



**Cooper Green Mercy Health**

AFFILIATE OF **UAB** HEALTH SYSTEM

## Vendor and Associate Orientation Acknowledgment Form

### **Purpose:**

This form acknowledges that the vendor and its associates have viewed and understands the content presented in the Cooper Green Mercy Health orientation PowerPoint presentation.

### **Vendor/Associate Information: (to be completed by all participating)**

- **Name:** \_\_\_\_\_
- **Company:** \_\_\_\_\_
- **Position/Title:** \_\_\_\_\_
- **Email:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

### **Acknowledgment:**

I hereby confirm that I have viewed the Cooper Green Mercy Health orientation PowerPoint presentation in its entirety. I understand the policies, procedures, and expectations outlined in the presentation, including but not limited to:

- Organizational values and mission
- Compliance and regulatory requirements
- HIPAA privacy and security standards
- Roles and responsibilities during my engagement with Cooper Green Mercy Health

I acknowledge that it is my responsibility to adhere to the standards and practices discussed and to seek clarification if needed.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **For Internal Use Only:**

Orientation Presented By: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_