Required SGHS Forms:
*Must be returned with handwritten signatures (electronic/digital rejected by administration) within 30 days of your rotation:*
SGHS Criminal Background Check Form
Confidentiality agreement Form
Tumor Board Confidentiality Form
Exact arrival and departure dates

**Please note: Your PPD reading must be within a year of your rotation start date and proof of flu shot required October – March. All 4th year students must bring copy of current immunization record.**

ARRIVING- Brunswick and Saint Simons Rotation (send text upon arrival-562.546.3203):
Brunswick is an old grid city with circles, so it is difficult to get lost. From I-95, take exit #38 and turn left onto Golden Isles Parkway. Make a right onto Altama Avenue (not Altama Connector). Move to left lane after passing McDonalds. Turn left onto 4th street by the Georgia Coastal College opposite Popeye’s Chicken. Turn right onto Kemble for the Nunnally House; turn right at light for Southeast Georgia Health System Outpatient Care Center and Cancer Center (Starling Street).

All MCG students will reside at the Nunnally House. Rooms are single occupancy with Queen-Sized beds. Linen and kitchenware are not provided by the hospital. Please bring what you need (sheets, blankets, pillows, plates, bowls, etc). Rooms are equipped with refrigerator and microwave.

No cooking is allowed in the rooms. However, SGHS’s Director of Safety and Security states, “**from a safety perspective, referencing safety standards of the industry:**

1. Crock Pots are OK but the user must be sensitive to cooking times and practices. (Insufficient liquid and delayed returns to the room, coupled with dried out contents, can cause odors and smoke detector activations which would disrupt the entire building.)
2. An induction cooking pad is ok **ONLY IF ATTENDED.** (User must be in the room)
3. No hot plates, toaster ovens, or other open coiled heating elements are permitted.
4. No open flames (candles, sterno and the like).”

Your name badge will double as your room key after the start of your rotation. All students will receive a temporary room card upon arrival. Returning students will pick up name badge from the Clinical Rotation Coordinator’s office or when checking into the Nunnally House (8-5pm). For weekend and after 5pm arrival, go to the security office located inside of the hospital (glass exterior walls) near the Emergency entrance for your room card/name badge.

**Brunswick Information:**  912-466-7000 – ask the operator to page security

ARRIVING- St. Marys
St. Marys is close to the Georgia-Florida border and a 4 hour drive from Augusta. Travel south on Interstate 95, take GA-40 exit 3 toward Kingsland/St Marys. Turn left onto GA-40E. Make a left onto Kings Bay Road (you will see a WalMart) make a right onto Lake Shore Drive and make left towards Hospital.

A sleep room is provided by the hospital administration. It is equipped with wireless internet, television, microwave, and mini-refrigerator. The hospital will supply you with clean linen. No cooking is allowed in the room but meals are provided in the cafeteria with the employee’s discount and you have full access to the faculty lounge which is stocked with snacks, beverages, and occasional hot breakfast.

**St. Marys Security Number:**  912-576-6189  **Pager:**  912-729-0088

HOSPITAL ORIENTATION FOR BRUNSWICK, ST. SIMONS ISLAND, AND ST. MARYS -MCG Campus Suite
Enter the revolving doors on the Outpatient Care Center at 2500 Starling Street and continue pass the wall fountain and art gallery. Walk through the Medical Mall section (Pharmacy, optical shop, etc.), then make a left by the administrative office (Starbucks Café is on the right) and make first left onto long corridor (before doctor’s lounge and medical records). We are the last office on the left prior to exiting the building.

Hospital Orientation is provided either by me or a hospital representative. When possible, all students will meet with Mr. Gary Colberg, CEO and President of Southeast Georgia Health System.

It is good practice to introduce yourself to your clinical professor and/or office manager before beginning your rotation and to send a thank you note after the completion of your rotation. Please confirm rotation site information with Augusta clerkship coordinator or ask Malinda.

MIDROTATION MEETINGS
Malinda Moore meets with most GRU-MCG students completing clinical rotations in the southeast region during the mid-point of their rotation. Please respond to meeting request when email is sent out.

DEPARTING (send text message-562.546.3203 to confirm departure and return of name badge)
All name badges MUST be returned to the Malinda on the last day of your rotation. Students at the SGHS-Camden campus (St. Marys) should return name badge to Cheryl Jenkins in administration or the security office. **This is NOT optional - Failure to return badge can reflect negatively on your evaluation for professionalism or keep you from returning to the SGHS campus.**
MOVE OUT PROCEDURES

1. All of the student's belongings must be removed from Nunnally House by 12:00 noon on the final Friday of the rotation.

*2. The Nunnally House room must be left in a clean and habitable condition.

3. The student’s identification badge must be returned by the student to Malinda Moore or the MCG/GRU office upon completion of their rotation.

Please Note: Failure to complete these move out procedures may result in additional charges assessed to the student and/or the student not being permitted to return to Nunnally House.

* All rooms must be return as received or cleaner. The Nunnally House does not have maid service so the health system is relying on us to keep the rooms in top shape. Facility workers from the hospital will sanitize all surfaces for the next student but this cannot be done if the rooms are not cleaned/cleared out in advance.
SOUTHEAST GEORGIA HEALTH SYSTEM
Application Form for Criminal Background Check (CBC)
All requested information in Sections I and II must be legibly completed

SECTION I – Personal Information

DATE: __________________

NAME: ____________________________________________________________

MAIDEN NAME: ______________________________

STREET ADDRESS: ______________________________________________________________________________________

CITY: ____________________  STATE: ________  ZIP: ________  COUNTY: ________________

DOB: __________________________  SS#: __________________________

RACE: ____________________________  SEX: M  F (Circle One)

DRIVERS LICENSE #: ____________________________  STATE ISSUED: ________________

(List the county and state of your most recent previous places of residence and employment)

County & State                              Length of Time (Years & Months)

1. ____________________________________________ __________________________

2. ____________________________________________ __________________________

3. ____________________________________________ __________________________

SECTION II - Authorization and Release

I hereby give permission to Southeast Georgia Health System and its agent to verify the information submitted by me and to obtain a criminal history. Neither the Health System nor its’ agent shall be violating my right to privacy in any manner and I release them from all liability whatsoever for actions related to the background investigation. I authorize release of this information to the appropriate representative(s) of Southeast Georgia Health System.

AFFILIATION NAME: ______________________________________________________________

(Name of Hospital Department, Company, Organization, Agency, Contractor, Vendor, Service Provider, Educational Institution/Organization, other entity, etc...)

SIGNATURE: ______________________________________  DATE: __________________

SECTION III - Safety & Security/Police Department Use Only

☐ State Criminal Check: __________________________

☐ County (Name & State): __________________________

☐ Other Check: __________________________

☐ Phone Results: __________________________

☐ Fax Results: __________________________

Results Entered in Database By: ________________  Date: ________________

Terminal Agency Coordinator/Operator: ________________  Date: ________________

☐ Note additional information on reverse side
Southeast Georgia Health System
Student Confidentiality Agreement

<table>
<thead>
<tr>
<th>Student Information</th>
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<tbody>
<tr>
<td><strong>SGHS Location</strong></td>
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<tr>
<td><strong>Student Name</strong></td>
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<tr>
<td><strong>Driver’s License #</strong></td>
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<tr>
<td><strong>Name of School</strong></td>
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<tr>
<td><strong>School Sponsor / Position</strong></td>
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<td><strong>SGHS Sponsor / Position</strong></td>
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<tr>
<th>Terms of Agreement</th>
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**Confidentiality of Information**
The purpose of your user name and password is to authenticate your identity to the computer systems. Sharing of your user name and password is prohibited by Southeast Georgia Health System policy and procedure (Confidentiality of Information – SHR-13) and federal HIPAA regulations (164.308, 164.312, and 164.506). I agree I will not share my password with anyone.

All information contained in Southeast Georgia Health System computer systems is privileged, and/or confidential, and is to be used only in the performance of job-related or patient-related activities. I agree that I will not divulge confidential information unless requested by authorized personnel in the performance of my job duties or as required by law.

- SGHS has established audit controls capable of providing evidence of system activities, as well as a trail of operations performed. SGHS conducts periodic monitoring of system access to prevent, detect, contain and correct security violations in accordance with the requirements of HIPAA.
- I understand that when I access a patient’s record through SGHS Information Systems (i.e., PowerChart, HBOC), my user name becomes associated with the patient, and this activity may be monitored and reviewed for appropriateness.
- Any unauthorized use or disclosure of Confidential Information or sharing of password(s) will result in corrective action as documented in SGHS HR Corrective Action Policy (SHR-111).
- Disciplinary action may include permanent loss of SGHS Information Systems access privileges.

**For Student: By signing this document, I agree to the following:**

- I have never been disciplined for breaching security.
- My user name and password will be provided to me by my Sponsor, at which time, I will receive HIPAA and if applicable, Clinical Information System (Powerchart) training. My password(s) will require changing every ninety (90) days.
- If for any reason I feel someone has gained access to any system using my user name and password, I will notify my Sponsor and immediately report this to the I.S. Customer Service help desk at Ext. 1301.

  - I have read and understand the “SGHS Student Associate Confidentiality Agreement” terms of agreement. ___________ (initial)
  - I have read and understand SGHS policy SHR-13 “Confidentiality of Information”. ___________ (initial)
  - I have read, understand, and signed the attached “Confidentiality and Security Agreement”. ___________ (initial)
  - I have received an SGHS Notice of Privacy Practices booklet. ___________ (initial)

**For SGHS Sponsor: By signing this document, I agree to the following:**

- I agree to sponsor this Student during their association with Southeast Georgia Health System.
- I will immediately notify SGHS Information Systems when Student is no longer associated with Southeast Georgia Health System.
- I have made available to Student, a copy of SGHS policy SHR-13 “Confidentiality of Information”.
- I have ensured that Student has placed initials and/or signed all applicable sections in this document, and validated Student information.

<table>
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<tr>
<th>Student Signature</th>
<th>Date</th>
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<tr>
<td>SGHS Sponsor Signature</td>
<td>Date</td>
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</table>
Confidentiality and Security Agreement

I understand that Southeast Georgia Health System has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information. Additionally, Southeast Georgia Health System must assure the confidentiality of computer systems and management of information (collectively, with patient identifiable health information, “confidential information”).

In the course of my assignment at Southeast Georgia Health System, I understand that I may come into the possession of this type of confidential information. I will access and use this information only when it is necessary to perform my job related duties in accordance with Southeast Georgia Health System policy SHR-13 (Confidentiality of Information). I further understand that I must sign and comply with this agreement in order to obtain authorization for access to confidential information.

1. I will not disclose or discuss any confidential information with others, including friends or family, who do not have a need to know it.
2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. It is not acceptable to discuss confidential information even if the patient’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.
5. I agree that my obligations under this agreement will continue after my relationship ceases with Southeast Georgia Health System.
6. Upon termination of relationship with SGHS, I will immediately return any documents or media containing confidential information to my Sponsor.
7. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with Southeast Georgia Health System.
8. I understand that violation of this agreement may result in permanent SGHS Information Systems access termination.
9. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals. I will not access patient information not related to current work responsibilities.
10. I understand that I should have no expectation of privacy when using Southeast Georgia Health System Information Systems. SGHS may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
11. I will practice good workstation security measures such as using screen savers with activated passwords appropriately, position screens away from public view, and signoff at the end of a session.
12. I will practice secure electronic communications by transmitting confidential information only to authorized entities, in accordance with approved security standards.
13. I will:
   a. Use only my officially assigned user name and password.
   b. Use only approved licensed software.
   c. Use a device with virus protection software (when working remotely)
14. I will never:
   d. Share/disclose my password.
   e. Use Southeast Georgia Health System Information Systems (i.e., PowerChart, HBOC) when another user is signed on.
   f. Use tools or techniques to break/exploit security measures.
   g. Connect to unauthorized networks through the systems or devices.
15. I will immediately notify my Sponsor and the Southeast Georgia Health System Security Officer (466-1301) if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on confidential information.
16. I will only access patient information on a “need to know” basis.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

<table>
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<tr>
<th>Student Signature</th>
<th>Printed Name</th>
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Revised: February 2010
SOUTHEAST GEORGIA HEALTH SYSTEM
BRUNSWICK CAMPUS
TUMOR CONFERENCE PARTICIPANT
ACTIVITY CONFIDENTIALITY AGREEMENT AND DISCLAIMER

When signing the confidentiality agreement as a participant of a Southeast Georgia Health System Tumor Conference Activity, you agree to the following:

It is the legal, moral and ethical duty of all participants attending educational programs to assure each patient's privacy and hold in strict confidence any and all information concerning health status, care, treatment needs and prognoses discussed. Some information and data presented may also be protected under Georgia statutes for quality improvement and peer review.

Because of this:
I shall not actively seek to obtain any information regarding a patient's health information or status beyond which is necessary to effectively perform my job. This includes any type of patient information to include but is not limited to: medical records, billing records, schedules and logs, data available in all computerized systems, quality improvement/peer review documentation, and verbal exchange or discussion.

I will not divulge or discuss any patient information presented in these educational activities within hearing range of other patients or family members, in any public areas of the hospital, or in any community settings. The only such discussions I shall have concerning such matters will be with the physicians, nurses or other clinical staff caring for the patient during a scheduled educational activity or as it pertains to my ability to perform my job within the Health System.

I understand the Southeast Georgia Health System – Brunswick Campus and the Medical Staff are entitled to undertake such action as deemed appropriate to ensure that this confidentiality is maintained, including action necessitated by any breach or threatened breach of this agreement, including dismissal from my participation in educational activities and other actions defined by Compliance, Human Resources Policies and Procedures and the Medical Staff Bylaws.

I further acknowledge that:

- I understand that all patient information, including billing and financial data is confidential.
- I agree to keep patient information confidential.
- I agree to comply with all SGHS (Southeast Georgia Health System) Policies and Procedures including those implementing the HIPAA Privacy and Security Rules.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action, up to and including termination of my employment or committee affiliation.
- I understand and agree that the SGHS Policies and Procedures will apply to any patient information I have had access to at the Health System even after I terminate my employment or other relationship with the Health System.
- If employed by SGHS as part of the Workforce, I understand that my continued employment depends on my full compliance with all SGHS policies and procedures; the Joint Commission standards; and compliance with all federal, state, and local laws and regulations governing Medicare, Medicaid or other federally funded health care programs.

Signature: ____________________________ Date: ____________________________

Name: ____________________________ Employee Number: __________

(Please print full name) (if applicable)
Health Information Management (Medical Records)

On the Brunswick Campus, Health Information Management is located near Administration on the first floor. The Medical Records office hours are 7 a.m. -11 p.m. daily. Physicians can access the incomplete chart area 24 hours a day, 7 days a week, through the physician lounge.

On the Camden Campus, Health Information Management is located on “Main Street,” on the lower level, of the main hospital campus. The Medical Records office hours are 6 a.m. –5 p.m. After hours, physicians can contact the Health System Medical Records manager on call, via the Brunswick Campus switchboard at 466-7000.

Please call if you need information about dictation. Medical records are considered delinquent if not completed within 30 days of discharge on the Brunswick Campus and 21 days on the Camden Campus. Admission privileges are temporarily suspended until completion of delinquent medical records. Physicians who have had their admitting privileges suspended 90 days will be removed from the Medical Staff. If removed from the Medical Staff, a physician may reapply for privileges upon completion of their medical records.

Dictation Numbers

Dictation numbers are assigned after clinical privileges have been approved. Medical Records that remain incomplete post discharge are analyzed and requirements for completion are forwarded to your “message center” for dictation or signature.

Brunswick Campus:
- General Office: (912) 466-7101 / 7121 / 7124 / 7199
- Incomplete Records: (912) 466-7105
- Dictation: (912) 466-7144

Dictation stations on the Brunswick Campus can be found:
- On all nursing units.
- 6 Glynn Brunswick and 5 Glynn Brunswick: on either side of the nurse stations in the pods
- MICU & SICU: at the nurse stations
- 5 Med: at the nurse station
- 4 St. Simons Tower & PEDS: at the nurse stations
- PCCU: in the physician lounge
- CCU: at the nurse station

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- Maternity Center: one in the office beside the nurse station, one at the desk outside of the nursery, and one in the nursery itself
- Medical Records Department: in the physician dictation room

**Note: Any in-house telephone can also be used for dictation.**

**Camden Campus:**
- General Office: (912) 576-6140 / 6141 / 6147
- Dictation: (912) 576-6144

**Dictation stations on the Camden Campus can be found:**
- Adjacent to the Physician Lounge
- In Outpatient/Surgical Department
- Operating Room
- Emergency Room
- Respiratory/Cardiology Department
- In Med-Surg, Maternity, and ICU/CCU units.

**Note: Any in-house telephone can also be used for dictation.**

**MEDICAL RECORD DOCUMENTATION NOTES**
- Signature stamps are not allowed
- All paper-based entries for inpatients must be properly authenticated to include your legible signature, date, and time
- History and Physicals for inpatients must be complete to include heart and lung examination, admitting diagnoses, and the hospitalization plan

**Inpatients:**
- A daily physician progress note
- Computerized Physician Order entry is required for hospital inpatients
- A final progress note must be completed on the patient’s last day of admission
- A complete discharge summary is required within 30 days of discharge

**Surgical Patients:**
- **Inpatients** must have a written progress note within 24 hours of surgical intervention
- **Outpatients** must have a complete history and physical within 30 days and an update the day of surgery
- **All** surgical patients must have a completed Immediate Post-Operative note completed in Pace Recovery
- **All** surgical patients must have a complete Operative Report as soon as possible so not to exceed 30 days
UNACCEPTABLE ABBREVIATIONS
Non-approved abbreviations should not be used at any time. JCAHO requires that non-approved abbreviations not be used in Physician Orders or any documentation that pertains to medications.

Unapproved abbreviations that are to be avoided include:
- .5mg -- Always use a zero before a decimal when dose is less than a whole unit
- 1.0mg -- Do not use terminal zeros for doses expressed in whole numbers
- U or u -- Write out “unit”
- IU -- Write out “international unit”
- Q.D -- Write out “daily”
- Q.O.D -- Write out “every other day”
- MS -- Write out “morphine sulfate” or “magnesium sulfate”
- MSO4 -- Write out “morphine sulfate” or “magnesium sulfate”
- MgSO4 – Write out “morphine sulfate” or “magnesium sulfate”

COMMUNICATION IMPAIRED PATIENTS
Southeast Georgia Health System has a contracted service for both spoken and sign language interpretation. Please contact the assigned case manager to arrange services. Services are required once daily as soon as possible after admission and informed consent, and are used to develop the patient’s discharge plan.
Welcome to Nunnally House at Southeast Georgia Health System!

Student Information Regarding Lodging & Key Cards

Your room number will be confirmed upon your arrival.

Your key card is available Monday – Friday, 8:00 a.m. - 5:00 p.m. at the Nunnally House Front Desk.

After 5:00 p.m. and on weekends, your key card may be picked up in the Security Office (912-466-1160), accessible via the parking garage, located immediately adjacent to the Emergency Department.

If the Security Office is unattended, please call the Health System operator at 912-466-7000 to page an officer.

Key cards must be turned in at the Nunnally House Front Desk on your last day between 9:00 a.m. and 12:00 noon. If you cannot meet this deadline, please notify the Front Desk at 912-466-7550 ASAP.

Information Regarding Your Stay At The Nunnally House

1. **Your in-room phone number** is 912-466-7...*plus the room number* (local calls only)
2. **Queen bed linens**, pillows and blankets **are not provided.**
3. **Laundry facilities** are available for your use.
4. **Routine cleaning is your responsibility.** You are responsible for taking your bagged room garbage to the trash container in the laundry room. Your room may be subject to periodic inspections. Environmental Services will thoroughly clean student rooms between rotations.
5. **Please turn off all lights** when you leave your room and always **lock the door.**
6. **For maintenance issues, power outages, wi-fi & cable problems,** contact the Front Desk at 912-466-7550, Monday-Friday, 8:00 a.m. – 5:00 p.m. After hours, you may page Facilities at 912-262-8600.
7. **Safety concerns** can be addressed by calling the Health System operator at 912-466-7000 and requesting the assistance of a Security Officer.
8. **For key card/room access issues,** please visit or call the Front Desk at 912-466-7550, 8:00 a.m. to 5:00 p.m., Monday through Friday. **Outside of those hours,** you may call the Security Office at 912-466-1160.

Other questions or concerns, please contact Bryan Thompson at 912-466-7550, or email: bthompson@sghs.org