



University Medical Center New Orleans

Corporate Compliance Attestation Statement

I have attended the mandatory Corporate Compliance training for all new employees of University Medical Center New Orleans. I understand that I am responsible for being familiar with the Corporate Compliance Program as it relates to my position and to the facility as a whole. I understand that I am responsible for following the Corporate Compliance policies and procedures as well as other policies and procedures of the facility.

I understand that I am responsible to conduct myself in the manner consistent with the Code of Ethical Behavior and the Core Values of the University Medical Center New Orleans.

I understand that I am responsible for reporting any suspected Fraud and Abuse practices within this facility.

If I have any questions regarding compliance, I am to contact my supervisor or the University Medical Center New Orleans Corporate Compliance Department as soon as possible.

Employee's Signature

Date

Employee's Name (Printed)

Department



**HIPAA TRAINING EMPLOYEE CONFIDENTIALITY AGREEMENT
EMPLOYEE ACKNOWLEDGMENT**

I agree to comply with the UMCNO HIPAA policies which include procedures for proper handling of Personal Health Information (PHI), computer passwords and access, and confidentiality. I acknowledge that my violation of these policies by me may lead to immediate disciplinary action, up to and including the termination of my employment. I also acknowledge that my obligation of confidentiality continues to exist even when I leave the employ of the LCMC system facility.

Employee Name (print)

Employee Signature

Department

Date



SERVICE BEHAVIORS

ACKNOWLEDGMENT

I have reviewed the University Medical Center New Orleans Service Behaviors as presented in the General Orientation Key Elements presentation and Employee Information Guide. I have also been informed how to access further information related to service behaviors and other policies via UMCNO Policies & Documents website.

Employee Name (Print)

Employee Signature

Date

Department



**EMPLOYEE MEDICARE / MEDICAID
CUMULATIVE SANCTIONS ACKNOWLEDGEMENT**

Applicant Name: _____

Social Security Number: _____

Date of Birth: _____

Do you currently have or ever had HCFA / Medicare / Medicaid sanctions imposed against you under the name indicated above or any other name?

_____ YES _____ NO

If yes, please explain:

I certify that I understand that I am expected and obligated to inform my employer should I incur any type of HCFA / Medicare / Medicaid sanction against me at any time during my employment with University Medical Center New Orleans.

Applicant / Employee Signature

Date

Human Resources Designee Signature

Date

*Original retained in HR

General Orientation Key Elements Check List

Initial each space in the left column.

Initial	Service Excellence/Serving With Spirit
	Health Literacy
	Mission, Vision & Core Values (UMCNO Specific)
	AIDET: Customer Satisfaction
	E-Mail Etiquette
	Telephone Etiquette
	Cultural Diversity/Team Building
	American with Disabilities Act
	Ethics
	Offenders/Hospital Police
	Prisoner Care
	Key Elements: Common Policies
	Attendance, Tardiness, Paid Time Off, Extended Illness Time
	Appearance/Dress Code
	Performance Improvement
	Employee Information Guide
	Employee Health/Infection Control & Prevention
	Hand & Respiratory Hygiene
	Bloodborne Pathogens & Exposure Control
	Standard Precautions & PPE
	Biohazard Disposal, Sharps Disposal, Cleaning/Disinfection/Sterilization
	Isolation Precautions
	TB & Viral Screenings
	Safety
	Security
	UMC SAFE/Incident Reports
	Ergonomics, Back Safety
	Compliance
	Compliance Overview (including Code of Conduct)
	Security, Privacy (HIPAA Regulations)
	Federal False Claims Act & EMTALA
	Advocacy in Healthcare/Patient's Rights
	Healthcare Advocacy
	Patient's Rights & Responsibilities (including Pain Management & Population Specific Care)
	Stroke Awareness
	Risk Management
	National Patient Safety Goals

I have completed UMCNO General Orientation where the above content was presented along with information about how to access updated policies via Policies & Documents. I will complete the remaining orientation topics within my first 30 days of employment via the UMCNO learning management system, WILMA. I was given the opportunity to ask questions about these materials and I understand all key elements. I will abide by this institution's rules and policies.

Print Name

Signature

Department

Date