



Hospital for
Special Care

Hospital for Special Care Orientation

Record for Contract/Agency Provider

Directions:

Print a copy of this form, and sign that you have reviewed the topics listed below that are found on Hospital for Special Care’s internet page using the URL provided. Please return this form to your hiring manager at the hospital.

1. Mission, Vision, Values of Hospital for Special Care
2. Code of Conduct
3. HIPAA and Patient Confidentiality
4. Patient Rights and Responsibilities
5. Emergency Codes
6. Fire Safety
7. Pediatric Patient Safety (as applicable)
8. Social Media Policy
9. Hazard Communication Standard/Safety Data Sheets (SDS)
10. Infection Prevention and Control
11. General Hospital Information
12. Travel Nurses: Policies relevant to my role including medication administration and other documents as posted on this site.

My signature indicates that I have read and understand the information listed above. I will ask clarifying questions if I am unsure of the information.

Name (Print): _____ Date: _____

Agency/Contractor: _____