

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

1. Patients Rights and Confidentiality
2. Cultural Competency and Diversity
3. Environment Care
  - Fire Safety / Electrical Safety
  - Working Safety with Hazardous Materials / Waste Material Documentation (OSHA)
  - Radiation Safety
  - Disaster Preparedness
  - Avoiding Back Injuries
4. Infection Control, HIV Confidentiality
5. Preventing Medication Error
6. Customer Service
7. Documentation
8. Joint Commission "Do Not Use" List of Abbreviations
9. Joint Commission list of "Look Alike Sound Alike Medications"
10. Preventing AIDS, Hepatitis B, + TB Transmission in Workplace
11. Age Specific Care - Pediatrics / Adults (staff who have regular clinical contact with patients)
12. Restraints and Restraint Reduction (as applicable)
13. Violence in Workplace
14. Sexual Misconduct - Recognizing and Reporting
15. Child, Elder, Spousal Abuse - Recognizing and Reporting
16. Patient Safety / Patient Rights
17. Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery
18. Pain Management
19. OSHA Bloodborne Pathogens Standards / Universal Precautions / Standards Preventing Transmission of TB
20. National Patient Safety Goals 2015
21. Hand Washing / Hygiene
22. Code of Conduct
23. Risk Management / Common Problems
24. Performance Improvement
25. Corporate Compliance
26. Unprofessional / Illegal Behavior - Recognizing and Reporting / Ethical Issues
27. Sentinel Events
28. HIPAA

I acknowledge that I have completed the HIPAA Compliance Training. I have received basic training on HIPAA requirements, such as how health information may be used and disclosed by HIPAA covered entities, requirements of Notice of Privacy Practices, what an authorization is and what it must contain, what an amendment is, patient rights under HIPAA, how to safeguard privacy rule protected information and sanctions for inappropriate disclosures.