FACILITY-SPECIFIC STUDENT ORIENTATION CHECKLIST

Printed Student Name: _____

Faculty/Instructor Name: _____

School Name: _____

STUDENT/FACULTY CONFIDENTIALITY STATEMENT:

The undersigned hereby acknowledges his/her responsibility under applicable federal law and the Agreement between

_____ ("School") and THE HOSPITALS OF PROVIDENCE LIMITED D/B/A SIERRA CAMPUS, D/B/A/ MEMORIAL CAMPUS, D/B/A/ EAST CAMPUS, D/B/A/ TRANSMOUNTAIN CAMPUS (collectively "Hospital"), to keep confidential any information regarding Hospital patients and Proprietary information of Hospital. The undersigned agrees, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agrees not to reveal to any third party any confidential information of Hospital, except as required by law or as authorized by Hospital. The undersigned agrees to comply with any patient information privacy policies and procedures of the School and Hospital. The undersigned further acknowledges that he or she has viewed a videotape regarding the Hospital's patient information privacy practices in its entirety and has had an opportunity to ask questions regarding Hospital's and School's privacy policies and procedures and privacy practices.

STATEMENT OF RESPONSIBILITY

For an in consideration of the benefit provided the undersigned in the form of experience in evaluation and treatment of patients of THE HOSPITALS OF PROVIDENCE LIMITED D/B/A/ SIERRA CAMPUS, D/B/A/ MEMORIAL CAMPUS, D/B/A/ EAST CAMPUS, D/B/A/ TRANSMOUNTAIN CAMPUS (collectively "Hospital"), the undersigned and his/her heirs, successors and/or assigns do hereby covenant and agree to assume all risks of, and be solely responsible for, any injury or loss sustained by the undersigned while participating in the Program operated by between _____ ("School") at Hospital, unless such injury or loss arises solely out of Hospital's gross negligence or willful misconduct.

THE HOSPITALS OF PROVIDENCE MISSION STATEMENT:

MOVING HEALTH FORWARD

I, _____ have read, discussed and now understand the confidentiality statement, the statement of responsibility and The Hospitals of Providence Mission Statement.

Program Participant Signature: _____

Date: _____

Witness: _____

Date:04/00; Revised: 08/03; 01/05; Reviewed: 08/06; 03/07; Revised: 01/08; 06/09; 09/15, 5/18