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**Required Signature Page for Clinical Rotations**

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| --- | --- | --- |
| **First Name:** Click here to enter text. | **Last Name:** Click here to enter text. | **MI:**  |
| **DOB:** Click here to enter a date. | **Today’s Date:** Click here to enter a date. |
| **Phone Number:** Click here to enter text. | **School:** Click here to enter text. |
| **School Email address:** Click here to enter text. | **Instructor:** Click here to enter text. |

1. **Student Information Packet & HIPPA Acknowledgement**

I verify that I have received and read a copy of the Student Information Packet and HIPPAA Education.

1. **Ochsner LSU Health Code of Conduct Attestation**

All employees, directors, members of the medical staff, contractors, vendors and associates shall adhere to the Code of Conduct as a condition of employment at Ochsner LSU Health. All employees and affiliated professionals can be disciplined unto and including suspension, termination or be barred from further employment or affiliation with Ochsner LSU Health for failure to comply with Federal health care program requirements, Ochsner LSU Health’s policies and procedures, or the failure to report non-compliance.

I certify that I have read and understood Ochsner LSU Health Code of Conduct. I agree to conduct all my activities in a manner consistent with the standards set forth in this Code of Conduct.

1. **TB Status Evaluation (To be completed every rotation)**

Have you experienced any of the following?

Unexplained weight loss [ ] Yes [ ] No

Night sweats [ ] Yes [ ] No

Chronic cough > 2 weeks [ ] Yes [ ] No

Chest pain [ ] Yes [ ] No

1. **Hepatitis B Vaccine Refusal/Risk (check the box that applies)**

[ ]  Refusal to take the Hepatitis B vaccine

[ ]  Vaccine series is not complete

[ ]  NA

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus infection. . I understand that in the process of obtaining Hepatitis B vaccine (or without a positive Hepatitis B titer) **I have not reached immunity for Hepatitis B. I continue to be at risk for Hepatitis B while receiving Hepatitis B vaccination.**

 **CONFIDENTIALITY AGREEMENT**

**Ochsner LSU Health Shreveport Monroe Medical Center**

 Ochsner LSU Health has a legal and ethical responsibility to safeguard the privacy of all patients, physicians, and employees and to protect information that is defined as confidential.

Confidential information includes information contained in manual documentation as well as information stored in the facilities computer systems. Patient, personnel, financial and other business records contain confidential information. I understand that information regarded as confidential must be maintained in the strictest of confidence. As a condition of my affiliation with Ochsner LSU Health, I hereby agree that I will not at any time during or after my affiliation with Ochsner LSU Health, disclose confidential information to any person, other than as necessary in the course of my affiliation with Ochsner LSU Health. Release of information must be provided by the appropriate, authorized personnel.

Institutional computer systems and the data in those systems may be accessed only by authorization from Administration; computer system access is granted only to persons who have been issued user identification codes. All user identification codes and passwords are confidential. I understand that I am directly responsible for the accuracy and completeness of data entries which are entered into Ochsner LSU Health computer systems. Revealing user identification codes or passwords is a crime punishable by fine and/or imprisonment (La. R.S. 14.73.1 et seq.). Using another employee’s user identification code/password or giving my user identification code/password to another person may result in disciplinary action, fine or imprisonment. Security violations may include but are not limited to failing to sign off when leaving the computer unattended; modifying my own medical or employment record; requesting that another employee access my employment or medical record; allowing another employee to use my password; accessing medical or employment records without having a legitimate reason; allowing anyone else to view confidential information while I am signed-on to a computer system: using another employee’s access code, revealing confidential information or business/financial details of patients or employees. All privacy and security violations should be reported and such incidents will be investigated.

My signature below indicates I have read this Ochsner LSU Health Confidentiality Agreement. The failure to abide by this agreement may result in legal action, including possible fines and/or imprisonment in accordance with applicable Louisiana State and Federal Law.

**Name:** Click here to enter text.

**E-Signature:** Click here to enter text.