

Sea Mar Credentialing Requirements for Clinical Rotations

In order come to any Sea Mar site for a Clinical Rotation you need to submit the following paperwork at least **one month** before your rotation begins:

- Proof of current negative Tuberculosis Test or other acceptable documentation of TB status
- A copy of your vaccination records showing proof of current MMR, HEP B, Tdap, and seasonal Influenza vaccinations
- Proof of HIPAA certification
- Signed paperwork from this packet (Confidentiality Agreement, Employee Security Agreement, Laptop Policy, Background Check Form, Emergency Contact Form)
- Jpeg photo of you (headshot) for your ID badge

TITLE: Confidential Information
NUMBER: 104.07

POLICY

It is the policy of Sea Mar Community Health Centers that an individual's privacy and dignity will be respected at all times. Thus, the patient-provider/employee-employer relationship will be protected and all employees are expected to keep all information/material in the strictest confidence.

POLICY STATEMENTS

- I. Patient-Provider Confidentiality - Sea Mar clients have the right to expect that records and information pertaining to their care are treated as confidential.
 - A. Any information received by staff, consultants, or volunteers from clients or regarding clients and related to their care, examination or treatment, or their financial status is confidential and may be disclosed to other staff only as necessary for the performance of the functions of the health care system and in compliance with applicable laws and regulations.
 1. Formal and informal consultation about clients among professional staff is often helpful and is encouraged in matters directly related to the health care of members.
 2. Such consultations must be held in private locations where other members and non-involved staff cannot overhear the conversation.
 - B. Our policies on confidentiality of client information apply equally to data stored in computers and in paper records.
 1. Under no circumstances will client records leave the agency premises without the express permission of the Executive Director.
 2. No information contained in the client record will be released without the express written authorization of the client.
 3. Records will be released in accordance with the Health Care Information Act and the Health Insurance Portability and Accountability Act (HIPAA).
 - C. All facts relating to Sea Mar client care constitutes confidential information and, this

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POLICY STATEMENTS – Cont'd

being so, employees are never to discuss any of this information with any unauthorized individuals.

- D. Any employee who reads client records for personal reasons will be subject to immediate discharge.
- II. Employee-Employer Confidentiality - Sea Mar employees have the right to expect that records and information pertaining to their employment are treated as confidential.
- A. Any information received by staff, consultants, or volunteers regarding staff and related to their employment or their financial status is confidential and may be disclosed to other staff only as necessary for the performance of the functions of the health care system and in compliance with applicable laws and regulations.
 - B. An employee's personnel file is strictly confidential.
 - C. Requests for any employee information are to be forwarded to Human Resources. These requests could include, but are not limited to employment verifications.
 - D. No employee information or data should be shared except with direct supervisory staff.
 - E. Formal and informal consultation about employees among supervisory staff is often helpful and is encouraged in matters directly related to any employment issues as pertaining to the employee. Such consultations must be held in private locations where other supervisors and non-involved staff cannot overhear the conversation.
 - F. Our policies on confidentiality of employee information apply equally to data stored in computers and in paper records.
 - 1. Under no circumstances will employee files leave the Human Resources Department without the express permission of the Human Resources Director or in his/her absence, the permission of the Executive Director or designee.
 - 2. No information contained in the employee file will be released without the express written permission of the employee.

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POLICY STATEMENTS – Cont'd

- III. All employees will be required to sign an agency wide Confidentiality Agreement. This agreement will be signed upon hire and then on an annual basis
 - A. This agreement is to be signed at the same time the employee appraisal is presented to the employee.
 - B. The signed agreement will be forwarded to Human Resources along with the completed and signed employee evaluation.
- IV. Individual departments may require department specific confidentiality agreements based on the individual's job functions. This agreement will be signed upon hire and then on an annual basis.
- V. This (these) agreement(s) will become part of the employee=s personnel file.
- VI. Violation of this policy will be grounds for immediate disciplinary action up to and including termination.

**Sea Mar Community Health Center
Confidentiality Agreement**

Initial Hire **This agreement is to be signed upon hire and will be submitted to Human Resources along with other new hire paperwork.**

Annually **This agreement is to be signed at the same time the employee appraisal is presented to the employee and will be forwarded to Human Resources with the completed and signed employee evaluation.**

As an employee of Sea Mar Community Health Center, I have read and acknowledge my full awareness of the policy on Confidentiality #104.07.

I hereby agree to abide by the stipulations as set forth in this policy with the understanding that violation of any part of this policy will be grounds for immediate disciplinary action up to and including immediate termination.

I understand this agreement will become part of my permanent personnel file.

Employee Signature

Date

Supervisor's Signature

Date

Effective Date: August 1, 1979
Authorized By: Board of Directors
Source: Personnel Committee of the Board of Directors
Revision Number: Five
Revision Date: February 7, 2006
Review Date: February 7, 2006

Employee Security Agreement

I have read and understand Sea Mar Community Health Information Technology policy ITO1.4 Security: Data Access and Password Control. I will comply with the security requirements.

1. Passwords must be a minimum of 6 digits in length beginning with a letter and containing at least 2 numerals. Despite your use of a password, Sea Mar reserves the right to obtain access to any information you access, created, or stored using Sea Mar resources.
2. Passwords for the desktop, Windows, screen savers, etcetera, must be written, sealed in an envelope, and hand delivered to the staffs Manager.
3. Understand that each time I enter my logon ID and password, I will be responsible for all information entered
4. Exercise all security requirements to preserve data integrity and confidentiality.
5. Be aware of the confidential nature of my logon ID and password.
6. Not share my logon ID and password with any individual, including supervisors.
7. Take all precautions and efforts necessary to protect the visual observation of logon ID and password when entered at log-in.
8. Treat my password as confidential information.
9. Logon to only one terminal at a time with their valid logon ID and password.
10. Logon to only one session of any application at a time.
11. I understand that appropriate disciplinary may be taken against me if I do not comply with the security requirements of this policy.

User/Employee Name (print full name)

Title

User/Employee Signature

Date

Supervisor Signature

Date

TITLE: Laptop Computer Assignment, File Encryption Requirements.
Number:

POLICY

It is the policy of Sea Mar Community Health Centers that laptop computers will be used in a manner that protects information on them and also protects the laptop itself. This policy applies to company-owned laptops assigned for temporary "checkout" or long-term assignment. Assignment of a laptop is a privilege that requires responsibility, reasonable care and maintenance.

POLICY STATEMENTS

- 1) Employees who are assigned a laptop must accept and sign their acknowledgement of this responsibility and their understanding and agreement with this policy.
 - A. Long-term assignment
 1. IT will maintain a log of all laptop devices by serial number, the date they were deployed, who they were deployed to, and the return date upon termination.
 2. Any transfers of laptop devices between staff members after assignment was made, needs to be reported to and approved by IT prior to the change.
 3. IT will sort this log by site and disseminate it to each department head on an annual basis for inventory and reconciliation purposes. All discrepancies will be investigated and resolved per this policy.
 - B. Temporary Assignment
 1. The clinic/program manager or their supervisory designee will be responsible for temporarily assigning the use of laptops to their staff on a daily basis.
 2. They will maintain a daily log for each laptop including: the serial number, the date and time it was assigned, the full, printed name and signature of the person it was assigned to, the time it was returned, and the supervisor's signature verifying it was returned and accounted for. Please use Attachment 1.
 3. All laptop devices must be accounted for at the beginning and end of each day as verified by the program/clinic manager or their supervisory designee. All discrepancies will be immediately investigated and resolved per this policy.
 4. All unused laptop devices and overnight storage of laptop devices will be maintained in a secure and locked area with access restricted to the clinic/program manager and one back up supervisory designee only.
 5. The program/clinic manager or their supervisory designee will be held accountable for upholding all steps in this process.
- 2) Usage of the laptop must conform to all company policies and is restricted to use by Sea Mar's employees for Sea Mar's business use only.

- 3) The "My Documents" folder, and all company data stored on the laptop must be encrypted using the Windows operating system encryption function or WINZIP.
- 4) Data removed from the computer must be encrypted using WINZIP or a similar tool that provides a minimum of 128bit encryption.
- 5) The Sea Mar Help Desk will review folder encryption on a periodic basis to ensure compliance. All company data on a laptop must be backed up by the user up to the Sea Mar network folders at least weekly. Our recommendation is that no data be stored on the Laptop or Tablet and all data be accessed from the network shared folders.
- 6) Loss, theft or damage of a laptop must be immediately reported by phone or email to Sea Mar's IT department as soon as it is discovered. A written report must be provided to the IT Director within 48 hours of the incident. The employee must participate in all internal and external investigations regarding the incident. If the loss, theft or damage is found to be due to the employee's negligence, the employee may be required to pay the repair cost or remaining laptop value. Remaining laptop value will be based on the original purchase price, reduced each year on the anniversary of the purchase date: 75% in the first year, 50% in the second year, and 25% in the third year.
- 7) If the employee fails to reimburse the company within 30 days of the request the cost will be deducted from their pay, including final pay or Paid Time Off accruals. Examples of negligence for the purpose of this policy include, but are not limited to: Laptop left in plain site inside a vehicle. Laptop left unattended and unsecured in an unlocked facility or vehicle. Laptop transported as checked luggage while traveling, unless required by security regulations. Laptop dropped or exposed to water or spilled liquid.
- 8) Upon resignation or termination of employee, the laptop must be returned within 24 hours of final employment date, or the current replacement cost of a standard company laptop will be deducted from the employee's final paycheck or other payments due at time of termination.

ACKNOWLEDGMENT

I have read and understand Sea Mar's Laptop Usage policy. If requested to reimburse Sea Mar due to loss, theft, damage or failure to return a laptop as outlined in this policy, I authorize Sea Mar to deduct the amount due from any wages it owes me, including payments due upon termination of employment, including Paid Time Off accruals. If the amount in question is greater than the amount owed me, I agree to pay the difference to Sea Mar on demand.

Print Name

Signature

Date

Effective Date: December 11, 2006
 Authorized By: EMR Steering Committee
 Source: EMR Steering Committee
 Revision Number: Original
 Revision Date: Original

Criminal Background Check Authorization

Legal Last Name:		First Name:		Middle Initial:
Alias/Maiden Name (List any and all names used):				
Date of Birth: ____ \ ____ \ ____		Gender:	Social Security Number:	
Driver License State:	Driver License Number:			
Email Address:				
Current Address				
Street		City	State	Zip
Former Employer				
Company		Position		
City	State	Dates of Employment		
Have you ever: Been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered yes, provide a statement below or attach a separate, signed explanation to this form.				

I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642, Telephone 888-670-9564; www.verifiedfirst.com and/or Sea Mar Community Health Centers.** I agree that a facsimile (fax), electronic or photographic copy of this authorization shall be as valid as the original. **NOTE: A consumer credit report will not be obtained.**

Signature Date

Hiring Manager/Supervisor: Please provide the below information.

Date:	Location:	Department Number:
Potential Position of Applicant:		
Name and Title of Requestor:	Signature:	

HR USE ONLY:
 Response sent to manager on _____ HR Initial _____
 Response sent to applicant on _____ HR Initial _____

Motor Vehicle Report Authorization

This form must be completed whether or not an employee will be driving his/her vehicle as part of their job function.

Employee Legal Name (Please Print):	
Position:	Date:

Check One:	
<input type="checkbox"/>	<p>Employee will be driving his/her vehicle as part of his/her job function. I authorize Sea Mar to obtain a Motor Vehicle Report from VerifiedFirst. The following documentation must be attached to this form:</p> <ul style="list-style-type: none">• Completed and Signed WA Department of Licensing Abstract of Driving Record Release of Interest (also found on SharePoint)• Proof of Insurance• Copy of Washington State Driver License
<input type="checkbox"/>	<p>Employee will not be driving as part of his/her job function and a motor vehicle report is not required.</p>

Employee Signature	Date
Supervisor Signature	Date

Education Verification Authorization – Complete only if job description requires a degree

If more than one education verification is needed, make additional copies of this form and just fill out the education verification section for each school.

Employee Name When Enrolled (Please Print):		
Name of School:	Student ID:	
Registrar Email:	School Phone:	School Fax:
School Address:		
Dates of Attendance:	From _____ \ _____ \ _____	To _____ \ _____ \ _____
Degree (courses taken if no degree):		
Major:	GPA:	

I hereby authorize Sea Mar to obtain an education verification from VerifiedFirst to release the above information.

Employee Signature	Date
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HR Use Only

VerifiedFirst showed the information to be: <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
HR action taken if found to be incorrect:
HR Initials:



Resident and Student Emergency Contact Information

Name _____

Position _____

Site _____

Phone Number _____

Emergency Contact

Name _____

Relationship _____

Phone Number _____

The above information was obtained by Sea Mar Community Health Centers in case of emergency. I authorize Sea Mar Community Health Centers to contact the person listed above in case of emergency.

Name _____

Signature _____

Date _____