



## Visiting Medical Student Orientation Checklist

I have read the material in the Visiting Medical Student Orientation Packet and have contacted the VSA Office with any questions. I understand that I am personally and professionally responsible for its content.

This packet includes the following information:

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|----------------------------------|--|
| 1. Overview of Carilion Clinic   | 10. Electrical Safety                    |
| 2. Ethical Treatment of Patients | 11. Infection Control                    |
| 3. Customer Service              | 12. Hand Washing                         |
| 4. Carilion Scorecard            | 13. Communicable Diseases and Isolation  |
| 5. General Safety                | 14. Confidentiality                      |
| 6. Emergency Codes               | 15. HIPAA Security and Privacy Awareness |
| 7. National Patient Safety Goals | 16. Disaster Plan                        |
| 8. Event Reporting               | 17. Workplace Harassment                 |
| 9. Biomedical Ethics Services    | 18. Corporate Compliance Program         |

I have read the above and contacted my director with any questions. **Check one.** ☐ **MS3** ☐ **MS4**

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Signature

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Last 4 of SSN

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Date (MM/DD/YY)

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Print Your Full Name

## Permitted Use of Carilion Clinic's EMR

- Students may access the EMR only when they are physically on site at a Carilion Clinic facility and from a Carilion-networked computer.
- Third- and fourth-year students may access the EMR off-site ONLY IF they 1). are actively participating in an approved clinical rotation at the time of access and 2). are in a private area—NOT from a public location.
- Students may access only the medical records of patients for whom they are caring at the time of access.
- Student access is monitored and violations are reported to both Carilion Clinic and the student's school.
- Students may not take or print any HIPAA-protected information in Carilion Clinic's EMR.
- Students are not permitted to utilize or discuss any HIPAA-protected information they obtain from an EMR for a non-clinical or non-authorized reason.
- If a student violates this Permitted Use Statement, immediate termination from participation in clinical rotations at any Carilion Clinic facility will occur.

I have read the above requirements and understand that I must comply with them in order to participate in a clinical rotation at Carilion Clinic. I further understand and agree that if I violate any of the above requirements, I will immediately be terminated from participation in clinical rotations at Carilion Clinic. In addition, I recognize that loss of the privilege of participating in a clinical rotation at Carilion Clinic will have a negative impact on my student and professional career in healthcare.

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Signature

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Last 4 of SSN

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Date (MM/DD/YY)

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Print Your Full Name