it immediately to: _____ and _____.
11. You do not need to clean your hands with gels or soap if you wore gloves. T F
12. Infected blood can only enter your body through needle sticks. T F
13. Match the following codes with their meaning:

___ Code Purple	A. Radiation/Hazmat
___ Code Red	B. Fire
___ Code Blue	C. Weapon or Hostage situation
___ Code Amber	D. Bomb threat
___ Code Grey	E. Violent Patient
___ Code Silver	F. Cardiac/Respiratory arrest
___ Code Orange	G. Infant/Pediatric abduction
14. Where can you find patient care policies for PeaceHealth?