Policy Acknowledgement

I hereby acknowledge that on __________________ I reviewed/received, and understand the following (initial all that apply):

____ Health Insurance Portability and Accountability Act (HIPAA) – I understand HIPAA and agree to abide by Marshfield Clinic’s HIPAA-related policies and procedures.

____ Harassment in the Workplace – I received and reviewed the Marshfield Clinic Harassment Policy, and understand that:
• I have the right to learn/visit in an environment free from harassment
• I have a responsibility not to engage in behavior that constitutes harassment
• If I am harassed, I have the right and responsibility to:
  – communicate directly to the harasser that the harassment must stop
  – report the harassment to the student program manager, the department manager or the director of employee relations

____ Policies & Procedures
• I reviewed/received Marshfield Clinic’s Policy and Procedure packet and agree to follow all instructions I receive from Marshfield Clinic personnel
• I read and understand Marshfield Clinic’s policies and procedures on bloodborne pathogens, and basic safety

____ Confidentiality – I understand and agree that:
• All information relating to the past, present or future physical or mental health of an individual, or the provision of care to that individual, is and must remain confidential
• Access to, use and disclosure of such information is subject to federal and state laws and regulations, and Marshfield Clinic policies and procedures explained to me
• I must maintain the confidentiality of all such information I receive, or to which I am exposed, and will comply with all laws and regulations governing the confidentiality of such information including without limitation as to HIV, addictive disease and mental health
• I will use such information only for the purpose of my educational experience at Marshfield Clinic and will not use or disclose such information for any other purpose

Learner signature ___________________________ Date ___________________________

As the primary sponsor, I hereby acknowledge that I have provided the visitor with the above information.

Division of Education staff ___________________________ Date ___________________________