

Orientation Handbook Signature Statement

School: _____ **Semester** _____

Date: _____

- I have read the Edward or Elmhurst or EMG Hospital orientation packet. I agree to abide by the stipulations contained in the packets.
- I understand that in the performance of my duties at Edward/Elmhurst/EMG Hospital, I must hold in strictest confidence any observations I may make or hear regarding patients, patient families, or staff.
- I understand that intentional or involuntary violation of confidentiality or violation of any policy addressed in the orientation packet may result in disciplinary action, including expulsion from Edward/Elmhurst/EMG Hospital and/or possible legal action by others (e.g., hospital, patients, families of patients, etc.).
- I understand that if my course requires completion of a quality improvement or research project, that I must present this project to the EEH Research and Evidence-Based Practice Council prior to any data collection or implementation and may require approval through the Office of Research Administration. I understand that approval of a quality improvement or research project may take time and understand that it is my responsibility to request time to present my project as soon as possible by contacting the council chairs at Patricia.Foley@eehealth.org for Edward or Debra.Rodgers@eehealth.org for Elmhurst.

Faculty name (printed): _____

Faculty Signature: _____

Student Printed Names	Student Signatures

Please email this completed form to your coordinator at:
Edward_Hospital_Student_Rotations@eehealth.org
Elmhurst_Hospital_Student_Rotations@eehealth.org
LOH_Student_Rotations@eehealth.org
EEMG_Student_Rotations@eehealth.org