

Student/Temp/Contract Worker Demographics

Name: _____

Address: _____

Date of Birth: _____

City/State/Zip: _____

Last four of SSN: _____

Phone: _____

Pager: _____

Email: _____

Agency/School: _____	Check One	
Address: _____		Student <input checked="" type="checkbox"/>
City/State: _____		Temporary Worker <input type="checkbox"/>
Contact Person: _____		Contracted Worker <input type="checkbox"/>
Contact #: _____		

Title: Nursing Student

Department: _____

Dates of Assignment: _____

Supervisor: _____

For HR Use Only:

ID Badge #: _____

EH Clearance: _____

Training Rcv'd: _____

RUSH OAK PARK HOSPITAL

STATEMENT OF CONFIDENTIALITY

I understand that in the course of my employment and/or association with Rush Oak Park Hospital, I share the responsibility of maintaining the confidentiality of any employee, physician or patient information that I may have available to me. I understand that it is my responsibility to follow hospital policies and procedures as they relate to the assurance of patient rights and the confidentiality of information both written and oral.

Computer Systems

I understand that in the course of my employment and/or association with Rush Oak Park Hospital, I may be required to utilize the on-line computer system in order to fulfill my job responsibilities. If this is required, I understand that the password chosen by me will be a unique code that identifies me to the on-line computer system. All on-line entries that I make will reference my identity and I will be fully responsible for all such entries. Accordingly, I will maintain the confidentiality of my password and will not reveal it to others. If at any time I feel that the confidentiality of my password has been broken, I will contact the Director of Information Systems immediately and request a new password. I further understand that any information I access from the on-line computer is strictly confidential and is to be used only in the performance of my duties and responsibilities.

Employee Conduct and Confidentiality

I understand that as an employee and/or volunteer at the hospital, I am responsible for presenting a professional attitude and assuring the confidentiality of any employee or patient information through appropriate conduct and assuring discrete and appropriate locations for discussion of issues. I understand that release of employee or patient information of any kind is dictated by policy and if I should be unsure as to the policy guidelines, that I should contact my supervisor for direction.

Patient Medical Records and Information

I have read and understand the Patient Bill of Rights document and realize my responsibility regarding issues of confidentiality outlined in that document. I further understand that specific policies and procedures have been developed which outline proper use and distribution of patient medical records and that I am responsible for being familiar with those documents if my job necessitates access to patient medical records. I am aware that unless specifically identified as part of my job, I am not authorized to discuss any information concerning a patient's personal data or medical condition except with other appropriate professionals. I am also responsible for insuring conversations regarding patient information are held in appropriate locations with the appropriate individuals.

I understand the need to be equally vigilant when the information to which I have access is that of a fellow employee or person with whom I am acquainted. Any suspected failure on my part to maintain this confidentiality will be carefully reviewed and, if substantiated, will result in corrective action and/or termination in accordance with established personnel policies and procedures.

I acknowledge that I have read and understand the Rush Oak Park Hospital Statement of Confidentiality.

PRINT NAME _____

SIGNATURE _____

DATE _____

POSITION: _____

DEPARTMENT: _____



ACKNOWLEDGEMENT FORM

Patient's Name

D/O/B

Social Security Number

Through my signature below, I hereby acknowledge the following:

1. I have received the publication titled Rush Oak Park Joint Notice of Privacy Practices ("Privacy Notice")
2. Furthermore, I understand and agree that:
 - a. The physicians who provide care at the hospital are not agents, servants or employees of the hospital, unless otherwise identified;
 - b. The physicians exercise their own medical judgment in treating me or otherwise providing professional services to me;
 - c. The physicians are solely responsible for their own compliance with state and federal privacy laws;
 - d. Nothing in this Acknowledgement or the Privacy Notice is meant to imply, infer or create any agency or employment relationship between the physicians and the hospital, either actual or implied, nor does this Acknowledgment alter, limit or modify any other consent for treatment or procedures I may sign during the time of my care at this facility.
 - e. Rush Oak Park Hospital may investigate whether I am enrolled in a Medicare Part D prescription drug plan.

Signature

Date

This form may be signed by a Personal Representative ("Representative"). A Representative is a person legally authorized to act on behalf of an individual for health care decisions, including, in most cases, a parent of a minor, court appointed guardian, executor or administrator.

Representative's Name

Signature

Relationship to Patient

Date

The signature above (whether by the patient or by a Representative) must be witnessed by a Rush Oak Park Hospital Employee below.

Employee Name

Signature