



Orientation and Nondisclosure Agreement

Student/Volunteer/Visitor

Orientation – Please keep a copy for your reference

Privacy and Security

WellStar has an obligation to provide a safe and confidential environment for our patients. We are bound by Federal law (HIPAA) to safeguard patient information. That “Protected Health Information” (PHI) is defined as: any information, whether oral or recorded in any form or medium, that (1) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual. PHI includes patient demographic information such as name, street address, city, county, precinct, zip code, DOB, Social Security number, admission/discharge date, date of death, telephone/fax number, email address, medical record number, account number, health plan beneficiary number, etc.

You must agree, as a condition of participation in a tour, shadowing or observation role in our facilities that you will safeguard and keep confidential any PHI. The fact that someone is in our facilities receiving treatment is, in itself, information that is private. Taking pictures of patients or posting information on any electronic media is a violation of patient privacy.

Our security obligation requires us to limit access to PHI. While in our facilities you will have no direct access to any patient records unless you are under the direct supervision of your host, sponsor, or preceptor. By direct supervision we mean that your host, sponsor, or preceptor is in your immediate vicinity and can directly observe your actions.

Patient Safety

While in any health care facility, you increase your risk of coming into contact with infectious or other hazardous agents. The number one infection prevention technique at WellStar is hand washing. You are expected to wash your hands whenever you have had any contact with a patient, used the restroom, coughed or sneezed, eaten, or when your hands are visibly soiled. You will be asked to wear personal protective equipment by your host, sponsor, or preceptor whenever you are in an area where contact with an infectious agent is likely. You must consider all body fluids and blood products as infected. If it’s wet, and it is not yours, don’t touch it!

Access to Patient Treatment Areas

You will have no independent access to any non-public area while you are at WellStar. When you are in patient care or other clinical areas it is expected that your host, sponsor, or preceptor will be with you.



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Nondisclosure Agreement

Nondisclosure Agreement – Please provide your host with this signed copy

WellStar Health System has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. As a guest in our facility we ask you review and sign this agreement before beginning your visit.

In the course of my assignment or visit at WellStar Health System I may overhear or come into contact with confidential patient information, even though I may not be directly involved in providing patient services. I understand that such information must be maintained in the strictest confidence.

As a condition of my interactions with WellStar Health System, I hereby agree that I will not at any time during or after my assignment or visit with WellStar Health System disclose any patient information to any person whatsoever. I will not make copies of any patient reports, documents, or any other patient information prepared by me, coming into my possession, or under my control. I will not take pictures or make any electronic recordings of patients or any patient information.

I understand that I will be observing the work of others and will refrain from discussing patient information in any location where my conversation can be overheard by others.

I understand that violation of this agreement may result in corrective action, removal from the environment, up to and including removal from the facility.

I understand that this experience is a learning experience in a health care setting where exposure to illness may occur. I accept responsibility of treatment for exposures or injuries that may occur during the experience.

Host

Print Name

Date of Birth

Signature

Date(s) of visit