



Sea Mar Resident/Student Onboarding Requirements

Please submit the following paperwork at least **one month** before your experience 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, COVID-19, and seasonal Influenza vaccinations
- Proof of HIPAA Certification
- Signed paperwork from this packet:
 - Basic Employee, Resident, or Student Information Form
 - Confidentiality Agreement
 - HIPAA Protocol
 - Employee, Resident, or Student Security Agreement
 - Conflict of Interest Statement
 - Background Check Authorization Form
- Headshot photo for your Sea Mar badge



Basic Employee, Resident, or Student Information Form

Effective Date:	<input type="checkbox"/> New	<input type="checkbox"/> Change
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Employee, Resident, or Student Information

Name:	Nickname:
Address:	
Home Phone:	Cell Phone:
Languages Spoken:	Date of Birth:

Emergency, Resident, or Student Contact Information

Name:	Relationship:
Address:	
Home Phone:	Cell Phone:

Demographic Information

Check off the applicable item in each category. This information is voluntary to be used for affirmative action efforts. This information is kept confidential and no adverse action will be taken for not providing this information.

Ethnic Background:

- Hispanic or Latino
 White
 Black or African American
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Two or More Races

Do you have any disabilities? Yes No Marital Status: M S D DP W

If yes, note type of disability: _____

Do you need any special accommodations for your disability? Yes No

If yes, type of accommodations needed: _____

Are you a Veteran? Yes No

If yes, years served (i.e. 1991-95): _____ Military Branch: _____

Employee, Resident, or Student Signature

Date

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

TITLE: Confidential Information
NUMBER: 104.07

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.

- 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.

Effective Date: August 1, 1979
Authorized By: Board of Directors
Source: Personnel Committee of the Board of Directors
Revision Number: Five
Review Date: December 4, 2018

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 as 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, resident, or student of Sea Mar Community Health Centers, I have read and acknowledge my full awareness of the policy on Confidentiality #104.07.

I 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, Resident, or Student Name (Please Print)

Date

Employee, Resident, or Student Signature

Supervisor Name (Please Print)

Date

Supervisor Signature

ACKNOWLEDGMENT OF PATIENT RECORDS PROTOCOLS

The Health Insurance Portability and Accountability Act (known as HIPAA) gives individuals rights and protection over their personal health care information. Allowing unauthorized individuals to see this personal information can have severe consequences for you and Sea Mar, even if it happens by accident.

Protocols for accessing patient records.

You are duly authorized for accessing Patient Health Information (PHI) only for the purposes of performing your specific job duties in providing treatment, processing payment or other work in Health Care Operations. You are not authorized to access patient records other than for those patients relevant to performing your actual work duties. That includes family members, staff or managers of Sea Mar.

Please be reminded of Sea Mar’s protocol that if your family member needs any service, then that work should be referred to another staff member. You should not be accessing the family member’s records or your own records directly except through MyChart as a patient. Other than in the role of a patient using MyChart, if you have the consent of your family member, if you are parent of a minor child, or if you wish to access your own records, you are to make a request to other staff as you would as a patient.

All employees must adhere to this protocol. No Exceptions.

Safeguarding the privacy rights of patients is extremely important and that the protocols for protecting patient rights and adhering to HIPAA requirements are to be strictly followed. Our policies regarding Confidentiality are very clear. The training provided to you regarding accessing patient records include the protocols of “breaking the glass” when records of co-workers are implicated. Please be reminded that violations of the protocols are deemed very serious and will be addressed severely with firm disciplinary action, including reprimands with suspensions or immediate terminations.

It is important that we take strong measures to safeguard PHI against internal access that is inappropriate. All staff must comply with the minimum necessary protocol. The minimum necessary rule refers to limiting the disclosure of information to only the information reasonably necessary to perform work. Authorized staff should have access to, and use, only the minimum necessary access to perform their duties.

Employees will be given a copy of this protocol and sign to acknowledge receipt.

Employee _____ Date _____

Printed Name: _____

Supervisor _____ Date _____

Employee, Resident, or Student Security Agreement

By signing this agreement, I understand:

1. Passwords must be a minimum of 12 digits in length. Passwords must include upper and lower case letters, plus at least one number and one special character. 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. Each time I enter my login ID and password, I will be responsible for all information entered.
3. I must exercise all security requirements to preserve data integrity and confidentiality.
4. I must be aware of all confidential nature of login ID and password.
5. I must not share my login ID and password with any individual, including supervisors.
6. I must take all precautions and efforts necessary to protect the visual observation of login ID and password when entered at log-in.
7. I must treat my password as confidential information.
8. I must login to only one terminal at a time with valid login ID and password.
9. I must login to only one session of any application at a time.
10. I shall not store or save any patient information on my desktop or portable computer; I shall save all files on Sea Mar's network drive.
11. If I should need to transport a portable computer away from the office, I shall not leave the computer unsecured or unattended, particularly in a vehicle.
12. I understand that appropriate disciplinary action may be taken against me if I do not comply with the security requirements of this document.

User/Employee Name (Please print full name)

Title

User/Employee Signature

Date

Employee New Phone Number and Extension: _____

Supervisor Name (Please print full name)

Title

Supervisor Signature

Date

SEA MAR COMMUNITY HEALTH CENTER
Seattle, Washington

CATEGORY: Work Rules

TITLE: Conflict of Interest
NUMBER: 104.21

POLICY

It is the policy of Sea Mar Community Health Centers that all employees and Board of Directors shall avoid actual and apparent conflicts of interest in the performance of their duties. Use of one's position at Sea Mar Community Health Centers for the benefit of oneself or for the benefit of closely related persons is considered to be action which conflicts with the interests of the organization.

POLICY STATEMENTS

1. It is hoped that situations which create a conflict of interest, or even the appearance of a conflict of interest, may be avoided through guidance, and by encouraging open communication between the individual and Sea Mar Community Health Centers management team regarding any possible conflict of interest. Employees and Board members will be required to disclose any possible conflict of interest. The Conflict of Interest Statement form is to be used for this disclosure.
2. The possibility of any Conflict of Interest is to be reviewed with all employees at time of hire and a Conflict of Interests Statement form must be completed. It is expected that if at any time thereafter, a possible conflict of interest arises, the employee will be required to report it immediately (no later than two days after discovery) to the Supervisor and/or Department Head for review and decision by the management team and/or Executive Director. A decision on whether an actual or potential conflict exists shall be made and communicated to the employee within five days, unless it is determined that further investigation is necessary.
3. A record of conflict of interest discussion is to be made by the appropriate Department Head or management team member, and included in the employee's personnel file and in management team minutes.
4. Employees and persons affiliated with Sea Mar Community Health Centers are not to accept personal gifts, entertainment, favors, consulting arrangements, monetary or other favors from clients, businesses, or individuals when such activities could influence or appear to influence decisions or actions on behalf of or against Sea Mar Community Health Centers. All personal gifts, compensation, favors or entertainment which are received are to be reported immediately to the Supervisor and/or Department Head, and arrangements shall be made to distribute these gifts to agency clients. Failure to so report may be grounds for disciplinary action.
5. The Executive Director and/or Management Team shall take any necessary actions, as a result of these disclosures to ensure compliance with Sea Mar Community Health Centers policies on conflict of interest.

TITLE: Conflict of Interest

Number: 104.21 (cont.)

6. Employees and affiliated persons shall not hold positions as owners, investors, officers, partners, or employees in any other organization where their position responsibilities might compete or conflict or appear to compete or conflict with the interests of Sea Mar Community Health Centers.
7. All purchasing and contracting decisions shall be made in an objective fashion considering price, quality, accessibility and other relevant factors. Employees and affiliated persons are not to refer business to themselves, their spouses, relatives, or others with whom they have formed a special or romantic relationship. Any such relationship, possibility of such a relationship, any close friendship or any outside business relationship must be disclosed to the decision-makers prior to the decision being made.
8. Sea Mar Community Health Centers employees may have other employment provided it does not negatively impact their attendance and/or performance and/or is not in conflict with any other aspect of this policy.
 - A. If attendance standards are not being met, disciplinary action will be taken as per Policy 100.17, Progressive Discipline.
 - B. If job performance standards are not being met, disciplinary action will be taken as per Policy 100.17, Progressive Discipline.
9. Use of one's position as a care giver to influence a patient/client to grant special benefits to oneself or one's family/significant others (such as valuable gifts or a position as a care giver in the patient's home) is inappropriate. Patients/clients who ask to give special benefits to a care giver are to be referred to one's Supervisor and/or Department Head immediately.
10. If there is found to be a conflict of interest, the employee may be:
 - A. immediately terminated depending on the severity of the Conflict of Interest or advised the activity is to cease immediately. The employee will be disciplined in accordance to Policy 100.16, Termination and 100.17, Progressive Discipline. The management team will determine the severity of the conflict of interest.
 - B. reassigned into another position, if available, where the conflict of interest will not exist. If no such position is available, the employee will be terminated.
 - C. take such other action to resolve the conflict as may be available and determined

Effective Date: May 15, 1996
Source: Administration
Authorized by: Board of Directors
Revision Date: September 3, 2019

TITLE: Conflict of Interest

Number: 104.21 (cont.)

appropriate by management.

11. If an employee has current or prior employment with a government or granting agency which funds a program within Sea Mar Community Health Centers, and such other employment relates to the particular program at Sea Mar Community Health Centers, such other employment shall be considered a potential conflict of interest which shall be disclosed and reviewed as provided under this Policy. If appropriate and/or required under any contract or statute, the Department Head shall coordinate with the affected employee any disclosure to the concerned government or funding agency.
12. Board members shall sign a personal commitment statement every year that includes a statement regarding the conflict of interest. At the beginning of every Board meeting, Board members are asked if they have any conflicts of interest to disclose. This is recorded in the meeting minutes. Potential conflicts of interest are reviewed by the Executive Committee.
13. Transactions between affiliated entities of the Corporation shall be scrutinized to identify any conflicts of interest. Such transactions shall be evaluated with the following considerations:
 - a. Does the transaction serve the best interest of the Corporation?
 - b. Is the transaction commercially sound?
 - c. Does the transaction create any harm to the Corporation?
14. The Personal Commitment statement for Board members shall include recognition that their fiduciary duty is owing to each of the respective affiliated corporate entities for which they are acting.
15. This Conflict of Interest policy shall apply to evaluate potential conflicts with transactions between the affiliated corporate entities of Sea Mar. Appropriate measures to mitigate against any actual conflicts shall be taken.

Effective Date: May 15, 1996
Source: Administration
Authorized by: Board of Directors
Revision Date: September 3, 2019

Conflict of Interest Statement

Employee, Resident, or Student Name (printed):

PLEASE NOTE: SIGN ONLY ONE SECTION.

No Conflict of Interest Activity

Sign here if you have no conflict of interest activity to disclose.

I have read Sea Mar Community Health Centers Policy #104.21, Conflict of Interest, and affirm that I am not now engaged in any activity which may be in violation of the wording or intent of the policy, nor am I engaged in any policy or activity which may appear to be in violation of the wording or intent of the policy. I affirm that it is my duty to act in ways which promote the best interests of Sea Mar Community Health Centers and the best interest of the patients and clients served by Sea Mar Community Health Centers.

Employee, Resident, or Student Signature

Date

Potential Conflict of Interest Activity

Sign here if you have potential conflict of interest activity to disclose.

I have read Sea Mar Community Health Centers Policy #104.21, Conflict of Interest, and am presently involved in an activity which may result in or appear to result in a possible conflict of interest.

Description of Activity:

*Attached additional pages if
necessary.*

Other than stated above, I am not engaged in any activity that contradicts the wording or intent of the policy. I affirm that it is my duty to act in ways that promote the best interests of Sea Mar Community Health Centers and the best interests of the patients and clients served by Sea Mar Community Health Centers.

Employee, Resident, or Student Signature

Date

Review of Potential Conflict of Interest Activity Admin Use Only

Date Documentation Reviewed:

_____ Reviewed and Activity Noted and Approved

OR

_____ Remedial Action to be Taken

Description of
Remedial Action:

Date Remedial Action Completed:

Executive Director/Designee Signature

Date

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 Background Screeners of America, 9333 Melvin Ave, Northridge, CA 91324; Tel. # 1.877.643.2464; www.backgroundscreenersofamerica.com and/or Sea Mar CHC. 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 _____

HR USE ONLY: 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"/>	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 BSA. <i>The following documentation must be attached to this form:</i> <ul style="list-style-type: none">• <u>Completed and Signed WA Department of Licensing Abstract of Driving Record Release of Interest</u>• <u>Proof of Insurance</u>• <u>Copy of Washington State Driver License</u>
<input type="checkbox"/>	Employee will not be driving his/her vehicle as part of his/her job function and a motor vehicle report is not required.

Employee Signature Date

Supervisor Signature Date

Education Verification Authorization

Complete only if job description requires a degree and the position is not a licensed position.

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:		School Phone:
Registrar Email:		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 BSA to release the above information.

Employee Signature Date

HR Use Only

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