

Online Student Orientation Checklist

COMPANY INFORMATION	
Company name:	UP Health System - Portage
Address:	500 Campus Drive Hancock, MI 49930
Student Name:	

ONLINE CHECKLIST		
<input type="checkbox"/>	Confidentiality/HIPAA <ul style="list-style-type: none"> I have read and reviewed all information in regards to HIPAA (Health Insurance Portability and Accountability Act) 	Date: Signature:
<input type="checkbox"/>	Code of Conduct <ul style="list-style-type: none"> I acknowledge that I have received Lifepoint Hospitals' Code of Conduct. I understand that it represents mandatory policies of the organization, and I agree to abide by it. 	Date: Signature:
<input type="checkbox"/>	IT Security Awareness <ul style="list-style-type: none"> I have read and understand the IT Security Awareness information. 	Date: Signature:
<input type="checkbox"/>	Confidentiality and Proprietary Information/Confidentiality and Security Agreement <ul style="list-style-type: none"> I acknowledge that I have read the Confidentiality and Proprietary Information Policy and Confidentiality and Security Agreement. I will comply with all the terms and conditions stated above. 	Date: Signature:
<input type="checkbox"/>	Drug and Alcohol Free Workplace <ul style="list-style-type: none"> I have read and understand the Drug and Alcohol Free Workplace Policy 	Date: Signature:
<input type="checkbox"/>	Service Excellence Standards <ul style="list-style-type: none"> I accept my responsibility for supporting and creating a culture of service excellence. I have read and understand the Service Excellence Standards and agree to practice these standards. 	Date: Signature:
<input type="checkbox"/>	Personal Appearance Policy <ul style="list-style-type: none"> I have read and understand all information in regards to the Personal Appearance Policy 	Date: Signature:
<input type="checkbox"/>	Patient Rights and Responsibilities <ul style="list-style-type: none"> I have read and understand Patient Rights and Responsibilities 	Date: Signature:

<input type="checkbox"/>	Emergency Codes <ul style="list-style-type: none"> I have read and understand the Emergency Code Preparedness form. I understand to dial ext. 1666 if ever in need of calling a Code 	Date: Signature:
<input type="checkbox"/>	Hazardous Communication/MSDS/Right to Know <ul style="list-style-type: none"> I understand that I have the right to request information on hazardous chemicals within the facility. 	Date: Signature:
<input type="checkbox"/>	Radiation Safety <ul style="list-style-type: none"> I understand which departments use radioactive materials and what the symbol looks like. 	Date: Signature:
<input type="checkbox"/>	Parking Map <ul style="list-style-type: none"> I have reviewed the parking map and will make sure to park in staff designated areas while volunteering. 	Date: Signature:
<input type="checkbox"/>	Back Safety <ul style="list-style-type: none"> I have reviewed the information regarding back safety and will use good body mechanics to reduce my chance of injury. 	Date: Signature:
<input type="checkbox"/>	Infection Prevention <ul style="list-style-type: none"> I have reviewed the appropriate way of covering my cough and hand washing. I have read and understand the proper protocol if exposed to any blood borne pathogens 	Date: Signature:
<input type="checkbox"/>	Healthcare Safety Zone <ul style="list-style-type: none"> I have read information in regards to the Healthcare Safety Zone and understand that any type of injury for patient/visitor/employee/volunteer needs to be reported. 	Date: Signature:
<input type="checkbox"/>	Donning/Removing PPE <ul style="list-style-type: none"> I have read and reviewed the proper way of putting on and taking off personal protection equipment. 	Date: Signature:
<input type="checkbox"/>	Regulated Medical Waste <ul style="list-style-type: none"> I have read and understand which items need to go into a regulated medical waste bag, a general waste bag and sharps containers. 	Date: Signature:
<input type="checkbox"/>	Fall Prevention <ul style="list-style-type: none"> I have read and understand the information given in regards to Patient Falls and how to help in preventing them. 	Date: Signature:
<input type="checkbox"/>	Student Orientation Quiz <ul style="list-style-type: none"> I have completed the orientation quiz and will turn in with this checklist to Human Resources. 	Date: Signature:

Please turn this signed document into Human Resources, along with the Completed Quiz.

UP Health System-Portage
Attn: Brandi Rivest
500 Campus Drive
Hancock, MI 49930

Completed forms can also be emailed to Brandi at brivest@portagehealth.org or faxed to 906-483-1511.

For any questions, please call 906-483-1516.