Welcome to UNC Health Wayne. All students who come to the facility for their clinical experience must have completed the following prior to beginning their clinical experience.

- Student onboarding forms which should be returned to Learning and Organizational Development at least two weeks prior to the anticipated start date of the experience:
    - AHEC Core Orientation - https://www.wakeahec.org/pdf/ccep/core_orientation.html
    - UNC Health Wayne Student Orientation presentation
        - Nursing for nursing students only
        - Non Nursing for all other programs of study
    - Student Onboarding document with last two pages (pp 14 and 15) printed, signed and returned to Learning and Organizational Development at - wayneorglearning@waynehealth.org
- Report to Learning and Organizational Development at 9 am on your first anticipated clinical experience date. The Learning and Organizational Development is located on the ground floor of the main campus of the hospital. Students may come on the hospital prior to the experience by appointment only between the hours of 9 am and 2pm Monday through Friday. Contact Learning and Organizational Development at (919) 731-6080 for an appointment. Student badges and parking passes will after all requirements have been met. The student badge must be returned to Learning and Organizational Development at the conclusion of the clinical experience.

Section 1 - Summary of Immunization and Health Requirements

Students assigned to The Hospital for clinical experience will comply with the entire Occupational Health Services policy (sections I-VIII below). These are the Immunization and Health Requirements for The Hospital as of September 15, 2017, and The Hospital shall update The College with a revised Appendix A from time to time during the term of the Affiliation Agreement.

All Students with signs or symptoms of an infectious disease or exposure to communicable diseases should see their occupational health physician or local physician before providing services.

I. Tuberculosis

1. Annual training for all persons regarding the prevention of tuberculosis as mandated by the Occupation Safety and Health Administration (OSHA) (Federal Register 1994; 59:54242-54303).

2. Initial and annual tuberculin skin test and evaluation as recommended by the Centers for Disease Control and Prevention (CDC) and mandated by OSHA. Tuberculin testing should be done by the Mantoux method using a 5-TU TST (record date placed, date read, signature of MD or RN who administered and interpreted the TST, and in duration in mm).

3. Evaluation of all personnel exposed to tuberculosis as recommended by the CDC and mandated by OSHA.

II. Bloodborne Pathogens & Hepatitis B

1. Annual training for all persons with reasonably anticipated exposure to blood or body fluids regarding the prevention of bloodborne pathogens as mandated by OSHA (Federal Register) 1991; 56:64175-64182).

2. Each person with reasonably anticipated exposure to blood or body fluids must be offered hepatitis B immunization as recommended by the CDC and mandated by OSHA. Persons refusing immunization must sign an informed refusal form as mandated by OSHA. Immunity should be assured for persons taking the vaccine by obtaining a quantitative anti-HBsAg titer 1-2 months after the 3rd dose of hepatitis B vaccine. Persons with an inadequate titer (i.e., <10 mIU/mL) should be offered three (3) additional doses of hepatitis B vaccine and be retested for immunity using a quantitative test.

3. Evaluation (including provision of post-exposure prophylaxis within a few hours) of all personnel exposed to blood or contaminated body fluids as recommended by the CDC and mandated by OSHA.

III. Measles

All personnel must have demonstrated immunity against rubeola (unless there is a medical contra-indication to immunization). Immunity may be demonstrated by any of the following means:

1. Serologic evidence of immunity (written documentation required).

2. Immunization with 2 doses of measles vaccine (MMR preferred) on or after first birthday, doses at least 4 weeks apart.

IV. Mumps

All personnel must have demonstrated immunity against mumps (unless there is a medical contra-indication to immunization). Immunity may be demonstrated by any of the following means:

1. Serologic evidence of immunity (written documentation required).

2. Immunization with 2 doses of mumps vaccine (MMR preferred) on or after first birthday.

V. Rubella

All personnel must have demonstrated immunity against rubella (unless there is a medical contra-indication to immunization). Immunity may be demonstrated by any of the following means:

1. Serologic evidence of immunity (written documentation required).

2. Immunization with 1 dose of rubella vaccine (MMR preferred) on or after first birthday.

VI. Varicella

All personnel must have demonstrated immunity against varicella (unless there is a medical contra-indication to immunization). Immunity may be demonstrated by any of the following means:

1. Diagnosis of history of varicella disease by health-care provider or diagnosis of history of herpes zoster by health-care provider.

2. Serologic evidence of immunity (written documentation required).

3. Immunization with 2 doses of varicella vaccine on or after first birthday, doses at least 4 weeks apart.

VII. Annual influenza immunization is required.

VIII. Tetanus/diphtheria/pertussis (Tdap).

All personnel must be protected against Tetanus/Diphtheria and Pertussis. Unless medically contraindicated, a one-time dose of Tdap is required for all personnel who have not received a Tdap vaccination regardless of the time since their last Td (tetanus diphtheria) vaccination; then they should receive Td boosters every 10 years thereafter. Post-exposure prophylaxis for tetanus with Td or Tdap should be provided per 2011 CDC/ACIP guidelines.

Section 2 - Confidentiality Statement

It is the policy of the UNC Health Care System and its affiliates (individually and collectively called "UNC HC" herein) that users (i.e., employees, medical staff, students, volunteers, contractors, vendors, outside affiliates, and any others who are permitted access to UNC HC systems and/or UNC HC information) shall respect and preserve the privacy, confidentiality and security of confidential information ("CI") which shall include: (1) individually identifiable patient information in any format including but not limited to paper and electronic medical and billing records, (2) personnel information (e.g., disciplinary or other information about employees, volunteers, students, contractors, or medical staff), (3) confidential business information of UNC HC and/or third parties, including third-party software and licensed products or processes, or (4) other nonpublic information including information on operations, quality improvement, peer review, education, billing, reimbursement, administration, or research (such as utilization reports, survey results, and related presentations). CI may be created internally or received from other institutions and may be in any format including paper, verbal/oral communication, audio recordings or electronic format. **I understand and agree that I will only access, maintain, use or disclose CI for legitimate job-related, need-to-know purposes.**

I further agree that:

1. I will protect the privacy, confidentiality and security of UNC HC patient information at all times in accordance with federal and state regulations and applicable UNC HC policies and procedures.

2. I will complete all required information privacy and security training required by UNC HC policies and procedures.

3. I will not maintain CI on any unencrypted portable computing device (laptop, smartphone, tablet, etc.) and I will not electronically transmit CI in an unsecure manner.

4. I will not disclose my user name and/or password for any UNC HC system, application or device to which I have access; I will not use another person's user name and password to access CI on any UNC HC electronic system; and I will not leave any system, application or computer containing CI unattended while I am signed on.

5. I will not attempt to access any CI in electronic format on any UNC HC system, application or device or access a restricted physical area containing CI without proper authorization or for purposes other than official UNC HC business.

6. I will only alter or destroy CI in accordance with applicable UNC HC policies and procedures.

7. I will immediately report to my supervisor (or the appropriate UNC HC office) any known or suspected incident involving the unauthorized access, use or disclosure of CI and I will fully cooperate in any resulting investigation and make myself available for all related interviews and provide all relevant information requested during such investigation.

8. I will safeguard from loss, theft, or unauthorized use/access UNC HC owned equipment/property on which CI is stored or through which CI may be accessed. I will immediately notify the UNC HC Information Security Department if any portable computing device I use to store or access CI is lost or stolen.

9. I will not store or transmit CI on my personal equipment/property (such as personally owned computing devices) unless permitted by and in accordance with applicable UNC HC policy or procedure.

10. I will abide by UNC HC social media policies at all times and I will never post patient identifiable information on social media in violation of UNC HC policy.

11. I will not take photographs, make videos, or make other recordings of patients, staff, or visitors except in accordance with applicable UNC HC policies and procedures.

12. I understand that my access to CI on UNC HC electronic systems and my UNC HC email account may be audited.

13. I will not access or obtain my own, a friend's, or a family member's patient information maintained by UNC HC without appropriate written authorization and under applicable policies and procedures.

I agree that I have read, understand and will comply with the terms of this Confidentiality Statement. I understand that my failure to comply with this Confidentiality Statement may result in termination of access to UNC HC electronic health records , personal civil or criminal legal penalties, disciplinary action (up to and including termination of employment or student status), or loss of UNC HC privileges or contractual or affiliation rights. AFTER MY EMPLOYMENT OR WORK AT UNC HC ENDS, I WILL NOT TAKE ANY CONFIDENTIAL INFORMATION WITH ME AND I WILL NOT FURTHER USE OR DISCLOSE ANY CONFIDENTIAL INFORMATION.

Examples of Breaches of Confidentiality

Last revised February 27, 2018 **Accessing confidential information that is not within the scope of your duties:** Unauthorized access or reading of patient medical or account information; Unauthorized access of personnel file information; Accessing information for which you do not have a legitimate job-related "need-to- know" purpose for the proper execution of your duties.	**Misusing, disclosing without proper authorization, or altering confidential information:** Making unauthorized entries into or marks on a patient's chart or electronic medical record; Making unauthorized changes to a personnel file; Sharing or reproducing information in a patient chart or a personnel file with unauthorized personnel; Discussing confidential information in a public area such as a waiting room or elevator.
Disclosing to another person your sign-on code and password for accessing electronic confidential information or for physical access to restricted areas: Telling a co-worker your password so that he or she can log into your work or access your work area; Telling an unauthorized person the access codes for personnel files, patient accounts, or restricted areas; Posting passwords and sign-on codes in a location where they may be viewed by others.	**Using another person's sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas:** Using a co-worker's password to log in to the UNC Health Care computer system or access their work area; Unauthorized use of a login code for access to personnel files, patient accounts, or restricted areas.
Intentional or negligent mishandling or destruction of confidential information: Leaving confidential information in areas outside of your work area, such as the cafeteria or your home; Disposing of confidential information in a non-approved container, such as a trash can; Failure to promptly report the loss or theft of UNC Health Care owned equipment/property assigned to you or the misuse of this equipment/property; Failure to report the loss or theft of personally owned equipment containing UNC Health Care confidential information.	**Leaving a secured application unattended while signed on:** Being away from your desk while you are logged into an application; Allowing a co-worker to use your secured application for which he or she does not have access after you have logged in; Taking or allowing photographs to be taken of patients or patient PHI without obtaining the required authorization; Posting photos or confidential information on social medial or public access point.
Attempting to access a secured application or restricted area without proper authorization or for purposes other than official UNC Health Care business: Trying passwords and login codes to gain access to an unauthorized area of the computer system or restricted area; Using a co-worker's application for which you do not have access after he or she is logged in.	**These examples are only a few examples of mishandling of confidential information. If you have any questions about the handling, use or disclosure of confidential information, please contact your supervisor, manager, or director**

Section 3 - Student Participation Agreement

In consideration for acceptance into the clinical experience, hereinafter referred to as "Education Program," at Wayne Memorial Hospital, hereinafter also referred to as "The Hospital," I hereby agree that I will certify, abide by and adhere to the following conditions of participation:

I certify that I am covered by professional liability insurance in the amount of $1,000,000 per claim and $3,000,000 in the aggregate and understand that I must show proof of such coverage to The Hospital.

I understand that my participation in this program in which I will receive structured clinical experience is contingent upon my satisfactory performance and cooperation with the staff, and if at any time I do not abide by the below enumerated conditions, I understand that I may be immediately removed from the program.

I understand that in my training, my Hospital and my conduct will be in compliance with current policies of The Hospital.

I understand that The Hospital maintains and retains total responsibility for the care of its patients. I am enrolled in an affiliation program and may not independently initiate care for the patients of The Hospital; rather I will receive appropriate clinical precepting when I am involved in direct patient care.

I understand that my clinical participation as it relates to program objectives will be formally evaluated by a clinical preceptor and that I may be dismissed immediately if my performance is not satisfactory.

I understand the issue of patient confidentiality. I also understand that during the course of my clinical instruction at The Hospital, I will receive "protected health information," as defined in the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 and its accompanying regulations ("HIPAA"), that I will function in a capacity that would otherwise be filled by a paid employee of The Hospital, and that I will function as part of The Hospital's "workforce," as defined in HIPAA, and only for HIPAA compliance purposes. I further agree that I have signed a Confidentiality Statement, that I will comply with the provisions of HIPAA, as they relate to my clinical instruction at The Hospital, and that I will comply with all applicable policies and procedures of The Hospital related to HIPAA, including completing The Hospital's HIPAA training.

I understand that even though I will function as part of The Hospital's workforce for HIPAA compliance purposes, I am not an employee or agent of The Hospital for any purposes and not subject to the benefits of employment of The Hospital, nor the College or University in which I am enrolled.

I understand that, as part of the process under which I may be assigned to the Education Program at The Hospital, a state criminal background check must be conducted on me. Such criminal background check shall be conducted in all states where I have lived, worked or gone to school, either within the past ten (10) years, or from the date that I turned eighteen (18) years of age, whichever is shorter. I understand that The College/I must notify The Hospital of my knowledge of or if such background check reveals that I have a criminal record, and that in such event, The Hospital must agree upon my placement before I may participate in Education Program activities at The Hospital under this Agreement. I further acknowledge and agree that The Hospital has the right not to accept me into the Education Program based on my criminal record.

I will not hold The Hospital responsible for my acts or omission of acts while participating in this program.

I understand that my participation in this program shall run for the duration of the allotted time for the clinical experience.

In the event of exposure incidents that may occur during my clinical training within The Hospital, The Hospital agrees to assist in providing appropriate post-exposure evaluation and follow-up as required by OSHA standards. I

understand that I am responsible for all costs incurred during any post-evaluation and follow-up that I receive from The Hospital.

I acknowledge and understand the above conditions of participation and agree to perform accordingly.

Section 4 - Certification by Student of Physical Status

I do hereby certify that I do not, to the best of my knowledge, presently have a communicable disease or communicable health problem that might or could jeopardize patient or employee health at UNC Health Wayne or that I do have such a communicable disease or communicable health problem as listed below. I hereby agree to notify Program Director if I contract or become aware that I have a communicable disease or communicable health problem that might or could jeopardize patient or employee health care at UNC Health Wayne.

Section 5 - Behavioral Expectations

These standards guide our day-to-day behaviors, our decisions, our actions, and our relationships with the medical staff, guests, each other and those we serve.

Positive Impression
I will greet everyone with a smile, making eye contact, introducing myself by name and title, and addressing them by their last or preferred name.
I will offer assistance to guests, escort them to their destination or hand off to someone who can.
I will speak positively about the organization and individuals, and professionally represent the organization in all actions and interactions.
I will provide positive, professional, and prompt responses and ensure my facial expressions and tone of voice is consistent with my words.
I will project a positive attitude and ensure that my work-related or personal challenges are kept separate from my patient care and professional activities.
I will commit to taking care of myself and my appearance. **I will** ensure that I am prepared to provide the very best service and project a positive image.

Teamwork
I will welcome new employees and make time to assist all team members without being asked.
I will recognize the importance of team, department, and organizational goals and act accordingly.
I will recognize, respect and respond to the diversity of individuals and **I will** protect their dignity.

Effective Communication
I will promptly and professionally answer the telephone with a smile, greeting the caller, identifying myself and the department, and offer assistance.
I will actively listen without interruption, focusing on the individual, and checking for understanding by repeating information and asking questions.
I will offer an apology to guests and team members without placing blame on anyone.

Environment
I will take responsibility for the appearance of our campus by picking up and disposing of trash inside or outside of the facility and **I will** report needed repairs promptly.
I will take responsibility for reducing noise in patient care and work areas.

Section 6 - Infection Prevention Campaign Pledge

Commit to Cleanliness

I Pledge

To protect my patients and myself from infections and promote a culture of safety by doing the following:

- ☐ *Wash my hands OR Foam IN/OUT each time I enter or exit a patient room or area*
  - *Before/After patient care*
  - *Before/After touching patient*
  - *After touching surroundings*
  - *After body fluid exposure risk*
- ☐ *Encourage my colleagues to perform hand hygiene by using the code word "HANDS" as a reminder*
- ☐ *Donning (applying)/Doffing (removal) of appropriate isolation equipment for patients requiring isolation precautions when out of safety zone area*

Section 7 - Code of Conduct Attestation

UNC Health Care and its affiliated Network Entities (individually and collectively called "UNC HC" herein) abide by a system-wide Code of Conduct.

The Code of Conduct is the cornerstone of our corporate culture and a key element of our Compliance Program. The Code of Conduct outlines behavior expected of our employees, management, vendors, volunteers and others who interact with the UNC HC.

The purpose of the Code of Conduct is to reinforce UNC HC's institutional values and to serve as a guide for moral, ethical, and legal behavior. Adherence to the Code of Conduct promotes UNC HC's reputation for integrity and honesty in the community and also ensures that UNC HC is compliant with applicable laws, rules, and regulations.

Attestation

1. I confirm that I have received a copy of the Code of Conduct.
2. I understand that it is my responsibility to read the Code of Conduct and I agree to do so.
3. I also understand that anything that was unclear to me in the **Code of Conduct can be clarified by my supervisor or Compliance Officer.**
4. I confirm I will carry out my day-to-day work within the spirit and letter of the Code of Conduct.

5. I understand that I have a personal duty to **bring all (real or suspected) violations of the Code of Conduct to the attention of my supervisor and/or Compliance Officer. Concerns may also be submitted to the Hotline (1-800-362-2921 or http://hotline.unchealthcare.org).**
6. I understand that it is against UNC HC policy to be punished or retaliated against for upholding the Code of Conduct and for obeying the laws and regulations that apply to my job. Retaliation should be reported immediately.

I agree that I have read, understand and will comply with the terms of this Code of Conduct Attestation and all applicable policies and procedures. I understand that my failure to comply with the Code of Conduct may result in disciplinary action, up to and including termination of employment or student status, or loss of UNC HC privileges or contractual or affiliation rights.

UNC Health Care has adopted the following twenty standards and explanations as its system-wide Code of Conduct:

1. **Demonstrate Honesty, Integrity, and Professionalism at All Times**

   We display and promote the highest standards of professional and ethical conduct. We act with the competence, skill, and integrity expected of our professions. We behave with dignity and courtesy toward our patients, clients, coworkers, and others in business-related activities. We are honest, fair, reasonable, and objective in our professional relationships.

2. **Abide by the Code of Conduct and Applicable Laws, Regulations, Policies, and Procedures**

   Providing healthcare to a large community is an enormous responsibility. If each of us abides by this Code of Conduct and the laws, rules, regulations, policies, and procedures that apply to us, we will do our part to see that UNC Health Care operates with integrity. If you have questions about the legality or appropriateness of a situation, ask your supervisor or the Compliance Office for clarification.

3. **Honor Patients' Rights**

   As healthcare providers, we have an ethical responsibility to make our patients feel secure in our care and to treat patients respectfully and with dignity. In addition to an ethical responsibility, we have a legal responsibility to comply with all applicable laws and regulations related to patients' rights. We must also comply with UNC Health Care policies, including policies regarding informed consent, advance directives, discharge planning, and patient participation in the care plan.

4. **Provide Quality Care**

   As a healthcare provider, we dedicate ourselves to providing high quality care for our patients. Quality of care is a promise we deliver every day in every aspect of our work. We are committed to following all applicable policies, laws, and licensing / accreditation requirements relating to quality of care and patient safety. We uphold the professional standard of care, report patient safety concerns, and engage in quality improvement activities.

5. **Provide Medically Necessary Care**

   At UNC Health Care, we provide care that is medically necessary. Medical necessity requires us to be prudent in the utilization of our resources, being mindful not to over utilize or underutilize the services provided to our patients.

   We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) and similar regulations relating to the admission, transfer, and discharge of patients.

6. **Preserve Confidentiality and Information Security**

   Protecting confidential information is a UNC Health Care priority. Confidential information includes health information about our patients, information in employee records, and proprietary information about UNC Health Care business. We access confidential information and share it with others only when authorized to do so and for the purpose of doing our job. We follow applicable laws and policies when releasing confidential information and report

concerns to appropriate parties. We investigate and report breaches of patient information and take steps to secure our systems from unauthorized access and comply with information security policies.

7. **Use Social Media and Technology Responsibly**

   UNC Health Care encourages an online and social media culture that complies with the law, internal policies, procedures, and ethical values. UNC Health Care employees may not disclose confidential or proprietary information about UNC Health Care, its patients, or its employees on social media (including, but not limited to, communications over the Internet, on personal websites or webpages, or in online communities). We do not take or transmit photographs or recordings of patients, visitors or staff in the workplace except as permitted by our policies. Any questions concerning the appropriate use of social media and technology should be directed, as applicable, to the Privacy Office or the Public Affairs and Marketing department.

8. **Support Diversity and Inclusion**

   UNC Health Care supports a culture of diversity and inclusion. We treat everyone with respect. We do not tolerate illegal discrimination against anyone at UNC Health Care, including visitors, patients and fellow employees. We do not tolerate conduct that is disrespectful, hostile, intimidating, or harassing.

9. **Work Safely**

   The health and safety of our patients and employees is a UNC Health Care priority. We comply with workplace health and safety laws and report safety concerns. We follow UNC Health Care policies for handling and disposing of hazardous materials and equipment. We only access, handle or prescribe controlled substances in accordance with UNC Health Care policy. We comply with fitness for duty policies. We maintain a work environment free from violence and disruptive behavior.

10. **Compete Fairly**

    UNC Health Care is committed to antitrust compliance and fair competition. We do not make unlawful agreements with competitors about prices or charges, services that we provide, or who to buy from. We do not discuss related matters, such as pricing policies, purchasing practices, costs, salaries, marketing plans, or surveys with those outside of UNC Health Care. We comply with marketing policies and laws related to truth in advertising.

11. **Record and Report Information Accurately**

    We keep accurate records about our patients, our employees, our physicians, clinical procedures, research trials, and financial transactions. It is the responsibility of each of us, when engaged in recordkeeping on behalf of UNC Health Care (including employee time cards, medical records, and patient bills), to be accurate and honest. For example:

    - We do not sign another person's name to documents or share each other's passwords.
    - We amend the medical record only in accordance with UNC Health Care policy and applicable law.
    - We do not fabricate, falsify or plagiarize when proposing, conducting or reporting research.
    - Our financial records conform to applicable accounting principles.

    We retain documents for the length of time described in our document retention policies.

12. **Document, Code, Bill, and Collect Appropriately**

    We handle claims for payment of services with integrity to avoid fraud, waste and abuse in healthcare. All UNC Health Care personnel are expected to comply with federal healthcare program requirements, including, but not limited to, Medicare / Medicaid rules and federal and state False Claims Acts.

    We bill only for medically necessary services rendered by eligible providers and properly documented and coded. We respond to patient and payer questions concerning charges in an accurate and timely manner. We correct any billing errors of which we have knowledge and refund payments received in error to third party payers and patients, with appropriate documentation.

    If you become aware of inaccuracies, notify your supervisor so that the error can be corrected. If you see problems with claims that are not being corrected, contact the Compliance Office or Compliance Hotline.

13. **Do Not Do Business with Excluded Individuals or Entities**
    We expect all individuals and entities associated with UNC Health Care to be appropriately credentialed, licensed and

otherwise qualified to perform their duties. UNC Health Care does not do business with, employ, or bill for services rendered by individuals or entities that are excluded or ineligible to participate in federal healthcare programs. UNC Health Care personnel and vendors have a responsibility to report to their supervisor, Human Resources, Credentialing, or Purchasing (as applicable) if they are excluded, debarred, or otherwise ineligible to participate in healthcare programs.

14. Cooperate with Inquiries, Audits, and Investigations

We cooperate with government inquiries, as well as internal and external audits and investigations. When receiving non-routine requests, we consult with the Legal Department or Compliance Office to ensure that requests are handled properly. We do not alter or destroy records in violation of the law or UNC Health Care policy.

15. Use Resources Responsibly

We use UNC Health Care resources responsibly for UNC Health Care business purposes, not for personal gain. We spend UNC Health Care funds wisely, eliminate waste, and control operational costs without compromising patient care. We use physical assets like computers, vehicles, machinery, and work space for UNC Health Care business, and we protect those assets from loss, damage, and theft. We don't waste supplies, equipment, space, or time. We protect intellectual property and respect patents, software licensing, copyright, and other IP agreements.

16. Conduct Political Activity and Fundraising Appropriately

UNC Health Care respects employees' rights to participate in or refrain from political and fundraising activities on personal time. Employees must follow applicable policies relating to use of UNC Health Care resources for political activity, engagement in political activity while on work time, and similar issues. Employees may not inappropriately force, direct or encourage coworkers to support or contribute to a political cause, candidate, or party in violation of the law or applicable policies.

17. Disclose and Appropriately Manage Conflicts of Interest

We disclose and appropriately manage conflicts of interest. Employees must report any actual or potential conflict of interest. Conflicts of interest are situations in which personal considerations may affect, or have the appearance of affecting, our loyalty and ability to fulfill our responsibilities to UNC Health Care. Depending on the circumstances, a "conflict of interest" might include: employment outside of UNC Health Care with a competitor or in violation of our policies, supervising a close relative, purchasing stocks based on confidential information, accepting gifts from a vendor, patient, or fellow provider, or causing UNC Health Care to contract with vendors with whom you have a personal or financial interest. If you have questions about what might be a conflict of interest, review UNC Health Care policies and speak with your supervisor or the Compliance Office.

18. Prohibit Bribes, Kickbacks, or Payment for Referrals

We do not offer or accept bribes or kickbacks. Bribes and kickbacks are money, gifts, or special treatment given to someone in exchange for a favor. The favor may be many things, from a promise to make patient referrals to a promise to use a particular vendor's product.

We also do not offer or accept "something of value" for patient referrals. "Something of value" includes money, services, gifts, entertainment, or anything else of value to the recipient.

As this is a highly complex area of the law, employees must take special care and promptly refer any questions to the Compliance Office or the Legal Department.

19. Prohibit Certain Inducements Affecting Patient Choice

The law prohibits UNC Health Care and its employees from offering certain inducements that may affect a patient's decision about where to seek care. For instance, it may be illegal to offer copayment waivers, free services, gifts, and other inducements to encourage patients to receive care at UNC Health Care. However, patient value initiatives associated with the UNC Health Alliance (our clinically integrated network) may not be precluded. As this is a highly complex area of the law, employees must take special care and promptly refer any questions to the Compliance Office.

20. Report Compliance Concerns Without Fear of Retaliation

Employees are encouraged to contact the Compliance Office whenever they need clarification or direction regarding Compliance issues (including this Code of Conduct). Employees are required to report suspected violations of the

Code of Conduct, policies, procedures, the law, and regulations to a supervisor, the Compliance Office, or the confidential Compliance Hotline. Retaliation is not permitted against anyone who seeks advice, raises a concern, or reports misconduct in good faith. Such retaliation should be reported immediately to the Compliance Office.

The following pages must be returned to Organizational Learning two weeks prior to the experience start date:

- **Section 8 – User Access Request Form**
- **Core Orientation certificate -** (If you have completed for another clinical site, you do not have do the presentation again if it was in the same academic year. In this case, just print the certificate)
- **UNC Health Wayne orientation presentation –** this is a separate presentation that was sent. Print the certificate on the last page of the presentation prior to the references as an attestation of completion of the presentation. You will have to add your name.
- **UNC Health Wayne Student Onboarding Signature page** – Initial the boxes and sign as an attestation of completion of onboarding materials. Your faculty must also sign this form.

The completed documents must be returned to UNC Health Wayne at least two weeks prior to the start date of the clinical experience. Please email these documents to wayneorglearning@waynehealth.org.

UNC Health Wayne
Student Onboarding
Signature page

First Date of Clinical Experience at UNC Health Wayne_____

Student: _____

My signature attests that I have completed all of the onboarding materials including:

Please initial as each is completed-

☐ Core Orientation online presentation (printed certificate)

☐ UNC Health Wayne orientation presentation (printed certificate)

☐ Read and understand all of the onboarding document including all of sections listed below

- Section 1: Summary of Immunization and Health Requirements
- Section 2: Confidentiality Statement
- Section 3: Student Participation Agreement
- Section 4: Certification by Student of Physical Status
- Section 5: Behavioral Expectations
- Section 6: Infection Prevention Campaign Pledge
- Section 7: Code of Conduct Attestation

☐ Have had my questions answered to my satisfaction

_____ _____
Signature Date

_____ _____
Printed Name School

Faculty member or representative:

I verify that the above student is in good standing at _____(school, college, or university).

_____ _____
Signature Date

_____
Printed Name

Date received _____

Section 8 - User Access Request Form

Date			New ☐ Returning/Change in information ☐
User's Start Date			Graduation Date
User's Last Name (Legal)	User's First Name (Legal)		User's Middle Initial
Student Telephone Number			
Date of Birth (month/day)		Last 4 digits of Social Security Number	
School			
Student Email Address			
Type of Student			
Previous EPIC experience		Yes ☐	No ☐
If so, was it at a UNC affiliated facility	Yes ☐	No ☐	U# if known
Faculty Name			
Faculty Email			
Faculty Telephone number			

For Office Use:

The user needs access to the following systems:
☐Pyxis Medstation ☐Citrix/EPIC ☐Pyxis Supply MM