

Policy Acknowledgement

I hereby acknowledge that on _____ I reviewed/received, and understand the following (*initial all that apply*):

_____ **Health Insurance Portability and Accountability Act (HIPAA)** – I understand HIPAA and agree to abide by Marshfield Clinic’s HIPAA-related policies and procedures.

_____ **Harassment in the Workplace** – I received and reviewed the Marshfield Clinic Harassment Policy, and understand that:

- I have the right to learn/visit in an environment free from harassment
- I have a responsibility not to engage in behavior that constitutes harassment
- If I am harassed, I have the right and responsibility to:
 - communicate directly to the harasser that the harassment must stop
 - report the harassment to the student program manager, the department manager or the director of employee relations

_____ **Policies & Procedures**

- I reviewed/received Marshfield Clinic’s Policy and Procedure packet and agree to follow all instructions I receive from Marshfield Clinic personnel
- I read and understand Marshfield Clinic’s policies and procedures on bloodborne pathogens, and basic safety

_____ **Confidentiality** – I understand and agree that:

- All information relating to the past, present or future physical or mental health of an individual, or the provision of care to that individual, is and must remain confidential
- Access to, use and disclosure of such information is subject to federal and state laws and regulations, and Marshfield Clinic policies and procedures explained to me
- I must maintain the confidentiality of all such information I receive, or to which I am exposed, and will comply with all laws and regulations governing the confidentiality of such information including without limitation as to HIV, addictive disease and mental health
- I will use such information only for the purpose of my educational experience at Marshfield Clinic and will not use or disclose such information for any other purpose

Learner signature

Date

As the primary sponsor, I hereby acknowledge that I have provided the visitor with the above information.

Division of Education staff

Date