| MEDICAL GROUP DOING WHAT'S<br>Human Resources | BEST. Name:<br>Please print<br>Date: |
|---|--------------------------------------|
| G3235 Beecher Road                            | School:                              |
| Flint, MI 48532                               |                                      |
| 810-342-1580                                  | Preceptor:                           |
| 810-342-1070 Fax                              |                                      |
|   |                                      |

## **Mandatory Orientation Review for Students**

## 1. Mandatory Orientation Review Checklist – sign and return

- Student Internship/Externship Agreement & Acknowledge-sign and return
- Student Intern/Extern Educational Acknowledgement & Agreement-sign and return

## 2. Behavior Expectations/Accountability & Corporate Compliance / HIPAA

- MMG mission-Our Guiding Principal- read only
- The Joint Commission– read only
- Detient Rights and Responsibilities-read only
- HIPAA Policy\_ Review: Policy MHC CC1105.00 read only
- MHC Compliance Officers
- Standards of Conduct Manual *read only*
- Acknowledgement Form (Standards of Conduct) sign and return
- Confidentiality Review: Policy HR-400 *read only*
- Non-Employee Access and Confidentiality Acknowledgement Form sign and return
- Harassment and Discrimination Review: Policy HR 0130 read only
- MMG- Dress Code Review: Policy HR-515 read only
- Use of Personal Communication Devices Review: Policy HR 0160 read only
- Social Media Review: Policy HR 0169 read only
- Diversity and Cultural Competence *read only*
- Securing Personal Property Review: Policy HR-120 read only
- Active Shooter *view video*

## **3.** Environment of Care – *read only*

- Safety Review: Policy HR-115 read only
- Standard (Universal) Precautions Review: Policy 5130 read only
- Inclement Weather Review: Policy HR-110 read only
- Fire Plan Review: Policy 7400 read only
- Disaster Plan Review Policy 7300 read only

*Remember* – mail, deliver, or Fax at 810-342-1070 all completed forms and checklists BEFORE starting. Questions? Call Human Resources (Monday-Friday) at 810-342-1580.

| My signature below indicates that I have reviewed, completed, and understand the requirements for McLaren Medical Group orientation. |               |   |
|--|---------------|---|
| <mark>Signature</mark> :   | <u>Date</u> : | - |