



ACKNOWLEDGEMENT OF RECEIPT

I _____, hereby acknowledge that I have received and read information on HIPAA, safety, and infection control from St. Luke's Hospital.

My signature below indicates that I am in agreement with St. Luke's policies and procedures pertaining to HIPAA Regulations, Safety Compliance, and Infection Control policies and procedures.

Job Shadow Participant

Date

Parent / Legal Guardian (if Participant under 18)

Date

Reviewed 10/05/2017