



## Student/Observer Orientation Completion Form

### Orientation Agreement Form

In consideration of receiving educational privileges at Lakeland Health facilities I understand it is my responsibility to read the self-study student/observer orientation handbook. I understand the orientation handbook contains information that hospital employees, volunteers, and students are required to know per organizational regulations.

I have read the student/observer orientation handbook and acknowledge understanding of the material contained within.

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### Culture of Patient Safety Commitment

It is Lakeland's mission to be the leader in safe, high-quality, patient-centered compassionate, health related service. Lakeland is committed to strive for a culture where there is always a safe environment, always compassionate care which is supported by evidence based practice guidelines when available. A culture where there is never a medication error, never a hospital acquired infection, never an avoidable death. To promote this culture, I will report and respond to any condition or event that puts patient, associate, physician, volunteer or visitor safety at risk, regardless of whether there was actual harm.

I will demonstrate my commitment to promote a culture of patient safety and will always be accountable to answer for the results of my actions and behaviors regardless of how things turn out. I will focus on how to solve the safety concern rather than blaming and emphasize learning and process improvement.

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### Performance Commitment

Teamwork                  Respect                  Accountability                  Inspiration                  Trust                  Safety

These performance standards have been developed by the associates of Lakeland Regional Health System to establish specific behaviors that all associates are expected to practice. By incorporating these standards as a measure of our overall work performance, we make it clear that as associates and volunteers of Lakeland, we will practice and live up to these standards of performance.

I acknowledge I have received, read and understand the High Performance Culture handbook and I agree to comply with and practice the standards outlined within.

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### Confidentiality Statement

I understand that I am working with information considered by Lakeland Regional Health System to be confidential. I agree to follow Lakeland's rules about need to know, looking at, getting, sorting, handling and releasing such information.

I understand that by giving out confidential information to, talking about such information with or allowing the viewing or hearing of such information by people who do not need to know is against the law. Improper release or disclosure of information is considered a misdemeanor pursuant to Michigan Compiled Law (MCL) 750.410. Violators of this law may be subject to civil and/or criminal prosecution.

**CONFIDENTIAL information may be, but not limited to the following:**

- (1.) Patient information or any information about the patient's situation.
- (2.) Any information the department calls confidential.
- (3.) Associate information, such as wages, insurance, and information in an associate's personnel file.
- (4.) Computer data security.
- (5.) Information important to the success of the organization.
- (6.) Any information about Physician's and/or their practice.

The signature below is verification that all of the above information has been presented, read, and will be upheld at all times.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature