

■ ACCEPTABLE USE AGREEMENT ■

Compliance with this agreement is a condition of continued employment with PH&S according to policy P-802, Acceptable Use of IT Assets, which can be found at: <http://grace.providence.org/seprise/EpriaseFilterExt.dll/main/Sites/security/home>

Policy P-802 describes the appropriate use of Providence information and technology resources including data, systems, networks and devices including but not limited to desktop computers, laptops, PDAs, fax machines and copiers and is intended to promote and protect the confidentiality, integrity, and availability of PH&S information and technology.

I am aware and agree, unless further described herein:

- Internet usage, communications and transactions are not private. All computer activity is recorded and can be traced to a specific user ID.
- Information and technology associated with or belonging to PH&S must be protected by taking appropriate measures such as keeping passwords private, encrypting all computers and devices, and locking all portable devices. Additional information and online training on how to protect information and technology is available at <http://grace.providence.org/seprise/EpriaseFilterExt.dll/main/Sites/security/home>
- PH&S information and technology is for business use and must not be used for purposes which may interfere or are in conflict with the PH&S mission and/or policies. Any use of PH&S information or technology for a purpose not specifically authorized by PH&S is prohibited.
- PH&S reserves the right to limit or restrict any member's use of information or technology to meet the business and service obligations of the organization.

Although information and technology resources are for business use, limited personal use may be permitted with the following restrictions:

- Usage must be reasonable, lawful and ethical and cannot be offensive or disrespectful to co-workers or others in the work or patient care environment.
- Usage must not interfere or be in conflict with PH&S responsibilities or productivity.

IMPORTANT: In addition to termination, non-compliance could result in further action, including civil or criminal prosecution. Violation of these requirements by a third party contracted with PH&S may result in termination of the representative's contractual arrangement with PH&S for default and may further result in such representative being subject to civil or criminal laws, as applicable.

By signing this document, I acknowledge that I have read, understand, and agree to abide by the Providence Health & Services Acceptable Use Agreement. This agreement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by PH&S, or my right to use information which is known to the general public through no fault of my own.

Signature: _____

Date: ____/____/____ Employee ID: _____

Printed Name: _____

Position: _____

Department: _____ Work Location/Facility Site: _____

■ CODE OF CONDUCT ACKNOWLEDGMENT ■

I acknowledge that I have received my copy of the Providence Code of Conduct and have had key points explained to me during an orientation training session.

I understand that I am responsible for becoming familiar with the information contained therein; and, that this handbook does not constitute all of the specific policies of Providence.

I further understand that any clarification of the contents of this Code will be provided, upon my request, by my supervisor or a local compliance coordinator or a Region/System Integrity and Compliance Manager.

Name (Please Print): _____

Signature: _____

Date: _____ Department: _____

**Student / Faculty
CONFIDENTIALITY &
NONDISCLOSURE STATEMENT
SYSTEM SUPPORT SERVICES**



Name: _____ Position: Student or Faculty (Circle one)
(Last, First, MI – Please Print)

I understand that as an student or faculty assigned within the Providence Health & Services-System Support Services (PH&S-SSS), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to PH&S-SSS. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I understand that information developed by me, alone or with others, within the scope of my clinical rotation with PH&S-SSS or which involved PH&S-SSS resources should also be considered confidential information belonging to PH&S-SSS in accordance with PH&S-SSS policies and procedures, unless otherwise specifically agreed in writing between me and an authorized representative of PH&S-SSS.

I will hold confidential information of PH&S-SSS in strict confidence and will not disclose or use it except as authorized by PH&S-SSS, for Providence Health & Services' benefit.

I will not knowingly access any of the PH&S-SSS confidential information for which I have no legitimate need to know.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and PH&S-SSS policies and protocols regarding the confidentiality and security of confidential information.

I understand that PH&S-SSS views certain types of e-mail as not a secure, nor as a confidential method of communication. I will not include confidential patient information in e-mail communications outside of the Providence Health & Services (i.e. from or to non-providence.org email addresses), without first contacting the Privacy Officer or the System Integrity Officer for current protection method information and utilizing any such protection methodology in such e-mail communications.

I understand that PH&S-SSS electronic communication technologies (Internet and e-mail) are intended for job-related activities, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with business requirements of the department. Internet usage is monitored and audited on a regular basis by PH&S-SSS management. PH&S-SSS management also reserves the right to monitor e-mail and telephone usage.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by PH&S-SSS, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement, PH&S-SSS may institute disciplinary action up to and including termination of my employment with PH&S-SSS.

Student /Faculty Signature

Date

Little Company of Mary Medical Center – San Pedro
Student Orientation

Name of Student

Rotation dates (from when to when)

Name of Student's School

Unit where Student will be

| Orient the student to the following items. | Check when completed |
|---|-----------------------------|
| 1. Given the Personnel Reference Sheet for outside vendors, contractors and students | |
| 2. Shown how to use the phone. | |
| 3. Reinforce "88" to call operator for any emergency. | |
| 4. Taken on a tour of the area. | |
| 5. Shown the location of emergency equipment. | |
| 6. Shown the ABC fire extinguisher and location of the fire alarm and how to activate. | |
| 7. Shown the location of Policy and Procedure Manuals and computer access for MAXCOM (MSDS safety sheets) | |
| 8. Shown the location of charts, charting, and processing of Physician Orders if appropriate. | |
| 9. Given the daily routine and appointment schedule for Rehabilitation patients if appropriate. | |

I have been oriented to the area including the items listed above.

Signature

Date

Please return with your signature to the person managing your student experience.