



Environment of Care for New Employees

I have been oriented to the following information on the Environment of Care for New Employees:

- Emergency Codes
- CHLA Identification Badges
- CHLA Visitor passes and ID badges
- Wrong Pass/Badge or No Pass/Badge
- Safety
- Hazardous Materials/Waste
- Fire/Life Safety
- Fire Extinguisher Use – PASS
- Evacuation Procedures
- Emergency Preparedness/Disaster Procedures
- Medical Equipment Malfunction
- Utilities Failure

Employee Name (print)

Unit/Department

Employee Signature

Date

Manager Name

Preceptor Name (if applicable)

File Signed and Dated Copy in Employee's Green File



ACKNOWLEDGEMENT OF CONFIDENTIALITY STATEMENT

In order to protect the confidentiality of patient care and hospital matters, Children's Hospital Los Angeles considers all information regarding its patients, their families, hospital employees, hospital business and volunteers as confidential. All board members, officers, employees, volunteers, residents/fellows, and students are required to adhere to this policy and not release or disclose any information without appropriate written authorization. The hospital complies with all applicable federal (HIPAA) and state law regarding the release of protected health information.

This policy includes the confidentiality of medical staff records and procedures, all patient information, employee and volunteer personnel files and information contained in the hospital computer systems.

Board members, officers, employees, volunteers, residents/fellows, and students are also asked to refrain from discussing any patient information or hospital business in public areas, including corridors, elevators, the cafeteria, hospital lobbies or waiting rooms.

ACKNOWLEDGMENT

I, _____ have read and agree to comply with the Children's Hospital Los Angeles Confidentiality Policy. I understand that I am prohibited from divulging any information regarding patients, their families, employees or matters related to hospital business except as mandated by hospital policy and/or law.

Student Name (print)

School Name

Student Signature

Date

Instructor Name

CHLA Preceptor Name (if applicable)



ACKNOWLEDGEMENT OF SOCIAL MEDIA POLICY

I acknowledge I have read and understand Children's Hospital Los Angeles' [SOCIAL MEDIA POLICY HR 63.0](#) and agree to comply with all terms and conditions of this policy (as it may be amended from time to time) including, but not limited to, prohibition from friending, following, or otherwise engaging with patients of our hospital in an effort to preserve and protect their privacy from being breached.

Student Name (print)

School name

Student Signature

Date

Instructor Name

CHLA Preceptor Name (if applicable)