

## General Orientation Commitment

By clicking on CREDIT, I am acknowledging that I have completed this training and that I agree the following information was covered in orientation:

- I have received information on our Mission, Vision, Values and on our organizational structure. This included an overview of Riverside history and services across our continuum.
- I received information on **Sentinel Events** and know my responsibilities for reporting and identifying sentinel events in compliance.
- I received a copy of the RN Chain of Command policy.
- I am aware of unusual occurrence reporting practices (online) my responsibilities for timely reporting of any incidents. I am further aware of my duty to immediately report any work-related injuries/illnesses along with my responsibility to comply with organizational safety policies and practices to prevent injuries to myself and others.
- I have received a copy of the policy on **Disclosure of Unanticipated Outcomes**, and I know my responsibilities for compliance with this policy as appropriate to my role and how I interact with patients within the scope of my job at Riverside.
- I have reviewed Patient Rights and Responsibilities and know my responsibilities for complying with them and communicating them to the patient/family/ significant other in addition to receiving a copy of Abuse/Neglect policies.
- I have received an overview of the I RESPECT/Professional Standards of Behaviors policy. The program covered possible consequences for noncompliance as described in the Workplace Code of Conduct policy, the Professional Standards of Behavior policy, and the Code of Behavior policy along with the importance of complying with practice act/regulations for my job role/license/registration.
- I received information on compliance fraud and abuse prevention and reporting, and on confidentiality/privacy issues as they pertain to me and my job and understand that I am expected to comply with Riverside policies and procedures.

I know it is my right and responsibility to seek guidance on ethical and compliance issues when I am uncertain about which actions to take and to report situations to Riverside management team or our Compliance Hotline when I have a reason to believe there is a violation of our policies.

I agree to fully cooperate in any investigation of conduct which may be a violation of our Compliance Plan.

As a Riverside HealthCare employee, I am aware that I have an obligation to report any concerns I have that Riverside HealthCare may not be in compliance with any laws or regulations or standards of ethical behavior. My signature on this document is evidence that I have brought any such concerns that have come to my attention through the date of my signature to my supervisor, our Chief Compliance Officer, or our Compliance Hotline.

I understand that Riverside is an at-will employer and as such reserves the right to terminate with or without cause at any time. I also acknowledge that I am employed by Riverside Health System and understand my work assignment may change as needed based upon patient/customer needs.