Orientation Handbook Signature Statement

School: _____ Semester_____

Date: _____

I have read the Edward 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 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 Hospital and/or possible legal action by others (e.g., hospital, patients, families of patients, etc.).

Faculty name (printed):_____

Faculty Signature: _____

Student Printed Names	**Student Signatures**