Student Orientation Form – *(Check each box as the topic is covered.)*

**Introduction**

Welcome to PHC! We hope your student experience here will be beneficial. Please let us know if you have any questions during your experience or if you have suggestions for future student experiences. To ensure a positive and safe learning experience, we have outlined our expectations for students in this orientation checklist.

In general, students are expected to support and follow PHC’s mission, values, and policies. Each student will be assigned a mentor/preceptor who is a PHC staff member. Students are expected to follow the direction of their mentor and to only perform patient care under the direct supervision of the mentor or other designated PHC staff member.

Your mentor will provide a tour of the site you will be assigned to, a brief description of PHC services and programs, and direction about what you’ll be doing during your experience at PHC.

**Mission & Values**

Primary Health Care, Inc. is a team of caring professionals providing healthcare and supportive services for all people to improve their quality of life.

We abide by the following iCare values:
- Integrity – Being honest, sincere, and doing the right thing
- Compassion – Empathy, caring, and providing hope
- Access – Being available, affordable, and flexible
- Respect – Dignity, treating others as you want to be treated, and valuing everyone
- Excellence – Being the very best, high quality, and a dedicated team

**PHC Locations & Services**

Supervising manager will cover all of PHC’s locations and services.

**Patient Rights & Responsibilities – Service Excellence**

Patients have the right to:
- take part in their health care and treatment
- know the names of the people caring for them
- be treated with respect and dignity in a safe and private setting
- be informed about their illness and treatment, including options for care
- change medical providers at Primary Health Care, Inc.
- get another opinion about their illness or treatment
- privacy of their health records
- talk with the clinic manager about any questions or problems with their care
- know about services available through PHC
- respect for cultural, social, spiritual and personal values and beliefs
- know about legal reporting requirements
- ask for special arrangements if they have a disability
- ask for help with a living will or durable power of attorney for health care
- refuse treatment, care and services as allowed by law
- know the cost of care and ways available to pay for care
- refuse to be included in any research program without limiting medical care or treatment
Patients have the responsibility to:
- tell their medical provider about their illness or problems
- ask questions about their illness or care
- show respect to both care givers and other patients
- cancel or reschedule appointments so that another person may have that time slot
- pay their bills on time
- use medications or medical devices for their self only
- inform the medical provider if their condition becomes worse or if they have an unexpected reaction to a medication
- give written permission to release their other health records to Primary Health Care, Inc. when necessary
- provide PHC a copy of their living will or durable power of attorney for healthcare matters

☐ Confidentiality & HIPAA

Patient information should only be accessed or discussed for legitimate care needs. Do not share or discuss any patient information with anyone besides designated PHC staff. Refer questions regarding a patient/client or release of protected health information to your PHC mentor. You will sign a Confidentiality Agreement.

☐ Safety & Emergency Preparedness

Review the red safety flip chart and evacuation route map so that you understand our safety procedures. You will receive orientation regarding hazardous chemicals utilized in the work area and the location of the MSDS.

If you become injured or accidental exposure to blood or bodily fluid occurs, report the incident to your PHC mentor immediately. PHC will provide immediate first aid as appropriate. You should seek follow up care with a health care institution of your choice. You are responsible for all costs related to this care, including, but not limited to, cost of blood testing and securing medication required for emergency treatment of high risk exposures. If applicable, PHC is responsible for securing a blood sample from the patient for testing. The results of these tests will be provided to you (or treating agency) upon receipt. An event report of an accidental exposure should be completed within 24 hours of exposure. You are responsible for notifying your educational institution of the incident.

☐ Reporting

Bring any concerns or suggestions to your mentor or site manager. You may also utilize the SRM event reporting system to anonymously report a concern, suggestion or compliment. Access the SRM event system via the PHC intranet.

☐ Use of Equipment & Technology

Equipment and technology provided (i.e. access to internet, cell phones, etc) is for business-related purposes and not for personal use. PHC reserves the right to access any information stored on devices provided and remove information at any time with or without notice.

☐ Acceptance of Gifts

Accepting gifts or personal payments from clients or patients is not allowed. If received, gifts should be returned with regrets that our policy prohibits acceptance.
Student Orientation

- **Attendance**
  Please phone your mentor at least one hour prior to your scheduled time or as soon as possible if you will be late or absent.

- **Infection Control & Hand Hygiene**
  See attached documentation on Infection Control and Hand Hygiene.

- **Identification Badges**

- **Experience Specific Responsibilities, Policies & Procedures**

  *I have reviewed all of the information above. I understand and will abide by the guidelines explained in this orientation.*

  ____________________________________________________________
  Student Signature                      Date

  ____________________________________________________________
  PHC Representative                      Date

Confidentiality Agreement

The mission of Primary Health Care, Inc. focuses on providing access to health care for our patients. In keeping with that, Primary Health Care, Inc. is also committed to ensuring that each patient has the right to confidential care and treatment.

As a student completing an educational rotation at Primary Health Care, Inc., I understand that I shall access only those records/information to which I have been assigned, for which I am responsible, or when necessary to complete my job duties. I understand that information obtained through the performance of my work duties shall be held in strict confidence and will not be shared with others except as necessary to complete job assignments.

Confidential patient information includes: patient name, age, diagnosis, treatment, financial and social status, address and/or any other identifying information which would cause harm to a patient, patient’s family and/or the medical center.

I also understand that at no time will I remove property, which contains patient information from any of the Primary Health Care, Inc. locations except as designated in policy/procedures.

I am aware that any violation of patient confidentiality, be it intentional or unintentional, may result in disciplinary action up to and including removal from the student program.

  ____________________________________________________________
  Student Signature                      Date

  ____________________________________________________________
  Printed Name of Student