



Human Resources Department

Self-Paced Orientation

ORIENTATION MANUAL AGREEMENT

I take the responsibility for reading and understanding the contents in this manual provided to me by Provena Covenant Medical Center.

Signature

Printed Name

Date

Please sign and return to HR

Exam Answer Sheet

Name _____ Date _____

Title _____ Dept _____

Score: -0 = 100%, -1 = 97%, -2 = 95%, -3 = 92%

More than 3 wrong and you need to reread the materials and retake the test. Organizational Development staff will email you your results and the test, if you need to retake it.

Circle only one response per test question.				
1	a	b	c	d
2	a	b	c	d
3	a	b	c	
4	a	b	c	
5	a	b	c	d
6	a	b	c	d
7	a	b	c	d
8	a	b	c	d
9	a	b	c	
10	a	b	c	d
11	a	b	c	d
12	a	b	c	d
13	a	b	c	d
14	a	b	c	d
15	a	b	c	d
16	a	b	c	
17	a	b	c	
18	a	b	c	d
19	a	b	c	d
20	a	b	c	
21	a	b	c	d

Please circle either True or False for each question below.		
22	True	False
23	True	False
24	True	False
25	True	False
26	True	False
27	True	False
28	True	False
29	True	False
30	True	False
31	True	False
32	True	False
33	True	False
34	True	False
35	True	False
36	True	False
37	True	False
38	True	False

Provena Covenant Medical Center
Self-Paced Orientation Handbook/HIPPA/Quiz's revised 4-2011

9. As an employee of Provena Health, you are not only responsible for the information utilized on a workstation, but the physical care of that workstation as well.
TRUE FALSE
10. Proper workstation behaviors that maintain HIPAA Security include:
A. Never sharing your passwords with anyone.
B. Logging out when you leave your workstation.
C. Never disabling any security controls.
D. All the above behaviors help maintain HIPAA Security standards.
11. If protected health information must be sent by email, the sender must:
A. Obtain approval from the patient/resident, password protect documents, and send only the minimum necessary.
B. Obtain approval from a family member and send as much information as possible.
C. Ensure that their director or immediate supervisor is included in the email.
D. All of the above are correct responses.
12. When sending confidential information by fax, make sure to follow-up with a phone call to see if the information was received 30 minutes after sending.
TRUE FALSE

(Signature) (Dept.) (Date)

INFLUENZA VIRUS VACCINE CONSENT FORM 2011/2012

Annual routine influenza vaccines are recommended for all Healthcare personnel who provide direct patient care. The CDC defines “direct patient care” as having direct, hands-on, or face-to-face contact with patients’ routing daily activities.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons per year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infections to patients/clients of Provena Health.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I understand that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get the influenza disease from the inactivated influenza vaccine.
- If I choose not to be vaccinated, it may impact my health and those with whom I have contact, including:
 - Patients in this healthcare setting
 - My coworkers
 - My family
 - My community

This vaccine is generally well tolerated by most people. Persons who should **not** receive the vaccine are as follows:

- Have a severe allergy to chicken eggs
- Have had a severe reaction or other problem after influenza vaccination in the past
- Developed Guillain-Barre Syndrome within 6 weeks of getting an influenza vaccination previously
- Now have a moderate or severe illness with a fever, should wait until symptoms lessen
- Who are receiving or have recently completed chemo must have release from Primary Care physician

I, the undersigned, have read the above information and I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions which have been answered to my satisfaction. I have also received and read the current vaccine information sheet.

Please check one of the following:

- I would like to have the influenza vaccine given to me. I am taking this vaccine voluntarily and consent to the vaccination being given to me. I understand the risks and benefits of this vaccine and I have had the opportunity to ask questions which have been answered to my satisfaction.

Employee Signature: _____

Print Name: _____ Department _____

Witness: _____

Date Vaccinated: _____ Injection Site: _____

Vaccine Manufacturer: _____

Lot #: _____ Expiration Date: _____

- No I do not wish to have the influenza vaccine given to me. Despite the above facts, I am choosing to decline influenza vaccine right now. I understand that I may change my mind at any time and accept the vaccination, if vaccine is available.

Employee Signature: _____

Print Name: _____ Date: _____

Reason for not having the vaccine:

Confidentiality Agreement

This Confidentiality Agreement ("Agreement") is made and entered into by and between Provena Health, including its subsidiaries and operating units ("Provena Health"), and the individual whose name is set forth at the end of this Agreement ("Individual") as of the date set forth below. For and in consideration of Individual's access to and use of the Confidential Information (defined below), and for other good and valuable consideration, the receipt, sufficiency, and adequacy of which are hereby acknowledged, Individual agrees as follows:

1. Individual acknowledges and agrees that, by virtue of Individual's association with Provena Health, through employment, consultation, or otherwise, Individual may be granted access to certain Confidential Information of or about Provena Health, its patients, and others. For the purposes of this Agreement, "Confidential Information" means: Protected Health Information (defined below), all other information and data relating to Provena Health's patients, practitioners, business operations (including, but not limited to, billing procedures, forecasts, projections, fee schedules, and accounting information), personnel, suppliers, quality services, legal or regulatory matters, management, strategic and business development plans, systems, programs, documentation, trade secrets, techniques, and know-how, any information, data, or materials marked or noticed by Provena Health as confidential, regardless of whether constituting a trade secret or proprietary in nature, which are of value to Provena Health, and any educational records of students. "Protected Health Information" shall mean health-related information that identifies, or that provides a reasonable basis to identify, any individual or that is otherwise protected by law.
2. Individual acknowledges that, as between Individual and Provena Health, Provena Health shall retain ownership of all right, title, and interest in and to the Confidential Information, including, but not limited to, any and all copyright, patent, trademark, trade secret, and other intellectual property rights thereto worldwide, and that no such rights are transferred to Individual hereunder or by virtue of Individual's access to the Confidential Information.
3. Individual shall not, directly or indirectly, use, disclose, copy, distribute, republish, or allow access to any Confidential Information, except as expressly permitted herein.
4. Individual shall access, use, and disclose the Confidential Information solely as specifically required by Individual's duties for Provena Health. In the event Individual is a provider of medical services or any other person who furnishes health care services or supplies (a "Health Care Provider"), Individual acknowledges and agrees that Individual's use and disclosure of Protected Health Information shall be limited to that required (a) to facilitate treatment of the patient, (b) to facilitate payment for health care services rendered, and (c) for internal quality oversight review; except that the Health Care Provider shall not be permitted to disclose psychotherapy notes regarding a patient unless prior written authorization is first obtained from the patient. Individual shall, in accessing, using, and disclosing Confidential Information, comply with Provena Health's security policies related to the use of such Confidential Information and shall refrain from using or disclosing more than the minimum necessary Confidential Information to accomplish the intended purpose of the use or the disclosure.
5. Subject to Section 6, below, Individual may disclose Confidential Information if so required by law (e.g., by court order or subpoena), except that, if requested by Provena Health, Individual shall request that the appropriate court or governmental body seal all records that contain any Confidential Information.
6. Upon learning (a) of any unauthorized disclosure or use of Confidential Information, (b) of any security incident or issue, or (c) that it is required by law to disclose Confidential Information, Individual agrees to notify Provena Health immediately, and to cooperate fully with Provena Health, to protect the confidentiality of the Confidential Information.
7. Upon request of Provena Health, or upon termination of Individual's association with Provena Health, whether through termination of employment, termination of engagement, or otherwise, Individual shall return to Provena Health all Confidential Information that Individual then maintains in any form, without retaining any copy thereof. To the extent return is not feasible, Individual shall extend the protections of this Agreement to such Confidential Information, only using or disclosing it for such purposes as make return infeasible.
8. Individual acknowledges and agrees that any breach of this Agreement will cause immediate and irreparable injury to

Provena Health, that monetary damages will be inadequate to compensate for such breach, and that, in the event of such breach, Provena Health shall be entitled to obtain injunctive relief and to pursue any other remedies available at law or in equity.

9. Individual shall maintain such safeguards, and engage in such practices, as are consistent with the policies of Provena Health and sufficient to ensure the confidentiality, integrity, and availability of the Confidential Information, including, but not limited to, engaging in the following practices, as applicable:

- a. not making inquiries, or providing access, with respect to Confidential Information for individuals who do not have proper authority;
- b. not disclosing any computer passwords or access codes or numbers to others;
- c. not making any unauthorized transmissions, copies, inquiries, modifications, or deletions of Confidential Information or any other data maintained by Provena Health;
- d. logging off from any computer or access terminal prior to leaving it unattended, unless an appropriate security mechanism is activated (e.g. screensaver).
- e. complying with any other policies and practices that Provena Health may establish or institute from time to time.

10. Individual acknowledges and understands that all access to and use of Provena Health's information systems will be monitored.

11. Individual acknowledges and agrees that Provena Health shall have the right, in its sole discretion, to terminate Individual's access to the Confidential Information, and to terminate any underlying agreement or relationship pursuant to which Individual required or was otherwise given access to such Confidential Information, including, but not limited to, any employment or consulting agreement, or other similar arrangement, if Individual breaches the terms of this Agreement. Nothing in this paragraph shall be construed as limiting Provena Health from seeking any other remedies or damages in the event of such a breach, whether in law or in equity.

12. This Agreement shall be governed by, and interpreted and construed in accordance with, the laws of the State of Illinois and the regulations adopted under the Health Insurance Portability and Accountability Act of 1996; as such laws, such Act, and such regulations are amended and supplemented. If any provision of this Agreement is held invalid by a court of competent jurisdiction, such invalidity shall not affect the enforceability of any other provisions contained in this Agreement, and the remaining portions of this Agreement shall continue in full force and effect.

13. This Agreement represents the complete and exclusive statement of the mutual understanding of the parties with respect to the subject matter hereof and supersedes and cancels all previous and contemporaneous written and oral agreements and communications relating to such subject matter, except that, if Individual has executed, or executes, a business associate agreement with Provena Health, the terms of the business associate agreement shall prevail and control in the event and to the extent of a conflict or inconsistency with this Agreement.

 **Signature** _____
Print Name: _____
Company: _____
Date: _____