ROCKDALE MEDICAL CENTER, INC.

Student/Other Orientation

Name: __________________________________________________

Address: __________________________________________________

Telephone: __________________________________________________

School: __________________________________________________

Preceptor/Area: ________________________________________________

Orientation Agenda:

I. Rockdale Medical Center Information/Mission
II. Dress Code
III. Patient Confidentiality/HIPAA Security
IV. Emergency Preparedness
V. Infection Control
VI. Occurrence Reporting/Safe Medical Device Act
VII. Hazardous Materials
VIII. Body Mechanics/ergonomics
IX. Ethics Committee
X. Impaired Practitioner
XI. Cultural Diversity
XII. Latex Allergies
XIII. Miscellaneous Information: Smoking Policy, parking, telephone

_______________________________  ____________________
Student/Other Signature     Date

_______________________________  ____________________
Education Coordinator     Date

6/06; 2/10; 9/13ls