

Cornerstone Hospital of Austin Agency Orientation/Code of Conduct Acknowledgement

I acknowledge that I have read and understand Cornerstone Hospital of Austin's Agency Mini Orientation, including:

- NPSGs
- Infection Control
- IC Bundles
- Cultural Diversity
- Abuse/Neglect
- Hospital Safety
- Codes
- Fire Safety
- Paraslyde/Baraslyde
- Reporting Adverse Events
- Fall Prevention/Reduction
- Assessing/Managing Pain
- Rapid Response
- Dr. Leo
- PICC Lines/Midlines (RN/LVN only)
- Giving/Receiving Clinical Report
- Clinical Documentation
- Critical Labs
- Wound Care
- Communication
- AMA

I acknowledge that I have read and understand Cornerstone Healthcare Group's Code of Conduct. I understand that I am responsible for knowing and adhering to the principles and standards of the Code and the policies and procedures adopted and disseminated by Cornerstone to implement and enforce compliance with the Code.

My licensure, required certifications, and health requirements are current and will remain current status while working at Cornerstone Hospital of Austin.

Employee's Initials

Date

Note: A Copy of this Acknowledgment Form is to be placed into the Employee/Agency personnel file.