



Orientation to Sentara For the Non-Employed Staff Member

My orientation to Sentara Healthcare has included the following information:

- Mission, Vision, Values of Sentara
- Introduction to the Organization
- Introduction to Orientation
- Accessing Documents
- Patient Rights
- Sentara's Commitments
- Safety Behaviors
- HIPAA – Protected Health Information
- Conduct Expectations
- Dress Code and Grooming Policy
- Safety Information
 - Fall Safety
 - Code Definitions
 - How to Report Emergencies
 - Cell Phone Usage
 - Occupational Health
 - Child/Elder Abuse
 - Infection Prevention & Control
 - Medical Response Team
 - Preventing Workplace Violence
- Adverse Event Reporting
- Impaired Licensed Independent Practitioners
- Reporting Quality Concerns
- Compliance and Integrity
- Cultural Diversity
- Hazardous Materials
- Mandatory Computer Based Training as it applies to my position outlined on the below website and certificates of completion printed
<http://www.sentara.com/Employment/Pages/RequiredCourses.aspx>
- Annual Mandatory Health Screen Expectations

I understand that it is my responsibility to stay current with the changes in Policies and Procedures as well as to meet all annual expectations:

Name: _____

Type of Position: Affiliate Health Professional (Credentialed)
 Vendor with Patient Care or Patient Services Responsibilities
 Contract Staff with Patient Care or Patient Services
 Responsibilities
 Volunteer Staff with Patient Care or Patient Services
 Responsibilities

Signature: _____

Date: _____



SENTARA

Statement of Responsibility & Confidentiality

All employees of Sentara Healthcare and any individuals who have access to Sentara Healthcare information, files, data or computer applications must sign and follow this statement of responsibility and confidentiality.

1. I understand and agree that any information I learn during my employment and/or affiliation with Sentara Healthcare regarding patients/families, physicians/dentists/limited health practitioners, and other employee's is confidential. I agree not to use, view, discuss, disclose, duplicate, alter or destroy such information unless my job requires it. Further, I will not give such information to anyone who does not have authorized access to it, attempt to learn confidential information not required by my job or discuss such information when participating in social media or other internet sites (i.e. posting of information, photographs, etc).
2. I understand this statement also covers all passwords issued to or used by me to operate Sentara Healthcare computer systems. Therefore, I agree not tell my passwords to anyone for any reason, not to permit another person to use them, not to use another person's, and not to sign on to any system to allow an unauthorized person to use the system. Further, since my passwords are the equivalent of my legal signature, I agree immediately to change or have changed passwords that have become known to other people.
3. I understand that I am responsible to review the Sentara Password policy and I agree to remain compliant with all password requirements as outlined within the policy, without exception.
4. I understand and agree to follow all SHC security policies and procedures of specific computer systems to which I am given access. I also understand if I have not used my access to a certain system within 90 days, my access to it may be suspended, and if I have not used it in 90 days, my access may be deleted.
5. I understand that I am responsible for logging off a system session if I leave the vicinity for the system workstation. I further understand that if I fail to log off the system session, I will personally be held responsible for any activity performed on the system after I left the workstation vicinity.
6. I understand and agree that I am responsible for Sentara Healthcare resources, material, and data in my possession. I will take precautions to protect them from theft, temperature changes, water damage, and other intentional damage; I understand that if I do not take reasonable precautions, I may be held liable for any damage incurred.
7. I agree to use Sentara Healthcare hardware, software, and data for business use only and not for personal use, nor will I allow another person to use them for personal use while they are in my possession. I acknowledge that I represent the company when using these resources, material, and data and will not participate in any activities that represent Sentara Healthcare in an unfavorable way. I understand that any actions I take in the computer based information systems are tagged with my unique identifier as established in my user profile and such actions can be traced back to me.
8. I agree not to make unauthorized copies of copyrighted material, and I understand that I will be held personally liable for any unauthorized copies of copyrighted material made by me.
9. I understand all patient medical information is confidential and agree to treat it as such. I further agree that I will use and disclose such information only in accordance with state and federal laws, including, but not limited to, the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996.

I have read and understand the above and acknowledge that it is my responsibility to adhere to this Statement of Responsibility & Confidentiality at all times. I agree that any violation of this understanding and agreement will result in my losing access to computer systems and is grounds for corrective action that may result in dismissal. Sentara Healthcare will retain the original signed copy of this Statement of Responsibility and Confidentiality. I understand that this document does not alter my relationship with Sentara as an at-will employee.

User Name _____ Date _____
(Please print your first, middle, and last name)

User Signature _____ Employee ID _____

I understand that if the user named above changes job function, transfers to another department, requires leave of absence, or terminates employment, affiliation, or association, I must notify Security Administration immediately.

Supervisor's Name (print) _____ Phone/Location _____

Supervisor's Signature _____ Date _____

Sentara Healthcare Commitments to Improving Health Every Day

As a member of the Sentara team, I am committed to the well-being of my customers and creating an extraordinary healthcare experience for them. I will serve as a role model and align my behaviors to each commitment.

I commit to:

Always keep you safe

- * Pay attention to detail
- * Communicate clearly
- * Have a questioning attitude
- * Hand off effectively
- * Never leave my wingman

Always treat you with dignity, respect, and compassion

- * Greet customers immediately with a smile
- * Introduce myself and explain my role
- * Protect the privacy of my customers
- * Listen to customer's ideas and thoughts without interruption
- * Ask, "Is there anything else I can do, while I'm here?"

Always listen and respond to you

- * Make eye contact with my customers
- * Be sensitive to body language
- * Quickly attend to the needs of my customers
- * Take responsibility to acknowledge, address, and champion concerns
- * Thank my customers for sharing their concerns with me

Always keep you informed and involved

- * Welcome the questions of my customers
- * Partner with my customers in decisions that affect them
- * Explain things in a way that is easy for my customers to understand
- * Anticipate the needs of my customers for information and provide it frequently

Always work together as a team to provide you quality healthcare

- * Introduce team members and explain their role to my customers
- * Respect the work and skills of others
- * Make our communication visible to my customers
- * Acknowledge information about my customers received from team members
- * Take responsibility for keeping other team members informed and safe

Non-Employed Healthcare Professional:

Name (Please Print): _____ Date: _____

Signature of Non-Employed Healthcare Professional: _____

As a manager for Sentara Healthcare, I have reviewed the commitments with the above individual and agree to hold him/her accountable to keep these commitments to improve health every day.

Manager Name (Please Print): _____

Manager Signature: _____ Date: _____