



**75 Hospital Drive, Suite 250
Athens, OH 45701
740.566.4621**

Information for those with scheduled rotations at Oakview Dermatology

Welcome to Oakview Dermatology!

We hope that your time with us is both educational as well as enjoyable. If throughout your rotation you have questions or concerns, please do not hesitate to discuss these with Amanda Nolan (Office Manager), Dr. Sammons, or Nathan Misel, PA-C. While you are in our office, remember that you will be representing the face of Oakview Dermatology to our patients. Many patients will not understand how you are different from actual staff/provider, so it is important that you introduce yourself and your title to every patient you encounter. We will strive to provide you with a hands-on learning experience, and we expect that you will be professional and helpful to the best of your ability. Whether you are interested in dermatology, or if this is just a required rotation, we expect that you come every day ready and eager to learn.

Below is some basic information you will need while rotating.

- You will begin seeing patients at 9:00 am daily. (Our office is open at 8AM; however, patients are not scheduled until 9AM.)
- Most days you will be done by 4:30 or 5:00. Occasionally, there are hospital consults which may require you to stay slightly later.
- You will ALWAYS get a lunch break. Feel free to pack lunch or go out for lunch (there is a refrigerator, microwave, and toaster oven that you may use). There is a cafeteria in the hospital next door, and there are numerous places to eat within close proximity to the medical complex.
- Please dress professionally and plan to wear your white coat daily. On Mondays, you may wear scrubs as this is a surgical day in our office. Tuesday through Friday, business casual is acceptable attire; however, no jeans, shorts, or open foot sandals. Men are not required to wear a tie unless they choose to. Most importantly, come daily with a smile!
- Cell phones will be turned OFF or placed on vibrate during office hours. Texting and phone calls during office hours are prohibited unless it is an emergency. You will have adequate time at lunch each day to return texts/emails/calls.
- You will be given reading assignments on topics throughout the rotation. Please make sure that you read these and are prepared to discuss the topic the following day. We do not have a required text, so you may use whatever dermatology materials you already

have. Additionally, there are numerous texts and journals in the office that you may sign out during your stay.

- If you are interested in applying to dermatology, Dr. Sammons will assign you a presentation to give at the end of your rotation. It will be a 10-15 minute presentation on a dermatology topic that you were able to see/learn about during your rotation.
- If Dr. Sammons is going to be out of the office during one of the days you are scheduled to rotate, she will give you an additional reading assignment to complete during that time. Otherwise, you will have the time to yourself for self-guided study.
- Please print and sign the following sheets below and bring them in with you on your first day.
- Please also fill out the attached calendar with the days and times you will be with us, if visiting for longer than a week.

We look forward to working with you during your rotation. Remember, you will get out of the experience an amount proportional to what you put in.

Thank You,

Oakview Dermatology



**WORKFORCE
CONFIDENTIALITY AGREEMENT**

I understand that Oakview Dermatology has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my employment/assignment/affiliation at Oakview Dermatology, I may see or hear other Confidential Information such as financial data and operational information pertaining to the practice that Oakview Dermatology is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with Oakview Dermatology, I understand that I must sign and comply with this agreement.

By signing this document I understand and agree that:

I will disclose Patient Information and/or Confidential Information only if such disclosure complies with Oakview Dermatology policies, and is required for the performance of my job.

My personal access code(s), user ID(s), access key(s), and password(s) used to access computer systems or other equipment are to be kept confidential at all times.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not

acceptable to discuss any Practice information in public areas even if specifics such as a patient's name are not used.

I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purgings of Patient Information or Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Patient Information or Confidential Information from Oakview Dermatology's computer system to unauthorized locations (for instance, home).

Upon termination of my employment/assignment/affiliation with Oakview Dermatology, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to Oakview Dermatology.

I agree that my obligations under this agreement regarding Patient Information will continue after the termination of my employment/assignment/affiliation with Oakview Dermatology.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with Oakview Dermatology and/or suspension, restriction or loss of privileges, in accordance with Oakview Dermatology's policies, as well as potential personal civil and criminal legal penalties.

I understand that any Confidential Information or Patient Information that I access or view at Oakview Dermatology does not belong to me.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment.

Signature of employee/physician/student/
volunteer

Date

Print Your Name Here