



Student Orientation Agreement Non-paid Students/Interns

Name (print):

Date of Birth:

My Rogers Representative (print):

Contact Number:

(Your Rogers representative will reflect your assigned manager or clinical supervisor during your internship placement. If you will not be assigned to a manager or supervisor, your representative will be your course instructor.)

Welcome to Rogers Behavioral Health. We look forward to having you as part of our team and to learn from our experts. Below is a checklist of required on-line training to be completed after you have been accepted as a student/intern with Rogers Behavioral Health and before entering our facilities as a student.

To access the student/intern online training materials, go to the Rogers Behavioral Health website (<https://rogersbh.org/>), and select the "Careers" page. Once there, scroll down to locate "Orientations," and select "Student Orientation." Please be sure to utilize a device with audio capabilities, and consider utilizing a headset if you are in a shared space.

Instructions:

1. Review the list of required training below, and complete each module. Upon completion of each module, you will be presented with a confirmation number. Print the respective confirmation number next to each course listed in the table below.
2. Read and complete the Confidentiality Agreement found on page 2.
3. Read the Corporate Compliance Handbook, and complete the Attestation found on page 3.
4. Review the Dress Code.

Orientation Agreement Form:

COURSE TITLE	CONFIRMATION
Rogers Overview (5 minutes)	
Communications (8 minutes)	
Ethics & Mandated Reporting (10 minutes)	
Documentation (12 minutes)	
Cultural Diversity (15 minutes)	
Patient Rights (15 minutes)	
Suicide Prevention (8 minutes)	

COURSE TITLE	CONFIRMATION
Evidence Based Practice (10 minutes)	
Standard Precautions (5 minutes)	
Safety in a Psychiatric Setting (8 minutes)	
REQUIRED SIGNATURES	
Confidentiality Statement	see page 2
Corporate Compliance Handbook	see page 3

After you have completed the orientation courses and necessary documents, you may sign this form, and submit the forms to your Rogers Behavioral Health representative or your course instructor. Your Rogers representative or course instructor will be responsible for ensuring all forms are completed prior to beginning your placement as these documents are needed to be granted access to a Rogers campus.

- Orientation Agreement Form
- Confidentiality Statement
- Corporate Compliance Handbook Attestation
- Dress Code

By signing this document, I certify that I have completed all training requirements including completion of online orientation, confidentiality statement, corporate compliance handbook attestation, and dress code review.

Signature:

Date:



Employee Confidentiality Statement

Name:

Date:

Position:

Unit/Program:

Campus:

West Allis

Oconomowoc

Brown Deer

Other:

I acknowledge that I have received instruction regarding the following:

1. Patient Confidentiality refers to the following:

Any information oral or recorded in any medium (paper, electronic, etc.) that relates to an individual's past, present or future physical or mental health or condition will not be released (intentionally or unintentionally) without a signed authorization or verbal consent of the patient or guardian. Viewing or use of patient information is to be done on a need to know basis only.

2. Patient Rights and Responsibilities

I further acknowledge that it is my responsibility to ensure patient rights are not violated and to adhere to all applicable laws and RMH policies and procedures.

3. Patient Grievance Procedure

I understand my role in assisting in filing a grievance.

I understand that confidentiality and the right to file a grievance are patient rights dictated by the State of Wisconsin and Federal Statutes including the Health Insurance Portability & Accountability Act. (HIPAA) I acknowledge that it is my responsibility to ensure patient rights and confidentiality are not violated and to adhere to all applicable laws and RMH policies and procedures.

I further acknowledge that if I do breach patient confidentiality I am subject to disciplinary action as stated in the RMH Human Resource Manual and may be subject to a fine and/or criminal prosecution.

I understand that a copy of this signed acknowledgment will be maintained in my personnel file.

Signature:

Date:



Corporate Compliance Handbook Attestation

I, _____ (print name) have reviewed the Rogers Behavioral Health Corporate Compliance Handbook and agree to follow established rules and guidelines. I understand that if I need clarification on the handbook I can consult with my Supervisor or Administration. I understand the information in this handbook is subject to change by Administration at any time with or without notice. I understand the change in the handbook may supersede, modify or eliminate other existing editions.

Signature:

Date: