

Supplemental Health Care SM

STAFFING SPECIALISTS

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Supplemental Health Care Travel Nurse Orientation Agreement

Employee: _____ Social Security Number: _____

Infection Control and OSHA standards

I have received training in infection control and the current OSHA standards. I have received a copy of Supplemental Health Care's Occupational Exposure Control Plan and the article entitled "Bloodborne Pathogens," as per OSHA guidelines. I understand that in the event of the occupational exposure to HBV or HIV, I am entitled to free blood testing and, if necessary, HBV vaccination, booster or series. I can refuse the HBV vaccination, so if desired, after signing a Statement of Declination.

HIV Confidentiality

This information has been disclosed to you from confidential records, which are protected by state laws. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any authorized further disclosure in violation of state law may result in a fine or a jail sentence or both. A general authorization for the release of medical or other information is not, except in limited circumstances set forth disclosure. Disclosure of confidential HIV information that occurs as the result of a general authorization for the release of medical or other information will be in violation of the state law and may result in a fine or a jail sentence or both.

Confidentiality Agreement

I understand and agree that in performance of my duties as a Supplemental Health Care employee, I must, in accordance with agency policy, hold all client and employee information in confidence, including HIV confidentiality. I understand that any violation of this confidentiality may result in disciplinary action, up to and including termination. I have received orientation to client and employee confidentiality, including HIV confidentiality.

Orientation Agreement

I understand the policies and procedures of Supplemental Health Care. In violation of these policies and procedures, I may be subject to mandatory probation and possible employment termination.

Employee Signature

Title

Date