

COMMUNITY HEALTH CENTER, INC
 PERSONAL INFORMATION SUMMARY SHEET



Employee information		
Last Name:	First:	M.I.
Street Address:		Apartment/Unit #:
City:	State:	ZIP:
Phone:	Date of Birth:	
Gender:	Email:	
Educational Institution Affiliation: (i.e. UCONN)	Professional License (type/number):	

IN case of emergency, please contact:		
Name:	Relationship to employee:	
Address:		
Work Phone:	Home Phone:	Cell Phone:

I hereby certify that the above information is correct and acknowledge my responsibility to inform the Human Resources Department if any of this information changes.

 SIGNATURE

 DATE

COMMUNITY HEALTH CENTER, INC

STUDENT RESPONSIBILITY AGREEMENT FOR CONFIDENTIALITY OF PATIENT INFORMATION

All individuals involved in educational and/or observational activities within the Community Health Center, Inc. (CHC) are responsible for maintaining the privacy and security of Protected Health Information (PHI) as defined by the provisions of the Health Insurance Portability and Accountability Act (HIPAA). PHI must not be discussed with or disclosed to persons outside CHC without the proper patient authorization. Records (paper-based or electronic) must only be accessed when necessary as part of CHC activities. CHC regularly audits access to PHI in electronic systems and will sanction any individual who improperly accesses PHI. Individuals are expected to be professional and maintain confidentiality at all times when dealing with records (paper-based or electronic), projects or conversations.

Violation of this policy will result in disciplinary action, up to and including termination of the relationship with CHC. Falsification, destruction, unauthorized access or release of confidential agency and/or PHI will result in disciplinary action, up to and including termination.

During the course of my daily activities, I may have access to confidential CHC information. Confidential information includes, but is not limited to, PHI, employee records, CHC processes, plans or techniques, aggregate clinical data, aggregate research data, and financial information. I agree to and understand the following:

1. I agree to keep confidential, all information viewed, heard, or otherwise accessed;
2. I agree to access only that information for which I have been authorized or for which I have a legitimate need in order to accomplish my CHC activities;
3. I agree to refrain from discussing PHI in unauthorized areas such as hallways, lunch rooms, and waiting rooms where it could be overheard. I also agree to refrain from discussing PHI with anyone who is not part of the patient's care team or anyone who does not have a need to know;
4. I understand that I must log out when I leave the system or I will be held accountable for any transactions which take place with my code in the system. I understand that I am not allowed to remove a CHC laptop, computer or device containing PHI for any cause or at any time, from CHC's premises;
5. I agree that I will not remove any PHI in any format (e.g., handwritten notes, documents from other sources of care, printed material from the Electronic Medical Record) or any other identifying information on any patient from the premises of CHC;
6. I agree to keep my password confidential and not share it with any individual or allow any individual to access information through my password. I will notify my immediate supervisor/manager or Information Technology if my password is compromised in any way.
7. I agree to keep confidential, any situations I know about or may be involved in regarding the investigation, analysis, collection and collation of medical information regarding patient complaints, anonymity of research patients, coding/patient identify as it related to patient clinical/medical information, physicians or other health care workers.
8. I understand that my obligations to protect the privacy and confidentiality of patient information continues even after I have completed my educational activities at CHC.

I understand that violation of any of the above will result in disciplinary action, which may lead to termination of my relationship with CHC. Any questions regarding my obligations under this agreement may be directed to CHC's Privacy Officer.

NAME			
SIGNATURE		DATE	

COMMUNITY HEALTH CENTER, INC

POLICIES AND PROCEDURES ACKNOWLEDGEMENT AND STATEMENT OF UNDERSTANDING

I have received my copy of Community Health Center, Inc.'s (CHC) Non-Employee Policies and Procedures. I understand and agree that it is my responsibility to read, understand and follow the policies and procedures outlined in the handbook, and that I will contact my supervisor or another representative of CHC if I have any questions.

My signature below certifies that I have read and understand the contents of this acknowledgement.

NAME			
SIGNATURE		DATE	

COMMUNITY HEALTH CENTER, INC

CATEGORIES OF EXPOSURE TO INFECTIOUS DISEASE



Definitions of Levels or Risk/Exposure:

Level I: High risk/exposure: Daily/Frequent direct contact with patients/clients within an environment where contact with bodily fluids/blood can be predicted to occur. Example: all clinical staff in medical and dental, shelter staff and Students.

Level II: Moderate Risk/Exposure: Daily/Frequent contact with patients/clients where contact with bodily fluids/blood is very unlikely to occur, but where respiratory/airborne/hand borne infection is likely to occur. Example: all front desk personnel, Behavioral Health staff and students.

Level III: Very Low Risk/Exposure: Rare contact with patients/clients, where the risk of exposure and infection is no greater than that of someone not working in a healthcare facility. Example: Administration, Finance, Human Resources staff and non-clinical students.

Appropriate measures for CHC Employees/Temporary/Contracted/Volunteers geared to the aforementioned Categories:

Level I: **TB:** PPD screening yearly. Employees with a history of a positive PPD must provide documentation that they are free of symptoms of tuberculosis on a yearly basis. An employee that tests PPD positive during annual CHC screening will need a chest x-ray and consideration for prophylaxis.

HEPATITIS B: Recommended HEP B vaccine (series of 3). Written waiver required in order to refuse vaccine. Proof of prior full vaccination and immunity accepted in place of immunization if not covered by worker's insurance carrier.

MEASLES: If born after January 1, 1957, must show proof of immunity or vaccine. If first vaccine is before 1980, must show proof of 2nd dose of measles vaccine.

INFLUENZA: Influenza vaccine is required annually.

HIV: Screening of workers not required or recommended, but workers may avail themselves of free anonymous or confidential screening. CDC guidelines followed in cases of accidental exposure.

Level II:

TB: Same as Level I.

HEPATITIS B: No immunization required. Written waiver required in order to refuse vaccine.

MEASLES: Same as Level I.

INFLUENZA: Same as Level I.

HIV: Same as Level I.

***All Behavioral Health Clinicians and students are required to submit a statement from their Health Care Provider including the following information at the time of hire and every three years thereafter:**

- *Documentation that you've had a physical exam in the past 12 months.*
- *The date of the physical exam*
- *A statement confirming the absence of communicable diseases and ability to work with clients.*

Level III:

TB: Screening optional based on worker's wishes.

HEPATITIS B: No immunization required. Written waiver required in order to refuse vaccine.

MEASLES: No immunization required.

INFLUENZA: Same as Level I

HIV: Same as Level I.

I have read and understood the foregoing measures regarding Infection Control for CHC.

NAME			
SIGNATURE		DATE	

COMMUNITY HEALTH CENTER, INC
 HEPATITIS B VACCINATION PRE-EMPLOYMENT WAIVER STATEMENT



I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been instructed to be vaccinated with the first dose of Hepatitis B vaccine prior to placement at CHC and have been instructed to receive the second and third doses.

However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine.

Please check one of the following and sign and date your response below.

However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

NAME			
SIGNATURE		DATE	

I have received the Hepatitis B virus (HBV) vaccination and confirmation of this can be found on my infection control sheet.

NAME			
SIGNATURE		DATE	

COMMUNITY HEALTH CENTER, INC

PASSWORD POLICY

- All passwords will be at least 10 characters in length
- All passwords will include at least one number, one unique character, and both capital and lower case letters
- All passwords will be changed every 90 days
- Each password will be stored in memory for 1 year and cannot be reused during that time
- Passwords are never to be shared with anyone for any reason

Tips on creating your new compliant password:

- Unique characters are the characters created when you hit shift and a number key. They include the following, !@#\$\$%^&*()
- An easy way to make a unique password is to take a short easily remembered phrase and use the first few letters of each word or a longer easily remembered sentence and use the first letter of each word. Then simply substitute a number for one character and a unique character for another in any fashion that makes sense to you. Some example substitution include using 3 for E or & for and in a phrase.
- Avoid using names of pets, children, or other names that can be guessed by someone who knows you. It is however acceptable to use characters taken from these sources in a phrase as described above.
- Avoid using whole dictionary words in any language. ESPECIALLY avoid using any variation of the word password. Even if you substitute unique characters and numbers into a dictionary word a hacker can still run code to crack the password if it is based on a dictionary word.
- If you are having trouble coming up with a secure password or have any questions please call x3624 or e-mail the Help Desk (helpdesk@chc1.com).

NAME			
SIGNATURE		DATE	

COMMUNITY HEALTH CENTER, INC

STUDENT LAPTOP POLICY

CHC has provided laptops for clinical students who have been accepted for a clinical rotation at CHC. All of CHC's sites have a designated laptop/group of laptops. The Operations Managers or his/her designee is responsible for identifying a centralized location where the student laptops will be stored. The student laptops have been clearly labelled by the IT Department as student laptops. A sign out sheet for each laptop is kept in the student laptop area. Each student should sign in and out the laptop they use at the beginning and end of each clinical day. Student laptops must not leave their designated site. Students are never allowed to take their laptops home overnight.

During the student onboarding process, the Inter-Professional Students Coordinator will orient the student to CHC's laptop policy and procedures, as well as CHC's HIPAA Privacy and Confidentiality Policy and CHC's Compliance policies. Students who fail to comply with these policies or any other CHC policy that they have received and signed may be terminated from their placement.

In the setting of a school based health center, the clinical preceptor will take responsibility of the storage of the student laptop at their site. These laptops must also stay on site.

I have read and understood the Student Laptop Policy for CHC.

NAME			
SIGNATURE		DATE	

Attendance

- It is each student's responsibility to notify the organization as far in advance, but no less than two hours prior to the start of his/her shift of their upcoming absence and/or tardiness.
- Students are required to email their preceptor and the Student Coordinator to record their absence or tardy so that the appropriate operational leadership are notified.
- Failure to notify will be considered a form of willful misconduct, and may result in disciplinary action up to and including termination of placement.

I have read and understood the Student Attendance Policy for CHC.

NAME			
SIGNATURE		DATE	

COMMUNITY HEALTH CENTER, INC

Appearance

- A neat, well-groomed professional appearance is important to project a positive image for our customers.
- There may be specific dress code requirements if your position is in a licensed clinical area (i.e., Personal Protective Equipment, such as goggles, gowns, gloves, closed toed shoes). Please speak with your supervisor.
- All students are required to wear company issued I.D. badges while on company premises. The badge should be worn so that it is clearly visible to patients, clients, visitors and other CHC employees at all times. If an employee loses his or her badge, the loss should be reported immediately to the Site or Inter-Professional Student Coordinator and Human Resources, and a replacement badge will be issued. An employee who loses a badge more than one time in a one-year period must pay \$5 for each additional replacement badge. An individual employee badge should be used only by the employee whose name appears on the badge.

Preceptor and Training

CHC shall provide an individual preceptor who shall be responsible for planning and implementing individual Student Assignments, and for evaluating Student performance in accordance with criteria developed by the Educational Institution. The Educational Institution shall provide Faculty for the purpose of tracking Student progress and for consultation with CHC, as necessary.

CHCI shall provide formal training on its electronic health record to assigned students, who shall not be allowed to start a clinical experience until completing the training. CHCI shall also provide on-site orientation to the site, organization, and safety of CHCI.

Parking

All students should park in the designated parking areas per CHCI sites. Identifying the approved parking areas per site can be identified by communicating with your preceptor and On-site Operations Manager. Students should obey all parking laws.

I have read and understood the following policies: Appearance, Preceptor, Training, and Student Parking for CHC.

NAME			
SIGNATURE		DATE	

Community Health Center, Inc

COMPLIANCE ORIENTATION QUIZ

(PLEASE SELECT THE CORRECT ANSWER FROM THE DROP DOWN LIST)

Name: _____

Date: _____

1. The Compliance Program of the Community Health Center applies to:

2. Any CHC employee or student affiliated with CHC may accept gifts in an amount not exceed:

3. Which of the following acts will violate the fraud and abuse laws?

4. You suspect a violation of a law or regulation has occurred or is taking place, you should:

5. You may contact the Compliance Officer on his confidential private phone extension at:

TRUE OR FALSE?

6. Each person at the Center has a duty to make full disclosure of any situation in which his or her private interest create a conflict or potential conflict with those of the center.

7. An appearance of conflict may be just as damaging to the Centers reputation as a real conflict.

8. Private Health Information (PHI) is information that is related to past, present, or future physical or mental health condition.

9. HIPAA mandates the security standards to protect individual health information, while permitting appropriate sharing of health information for treatment, payment and operational functions.

10. As a non-employee of CHC with access to patient medical information you have a responsibility to safeguard and protect their PHI.

11. With very few exceptions PHI cannot be used or discussed without the patient's permission unless permitted by the Privacy Notice.

12. The HIPAA regulations provide that access to PHI is limited to those individuals who have a "need to know" their content.

13. You remain concerned about a possible violation of law or regulation you may contact the Center's Compliance Officer directly or anonymously.

14. The Community Health Center is a Joint Commission Accredited organization.

15. All employees and non-employees are free to contact the Joint Commission if their concerns have not been satisfactorily addressed.

COMMUNITY HEALTH CENTER, INC

ENVIRONMENT OF CARE QUIZ

Name: _____

Date: _____

1. EOC is a mandatory or optional training? _____
2. There is a safety plan for which of the following reasons: _____
 - A. Provide a safe environment.
 - B. Instill an increased sensitivity & awareness of occupational environmental & facility safety throughout the entire workforce.
 - C. Provide specific educational & training necessary for employees to engage in safe working practices.
 - D. Ensure both technical & functional compliance with all applicable governmental codes and regulations.
 - E. All of the above
3. The EOC committee is made up of whom? _____
4. Who is the safety officer for the site you work at? _____
5. Site Safety Checklists are completed how often? _____
6. Name three of the EOC components.
 1. _____
 2. _____
 3. _____

Clinical Equipment

7. All clinical equipment is tested when? _____
8. What should you do with any malfunctioning equipment? _____

Utilities

9. What should you do in the event of utility problems? _____
10. What is the Utility Users Handbook? _____

Hazardous Materials

11. What is the purpose of the Material Safety Data Sheet (MSDS)? _____

12. List two other plans that are incorporated into the Hazardous Materials Plan:

1. _____ 2. _____

13. Why must you read the Hazardous Communication Plan “HAZCOM”?

Life Safety

14. Using the list of Announcements, place the correct Code beside the corresponding Emergency.

EMERGENCY	ANNOUNCEMENT
Medical Emergency _____	Code YELLOW
Child Abduction _____	Code ADAM ORANGE
Disaster _____	Code DR. STRONG
Hazardous Spill _____	Code RED
Co-worker Emergency _____	Code BLUE
Fire Emergency _____	Code GRAY

15. How many times a year are fire drills held? _____

Security

16. It is appropriate to loan your ID badge to a co-worker throughout the day.

17. You are allowed to keep your ID badge even when you terminate employment from CHC.

18. Security incidents are reported on what form? _____

19. How do we limit access? Name four ways.

1. _____ 2. _____ 3. _____ 4. _____

20. When should you wear your ID badge? _____

Emergency Preparedness

21. The purpose of the Emergency Preparedness Management Plan is to:

22. What is an Incident Commander?

23. Who decides the "safe zone" in the event of a true disaster?

COMMUNITY HEALTH CENTER, INC

FAMILY AND RELATIONSHIP VIOLENCE QUIZ

Name: _____

Date: _____

1. There are mandatory reporting laws for Child Abuse.	
2. The Child Abuse perpetrator is typically in a care-giving role for the child.	
3. The victim of Child Abuse must be 21 or under.	
4. There are mandatory reporting laws for Partner Abuse (Domestic Violence)	
5. The perpetrator of Partner Abuse (Domestic Violence) is always an adult.	
6. Partner Abuse (DV) is physical abuse, but not sexual or emotional abuse.	
7. Victims of Partner Abuse (DV) are 50% female and 50% male.	
8. The victim of Elder Abuse is 65 years of age or older.	
9. There are mandatory reporting laws for Elder Abuse.	
10. Failure to report Child Abuse by mandatory reporters is now punishable by fines of \$500-\$2500, and mandatory attendance at remedial classes regarding reporting responsibilities.	
11. An employer may fire the victim of Partner Abuse (Domestic Violence).	
12. Signs and symptoms of a <i>Possible Abuser</i> are substance abuse, new health problems due to care giver stress, and unusual fatigue.	
13. Abusers are consistently harsh.	
14. Calls to the Careline to report suspicions of neglect or abuse must be made within 24 hours.	
15. It is not a criminal offense to violate a restraining order	
16. A <i>Possible Victim</i> may have discomfort with being touched (physical, genital or oral exam).	
17. Victims of domestic violence are safer when they leave the abusive relationship than when they stay in it.	
18. Domestic Violence is an intentional behavior. Its purpose is to establish power and control over an intimate partner.	
19. On a scale of 1-5 (where 1 is "low" and 5 is "high"), I would rate my knowledge of domestic violence as:	

COMMUNITY HEALTH CENTER, INC

HIPAA Training Video Attestation



On _____ (day & date), prior to beginning my clinical experience , I watched the HIPAA training video.

Name: _____

Date: _____

Signature: _____

Date: _____