



Oregon State Hospital

Registration, Safety & Confidentiality Agreement

Registration Info:

Name: _____ Main Phone #: _____

Address: _____ Email: _____

Date of Visit: _____

I understand that:

- Oregon State Hospital must ensure the safety and security of all patients, staff and visitors.
- Oregon State Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information.
- Oregon State Hospital must ensure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively “Confidential Information”).

Safety

In order to ensure the safety of my visit to Oregon State Hospital, I understand that I must:

1. Wear a green visitor badge in clear view at all times
2. Follow the instruction of the escort if an emergency code is heard through the overhead announcement system.
3. If separated from my escort, tell someone wearing a badge with a blue boarder so I can be reunited with the escort.
4. Limit contact with patients who are identified by yellow or purple badges

5. Refrain from making audio or visual recordings, including photographs or videos, unless prearranged and approved by the hospital.
6. Refrain from bringing any bags, purses, food, knives, firearms or other weapons inside the hospital.
7. Store any belongings in the lockers in the hospital lobby.
8. Keep all cell phones in pockets while visiting the hospital.
9. Wear “business casual” clothing.
10. Notify the hospital ahead of time if special accommodations must be made for disabilities.

Confidentiality

In the course of my visit to Oregon State Hospital, I understand that I may inadvertently become aware of 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 access or view any Confidential Information, or utilize any Oregon State Hospital equipment.
3. I will not make inquiries about Confidential Information for or from people who do not have proper authorization to access such Confidential Information.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in Oregon State Hospital’s computer system.
5. I understand that violation of the Agreement may result in legal liability.

By signing this document I understand and agree to the following: I have read this entire Agreement and agree to comply with all its terms.

Signature: _____

Print Name: _____

Date: _____