



**Orientation Brochure Acknowledgement\***

I acknowledge receipt of my copy of the Agency/ Contract Employee Orientation Booklet and understand that it is my responsibility to know and abide by its contents.

Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Privacy and HIPAA Acknowledgement\***

I am not an employee of Children's National Medical Center. I have read the material provided about Privacy and understand my responsibility to protect all private health information.

I understand that I may be terminated if it is found at any time related to my activity that I have inappropriately shared or used the information about patients of Children's National Medical Center.

Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_