

## Contractual Temporary/Per Diem Staff Attestation Statement

---

### Instructions

- Read through each policy and training available online
- Initial each box and sign
- Please send to [Human Resources](#)

### Infection Prevention

- This is to certify that I understand that due to the nature of the healthcare environment I may be exposed to potentially harmful or infectious risks. It is my responsibility to review department safety procedures with the department manager or designee and to bring all questions and concerns to the attention of my SHS site contact. It is also my responsibility to follow all safety procedures, as outlined in my orientation.

### Policies

- This is to certify that I have read and understand the policies listed on the Contractual Temporary and PerDiem Staff Training page. I further certify that I will follow them during my time working at Samaritan Health Services. I also understand that it is my responsibility to bring any questions I may have regarding these policies and procedures to the attention of my SHS site contact.

### General Training

- This is to certify that I have read and understand the online trainings listed on the Contractual Temporary and Per Diem Staff Training page.

### Confidentiality Statement/HIPAA

Medical records and hospital information are confidential for the protection of patients, families, employees, medical staff, students, and the hospital. Confidential information includes any information that a worker hears or sees while conducting work activities at a Samaritan Health Services facility. Patient privacy is to be always respected. Breach of confidence is cause for immediate termination of the individual's affiliation with Samaritan Health Services. My signature below indicates the following:

- I agree not to repeat or discuss, with any unauthorized individuals, confidential information, which I may see or hear while working at a Samaritan Health Services' facility.
  - I agree not to obtain or distribute any originals or copies of Samaritan Health Services' and/or its facilities' documents that are considered confidential or part of a patient's medical record.
  - I understand that breach of confidence is cause for immediate termination of my educational or clinical affiliation with Samaritan Health Services.
  - I understand that unauthorized release of confidential information may subject me to civil liability under the provisions of state and federal laws.
- 

By signing below, I have acknowledged that I have received and read the above materials and policies. I agree to act in full compliance with the principles and policies stated therein. I understand that these policies may be added to or changed by SHS at any time. It is my responsibility to bring any questions I have about these policies to my site contact or the appropriate offices. I further understand that it is my responsibility to report any violations of these policies that I witness or become aware of during my assignment at SHS.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_