HARDIN COUNTY GENERAL HOSPITAL & CLINIC
P. O. Box 2467 Ferrell Road
Rosiclare, IL 62982
Hospital (618) 285-6634 Clinic (618) 285-2800
Fax (618) 285-3564 Fax (618) 285-2804

"WE CARE"

INDEPENDENT CONTRACTORS – ORIENTATION PACKET

Name of Independent Contractor:_____

Name of Company:_____

Date packet was mailed to Contractor:_____

This packet of information contains orientation documents that you will need to review, complete and some will need to be returned via mail at your earliest possible convenience. Please read all information carefully and follow the instructions for each section.
(Please copy this form, the quizzes and the acknowledgement form for each employee to sign and return)

Human Resources:

Please complete the following documents and return via mail at your earliest possible convenience to:

Human Resource Mgr.
Hardin County General Hospital
P. O. Box 2467, Ferrell Road
Rosiclare, IL 62982

___ #1. Complete I-9 Form Section 1 and return

___ Complete and return the following quizzes

___#2. About Patient Confidentiality ___#5. Preventing Violence

___#3. What is Courtesy ___#6. Working Safely

___#4. Age Specific

___ Complete and return the Sign Off Sheet for each of the following:

___#7. Infection Control

___#8. Independent Contractor Acknowledgment Sheet

The following documents are copies for your employees to review.

DO NOT RETURN ANY OF THE FOLLOWING:

a. Non-Employee Safety Plan
b. Staff Rights
c. Patient Bill of Rights
d. Information Management Plan
e. Confidentiality Policy
f. Organizational Performance Improvement Plan
g. Organization Plan of Care
h. Organizational Chart
i. Fall Risk Plan
j. Exposure Control Plan
k. Work Place Violence Prevention Plan
l. Work Order Request Procedure
m. Equipment/Supply Request Procedure
n. Consent By A Minor to Medical Treatment
o. Smoking Policy