

Acknowledgment of AMITA Health Orientation

I acknowledge that I have accessed and reviewed all AMITA Health Orientation education content. I further understand that adherence to these expectations is a condition of employment or affiliation with AMITA Health. I also understand that these materials may be amended, modified or clarified at any time and that I will receive any updates that occur as a result of these changes.

Signature _____

Print Name _____

Date _____

AMITA Contractor _____

AMITA Health Orientation Education:

- AMITA Health Mission Vision, Values, Behaviors
- AMITA Health Corporate Compliance, Standards of Conduct, Confidentiality and HIPAA
- AMITA Health High Reliability
- AMITA Health Patient Experience
- AMITA Health Environment of Care
(Life Safety, Security, Fire Safety, Emergency Preparedness)
- AMITA Health Armed Intruder
- AMITA Health Infection Prevention and Control/Hand Hygiene
- AMITA Health Stroke Prevention

AMITA Health Contractor Website: <https://amitahealth.org/orientation>