Dear Student and Program Administrator:

Welcome to Virginia Mason. This student packet is designed to facilitate the process for collecting the required background check and onboarding information needed for placement at Virginia Mason.

To help expedite the process, please ensure all documents are complete and accurate.

Please submit the packet at least 14 days prior to the anticipated start date to allow adequate time to process your information.

We’re excited to have you join us as you continue your education.

If you have any questions, please email us at Students@Virginia Mason.org or call at (206) 223-6757.

Regards,

Human Resources
STUDENT FITNESS FOR DUTY REQUIREMENTS
Must be completed before starting at Virginia Mason

1. AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION AND SUMMARY OF RIGHTS
   • Background checks should be submitted at least 14 days before a student’s anticipated start date at Virginia Mason. A student cannot begin their rotation until the background check process is completed and they are cleared to be onsite.
   • The completed release must include a full seven (7) year address history beginning from the current month. (Example: Today’s date is 1/01/2014 - address history should then begin 1/01/2007—No gaps in between addresses.)
   • The completed release must include all United States and International addresses. If a student has lived outside of the US within the last seven (7) years, the release should be submitted at least one (1) month in advance of the student’s start date to allow for additional processing time.
   • If we do not receive a complete seven (7) year history, the background check cannot be processed, so it may delay the start date of the student assignment. Please include an extra page if you need additional space for your complete seven (7) year address history.
   • A summary of the student’s rights under the Fair Credit and Reporting Act are included with this packet.

2. ID BADGE POLICY - Student
   • The completed ID Badge form should be submitted with the student application packet at least fourteen (14) days in advance of their anticipated start date.
   • All fields on the ID Badge form must be completed.

3. STUDENT FITNESS FOR DUTY COMPLIANCE CERTIFICATION
   A school representative is required to verify the immunization records provided by the student and sign the attached fitness for duty form. Please include the start date and anticipated end date of the rotation.

   A student may not authorize their own certification form; it must be signed by an authorized school representative.

DO NOT SEND RECORDS OF IMMUNIZATIONS OR OTHER CONFIDENTIAL MEDICAL RECORDS WITH THIS PACKET.

   • TB Test: Must be current within one (1) year of starting and be valid through their time at Virginia Mason. If a student has received a positive result in the past, then we will need the date of the positive PPD, date of clear chest x-ray and the date of their last annual TB Symptom Survey.
   • MMR: Date of Vaccinations (x2), or proof of immunity via Titer
   • Varicella/Chickenpox: Date of Vaccinations (x2), or History of Disease, or proof of immunity via Titer
   • Influenza Vaccine: Mandatory for all students while on placement at Virginia Mason within the timeframe specified by VMHS (dates change annually, typically December through April). Students who begin their placement prior to the required period but while still at Virginia Mason during flu season will be required to provide proof of their vaccination. An authorized school representative will need to submit the updated Student Fit for Duty Compliance Certification showing compliance.

4. DISCLOSURE STATEMENT
   Student to complete, sign and include with the placement packet.
DISCLOSURE FOR BACKGROUND CHECK

Virginia Mason (the “Company”) will procure a consumer report and/or investigative consumer report on you in connection with your application for employment purposes (including employment, volunteer, or independent contractor assignments, as applicable) as defined under the Fair Credit Reporting Act. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

TalentWise Solutions LLC (“TalentWise”), a consumer reporting agency, will obtain the report for the Company. Further information regarding TalentWise, including its privacy policy, may be found online at www.TalentWise.com. TalentWise is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and/or credit standing. The information that may be included in your report include: Experian credit reports (US Credit), social security number trace, criminal records checks, public court records checks, driving records checks, drug tests, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks. The Company will only request credit reports insofar as they relate to the position for which you are applying. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history.
AUTHORIZATION

I have carefully read and understand this disclosure and authorization form and I have received a copy of the “Summary of Your Rights Under the Fair Credit Reporting Act” provided with this form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by TalentWise, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

This information is being collected to conduct the background screen on you. It will not be used for any other purpose.

PLEASE TYPE OR PRINT

LAST NAME ___________________________ FIRST NAME ___________________________ FULL MIDDLE NAME ___________________________

Date of Birth: ___________________________ SSN: ___________________________

Signature: ___________________________ Date: ___________________________

Provide other names you have used, or are also known as, including maiden name, name changes and any aliases:

______________________________________________________________________________________________

Please provide all residential addresses for the past 7 years. Use an additional page as needed:

Mo./Yr. / Mo./ Yr.

Current Address: Street ___________________________ Apt# ___________________________ City, State & Zip Code ___________________________ From/To ___________________________

Former Address: Street ___________________________ Apt# ___________________________ City, State & Zip Code ___________________________ From/To ___________________________

Former Address: Street ___________________________ Apt# ___________________________ City, State & Zip Code ___________________________ From/To ___________________________

Former Address: Street ___________________________ Apt# ___________________________ City, State & Zip Code ___________________________ From/To ___________________________

Former Address: Street ___________________________ Apt# ___________________________ City, State & Zip Code ___________________________ From/To ___________________________

Former Address: Street ___________________________ Apt# ___________________________ City, State & Zip Code ___________________________ From/To ___________________________

Former Address: Street ___________________________ Apt# ___________________________ City, State & Zip Code ___________________________ From/To ___________________________

C:\Users\s37537\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\MLDPYLWY\Student Application Packet Oct 31 2014.docx
ID Badge Policy
Student

A Student ID badge will be issued after the student reviews and signs the below policy. However, it is important that this signed document be submitted with the entire packet, not separately and the entire packet is received at least fourteen (14) days before the student arrives at Virginia Mason.

The ID badge:

1. Provides picture identification to maintain a secure environment for our patients and employees.
2. Allows students access to the buildings after hours, if needed.

Your ID badge should be handled with the same care as your driver's license, credit card, and other forms of identification. Once a Virginia Mason ID badge is issued to you, you are responsible for its use at all times.

The following policies and procedures are to be followed by all Student ID badge holders:

1. Your ID badge must be worn with photo and name visible at all times while on Virginia Mason premises. It is each person's responsibility to wear his/her ID badge while working on Virginia Mason premises and to use it properly.
2. For security and protection, the ID badge should only be used by the person to whom it is issued. Never loan nor give your badge to anyone.
3. The badge is Virginia Mason property; therefore, attaching pins, defacing or altering the badge is against policy. When your placement ends with Virginia Mason, you must return your ID badge to your Virginia Mason contact person or Human Resources on your last day of service.
4. **You are responsible for the replacement of a lost or stolen ID badge;** you should report missing ID's to Security immediately. Replacement badges can be obtained in Human Resources or Security Services.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student Signature</th>
<th>Date (mm/dd/yy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Phone Number</td>
<td>Student Email</td>
<td></td>
</tr>
<tr>
<td>Virginia Mason Department Name</td>
<td>School Name</td>
<td></td>
</tr>
<tr>
<td>Virginia Mason Manager’s Name</td>
<td>School Contact’s Name</td>
<td></td>
</tr>
<tr>
<td>Virginia Mason Manager’s Email Address (optional)</td>
<td>School Contact’s Email Address</td>
<td></td>
</tr>
<tr>
<td>(____)</td>
<td>(____)</td>
<td></td>
</tr>
<tr>
<td>Virginia Mason Manager’s Phone Number</td>
<td>School Contact’s Phone Number</td>
<td></td>
</tr>
</tbody>
</table>
# Student Fitness for Duty Compliance Certification

**Student Name:**

<table>
<thead>
<tr>
<th>Placement Start Date:</th>
<th>Anticipated End Date:</th>
</tr>
</thead>
</table>

*The Virginia Mason Manager is responsible for notifying HR when the student’s assignment has ended.*

<table>
<thead>
<tr>
<th>Authorized School Representative or their Virginia Mason designee are required to initial each requirement, confirming the student has completed each FFD requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional License/Certification (if required) is current (if not, put &quot;N/A&quot;):</td>
</tr>
<tr>
<td>Initial Below</td>
</tr>
<tr>
<td>TB/PPD compliance annual/seasonal *:</td>
</tr>
<tr>
<td>Initial Below</td>
</tr>
<tr>
<td>MMR immunity*:</td>
</tr>
<tr>
<td>Initial Below</td>
</tr>
<tr>
<td>Varicella/Chickenpox immunity*:</td>
</tr>
<tr>
<td>Initial Below</td>
</tr>
<tr>
<td>Influenza vaccine*: mandatory for all students while on placement at Virginia Mason within the timeframe specified by VMHS (dates change annually – typically Dec. through April). Students who begin their placement prior to the required period but while still at Virginia Mason during flu season will be required to provide proof of their vaccination.</td>
</tr>
<tr>
<td>Initial Below</td>
</tr>
</tbody>
</table>

*Please refer to the “Student Fitness for Duty Requirements” form for definitions of acceptable proof of “immunity” and “compliance.”

Confidentiality Agreement and Code of Conduct provided to student: Initial Below

## School Representative Certification and/or Virginia Mason Manager responsible for Student: *I certify that the above information is true and accurate and all confidential medical documentation will be kept by the school.*

<table>
<thead>
<tr>
<th>School Representative:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
</tr>
</tbody>
</table>

## TO BE COMPLETED BY THE STUDENT

- Disclosure statement completed: Initial & Date
- I authorize my school to release the documents listed on the previous page upon the request of Virginia Mason: Sign & Date:
- I understand and agree to the conditions of the Confidentiality and Privacy Agreement: Sign & Date:
- I understand and agree to the conditions of the Virginia Mason Code of Conduct: Sign & Date:
Pursuant to the requirements of Washington State law (RCW 43.43.830-842), we must ask you to complete the following disclosure statement. This information will be maintained in accordance with state law.

Have you EVER been convicted of any of the following crimes against children or other persons (including adult and juvenile offenses)? Convictions include: judge or jury verdicts, guilty pleas, “Alford” pleas or pleas of “nolo contendere.” If “(5 or more years)” appears after a crime, the person is automatically denied unsupervised access unless 5 or more years has passed since the date of conviction. After 5 years, an overall assessment of the person’s character, competence, and suitability to have unsupervised access will determine denial.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment of a child</td>
<td>Harassment (5 or more years)</td>
<td>Promoting suicide attempt (5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Abandonment of a dependent person not against child (5 or more years)</td>
<td>Harassment Domestic Violence</td>
<td>Prostitution (5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Abuse or neglect of a child</td>
<td>Homicide by abuse</td>
<td>Rape</td>
<td></td>
</tr>
<tr>
<td>Arson</td>
<td>Homicide by watercraft</td>
<td>Rape of child</td>
<td></td>
</tr>
<tr>
<td>Assault 1</td>
<td>Identity theft (5 or more years)</td>
<td>Reckless endangerment (5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Assault 2</td>
<td>Incendiary devices (possess, manufacture, dispose)</td>
<td>Registered sex offender</td>
<td></td>
</tr>
<tr>
<td>Assault 3 Domestic Violence</td>
<td>Incest</td>
<td>Residential burglary (5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Assault 3 not Domestic Violence (5 or more years)</td>
<td>Indecent exposure/Public indecency (Felony)</td>
<td>Robbery</td>
<td></td>
</tr>
<tr>
<td>Assault 4/simple assault (5 or more years)</td>
<td>Indecent liberties</td>
<td>Selling or distributing erotic material to a minor</td>
<td></td>
</tr>
<tr>
<td>Assault of a child</td>
<td>Kidnapping</td>
<td>Sending or bringing into the state depictions of a minor</td>
<td></td>
</tr>
<tr>
<td>Bail jumping</td>
<td>Leading organized crime (5 or more years)</td>
<td>Sexual exploitation of minors</td>
<td></td>
</tr>
<tr>
<td>Burglary (5 or more years)</td>
<td>Luring</td>
<td>Sexual misconduct with a minor</td>
<td></td>
</tr>
<tr>
<td>Carnal knowledge</td>
<td>Malicious explosion 1</td>
<td>Sexually violating human remains</td>
<td></td>
</tr>
<tr>
<td>Child buying or selling</td>
<td>Malicious explosion 2</td>
<td>Stalking (5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Child molestation</td>
<td>Malicious explosion 3 (5 or more years)</td>
<td>Theft (5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Coercion (5 or more years)</td>
<td>Malicious harassment</td>
<td>Unlawful imprisonment (5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Child molestation</td>
<td>Malicious mischief (5 or more years)</td>
<td>Unlawful use of bldg for drug purposes (5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Commercial sexual abuse of a minor, Patronizing a juvenile prostitute</td>
<td>Malicious mischief Domestic Violence</td>
<td>Use of machine gun in a felony</td>
<td></td>
</tr>
<tr>
<td>Communication with a child for immoral purposes</td>
<td>Malicious placement of an explosive 1</td>
<td>Vehicular assault</td>
<td></td>
</tr>
<tr>
<td>Controlled substance homicide</td>
<td>Malicious placement of an explosive 2 (5 or more years)</td>
<td>Vehicular homicide (negligent homicide)</td>
<td></td>
</tr>
<tr>
<td>Criminal mistreatment</td>
<td>Malicious placement of an explosive 3 (5 or more years)</td>
<td>Violation of child abuse restraining order</td>
<td></td>
</tr>
<tr>
<td>Custodial assault (5 or more years)</td>
<td>Malicious placement of imitation device 1 (5 or more years)</td>
<td>Violation of civil anti-harassment protection order</td>
<td></td>
</tr>
<tr>
<td>Custodial interference</td>
<td>Manslaughter</td>
<td>Violation of protection, contact, restraining order</td>
<td></td>
</tr>
<tr>
<td>Custodial sexual misconduct (5 or more years)</td>
<td>Murder/Aggravated murder</td>
<td>Violation of the Imitation Controlled Substance Act (manufacture, deliver, intent - 5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Dealing in depictions of minor engaged in sexual explicit conduct</td>
<td>Patronizing a prostitute (5 or more years)</td>
<td>Violation of Uniform Controlled Substance Act (manufacture, deliver, intent - 5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence (felonies only)</td>
<td>Possess depictions minor engaged in sexual conduct</td>
<td>Violation of the Uniform Legend Drug Act (manufacture, deliver, intent - 5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Drive-by shooting</td>
<td>Possess explosive device (5 or more years)</td>
<td>Violation of the Uniform Precursor Drug Act (manufacture, deliver, intent - 5 or more years)</td>
<td></td>
</tr>
<tr>
<td>Extortion 1</td>
<td>Promoting pornography (5 or more years)</td>
<td>Voyeurism</td>
<td></td>
</tr>
<tr>
<td>Extortion 2 (5 or more years)</td>
<td>Promoting prostitution 1 (5 or more years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forgery (5 or more years)</td>
<td>Promoting prostitution 2 (5 or more years)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If your answer is “yes” to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Pending Crime – Are you currently charged with a crime that is on the above list of DSHS Secretary’s List of Crimes and Negative Actions? If so, please be aware that you are denied unsupervised access while awaiting a decision by a court, administrative entity, or governmental entity. Upon conviction or acquittal, the Secretary’s List is applied.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a Dependency Action or Domestic Relations Proceeding, have you been found to have:</td>
<td></td>
</tr>
<tr>
<td>Sexually assaulted or engaged in the exploitation of a minor?</td>
<td></td>
</tr>
<tr>
<td>Neglected or physically abused a minor?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>In a Disciplinary Board Final Decision, have you been found to have:</td>
<td></td>
</tr>
<tr>
<td>Sexually assaulted or engaged in the exploitation of a minor or developmentally disabled person?</td>
<td></td>
</tr>
<tr>
<td>Neglected or physically abused a minor or developmentally disabled person?</td>
<td></td>
</tr>
<tr>
<td>Abused, neglected, or financially exploited any “vulnerable adult”?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>In a Court Protection Proceeding under Chapter 74.34 RCW, have you been found to have:</td>
<td></td>
</tr>
<tr>
<td>Neglected, abused or financially exploited a “vulnerable adult”?</td>
<td></td>
</tr>
</tbody>
</table>

If your answer is “yes” to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

Disclosure of Exclusion from Federal Health Care Programs or Government Contracts: Under federal law, Virginia Mason Medical Center (VMMC) is prohibited from employing or contracting with persons excluded from participation in federal health care programs or government contracts. Federal health care programs include Medicare, Medicaid, Tricare, and other programs funded by the federal government. Exclusion may be the result of misconduct ranging from fraud convictions, to patient abuse, to default on health education loans.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been convicted of a crime resulting in your exclusion from participation in federal health care programs or a government contract?</td>
<td></td>
</tr>
<tr>
<td>To your knowledge, has your name ever appeared on the Office of the Inspector General’s List of Excluded Individuals/Entities?</td>
<td></td>
</tr>
<tr>
<td>Are you currently part of a legal proceeding regarding possible exclusion from federal health care programs or a government contract?</td>
<td></td>
</tr>
<tr>
<td>To your knowledge, has your name ever appeared on the General Services Administration’s List of Parties Excluded from Federal Procurement and Non Procurement Programs?</td>
<td></td>
</tr>
</tbody>
</table>

Please explain any “yes” responses:

UNDER PENALTY OF PERJURY, I certify that this information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am hired, my employment is conditioned upon the receipt of a satisfactory criminal background check, and verification that my name does not appear on the Office of Inspector General’s List of Excluded Individuals/Entities or the General Services Administration’s List of Parties Excluded from Federal Procurement and Non Procurement Programs. In addition, I understand that ongoing criminal background checks will be conducted according to VMMC policy during my employment. I agree to notify Staff Relations at VMMC of any change in status during my employment for any crime or matter that would disqualify a person from working at VMMC under applicable laws. Failure to report a change in status, conviction or finding, or cooperate with continuing background checks may result in immediate dismissal from employment at VMMC.

Name (print): ___________________________ Signature: ___________________________ Date: ___________________________

We may request your permission and/or your fingerprints to obtain from the various national and state agencies’ criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. In the event Virginia Mason conducts a Washington State Patrol check, you will be notified of the state’s response within ten days after we receive the report. We will make a copy of the report available to you upon your request.
VIRGINIA MASON
CONFIDENTIALITY, PRIVACY & SECURITY AGREEMENT

As a workforce member of Virginia Mason Medical Center, Benaroya Research Institute at Virginia Mason or other Virginia Mason affiliated entity, I am responsible for protecting the confidentiality and security of all patient and business information.

Therefore, I will:

✓ Watch what I say and where I say it when discussing patient and business information.

✓ Access, use and disclose only patient and business information that I have on a “need to know” basis to perform my job-related duties.

✓ At Virginia Mason locations, keep patient information out of view of patients, visitors and individuals who are not involved in the patient’s care.

✓ Keep paper patient and business information secured and in my possession during transit and never leave the information unattended, even if my car is locked. All electronic information must be secured by encryption.

✓ Dispose of patient and business information stored on any media as specified in applicable Virginia Mason Medical Center and Benaroya Research Institute at Virginia Mason policies.

✓ Not use my business access to look up my health information, or that of family, friends, or other coworkers. When I am in the role of a patient or patient’s family member, I must use the same access avenues other patients use (e.g., submit an authorization to the Release of Information Department in Health Information Services to obtain copies of information or be granted access via MyVirginiaMason patient portal).

✓ Not use my employment status to ask co-workers to look up information about me, or my family, friends, or other coworkers.

✓ Safeguard any individual passwords and never share them with others, log on for others or allow others to log on for me. My passwords are equivalent to my signature and I am personally accountable for all activities done under my passwords. I understand that my access to electronic health records and other business records may be audited.

✓ Log off or secure my workstation when I leave my work area.

✓ Not forward my business-related emails or information to external email accounts, and only use my Virginia Mason issued email account for business-related purposes.

✓ Immediately change my password and contact the Information Systems Help Desk (206) 583-6402 if I have any reason to believe that the confidentiality of my password has been compromised.

✓ Report a suspected privacy or security violation or loss immediately (e.g. USB drive, laptop) to my supervisor, to the Information Security Officer, to the Privacy Office at (206) 233-7505, or submit a Patient Safety Alert.

✓ Continue to maintain the privacy and security of patient and business information throughout the duration of my employment and after I am no longer employed at Virginia Mason.

✓ Understand that my failure to comply with this agreement may result in disciplinary action, up to and including termination of my employment with Virginia Mason or my role as a Virginia Mason workforce member. Additionally, I may be subject to criminal or civil penalties for inappropriate uses or disclosures of patient information and business information.

I understand and agree to all of the above conditions and instructions.

Name (Print):  
Signature:  
Department or Outside Organization:  
Date:  

Copy to Employee  
VMMC FORM 98541 (11/13)
VIRGINIA MASON
STANDARDS OF CONDUCT

Through adherence to this Code, our workforce members should make sound ethical decisions during their day to day activities. This Code does not substitute for common sense, individual judgment, and personal integrity, for which we are all accountable. However, this Code describes common standards for our actions and attitudes. We must adhere to these standards to fulfill our vision and mission.

Focus on Patients

- We will provide exceptional quality care to our patients.
- We will treat our patients, visitors, and all other workforce members with courtesy and respect with our spoken and unspoken behavior.
- We will avoid any inappropriate and disruptive behaviors that may interfere with patient care delivery and services or any acts that interfere with the orderly conduct of the organization’s or individual’s abilities to perform their jobs effectively. Disruptive and inappropriate behavior includes, but is not limited to, abusive language, condescending voice intonation, angry outbursts, bigotry, bullying, demeaning behavior, offensive jokes, physical violence, and sexual misconduct.
- We will employ safe practices and maintain a safe environment for our patients, visitors and workforce. We will utilize our Patient Safety Alert program to identify potentially unsafe environments, practices, or patient care.
- We will respect patients’ privacy rights by maintaining patient information in accordance with all laws and policies.

Focus on Staff

- We will embrace open, honest, and fair communication.
- We will promote the reputation of VMHS with our honesty and integrity by not making false or misleading oral or written statements during the performance of our duties.

Focus on Corporate Responsibility

- We will conduct our duties for the benefit and interest of Virginia Mason Health System and avoid conflicts and any appearance that our responsibility to VMHS might be compromised by outside obligations.
- We will take every reasonable precaution to ensure that our coding and billing is accurate, timely and in compliance with our policies and with laws and applicable standards governing these complex processes.
- We will avoid offering or accepting inappropriate gifts or other things of value to or from our patients or vendors.
- We will provide equal opportunity in all aspects of employment and will not tolerate discrimination or harassment of any kind. Derogatory comments, unwelcome sexual advances and similar behavior are prohibited.
- We will be responsible to question, challenge and report any situations that potentially violate this Code, a VMHS policy, or applicable law, without fear of retribution or retaliation.

I have read and understand the above Standards of Conduct. I understand that if I do not comply with the above guidelines, my internship may be terminated.

Signature ___________________________________________ Date: __________________________
A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

1. **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

2. **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
   - a person has taken adverse action against you because of information in your credit report;
   - you are the victim of identity theft and place a fraud alert in your file;
   - your file contains inaccurate information as a result of fraud;
   - you are on public assistance;
   - you are unemployed but expect to apply for employment within 60 days.

   In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

3. **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

4. **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

5. **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

6. **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

7. **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

8. **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

9. **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

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<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
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<tbody>
<tr>
<td>1a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates.</td>
<td>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</td>
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<tr>
<td>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</td>
<td>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</td>
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<td>2. To the extent not included in item 1 above:</td>
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<td>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</td>
<td>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</td>
</tr>
<tr>
<td>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</td>
<td>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</td>
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<tr>
<td>d. Federal Credit Unions</td>
<td>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</td>
</tr>
<tr>
<td>3. Air carriers</td>
<td>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590</td>
</tr>
<tr>
<td>4. Creditors Subject to Surface Transportation Board</td>
<td>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423</td>
</tr>
<tr>
<td>5. Creditors Subject to Packers and Stockyards Act, 1921</td>
<td>Nearest Packers and Stockyards Administration area supervisor</td>
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6. Small Business Investment Companies

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

7. Brokers and Dealers

Securities and Exchange Commission
100 F St NE
Washington, DC 20549


Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

ADDITIONAL STATE LAW NOTICES

CALIFORNIA: Pursuant to section AB 22 Employers who order credit reports on a California resident, applicant who will be working in California, or who will be employed by a company in California must complete the following section.

Under this law employers cannot use a consumer credit report for employment purposes for any position excluding those listed below. As required in your disclosure to the applicant, please indicate the specific reason(s) for which an employment credit report is being requested:

This employment position:
☐ Is managerial (as defined by the California Industrial Welfare Commission);
☐ Is in the State Department of Justice;
☐ Is as a peace officer or other law enforcement;
☐ Involves regular access to bank or credit card account info, social security numbers and dates of birth (this does not include ordinary retail work);
☐ Would make the employee a named signatory on the employer’s bank or credit card account;
☐ Would authorize the employee to transfer money on the employer’s behalf;
☐ Would authorize the employee to enter into financial contracts on the employer’s behalf;
☐ Involves access to confidential or proprietary information that derives independent economic value from not being generally known and an effort is being made to maintain its secrecy;
☐ Involves regular access to cash of $10,000 or more during the workday that belongs to the employer, a customer or a client. This doesn’t apply to financial institutions subject to oversight by a state or federal regulatory agency.

Employers must also indicate whether a free copy of the report has been requested by the applicant/employee:
☐ Please provide the applicant/employee with a free copy of the report.

☐ California, Minnesota, and Oklahoma applicants or residents: You have a right to request a free copy of your report if one is ordered on you. Please check this box to receive an emailed copy of your report. By law, your employer [Insert Company name] is required to provide you a copy of your report, if requested.

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may contact TalentWise during normal business hours (9am to 5pm PST, Monday through Friday) to obtain and review all information in your file. You may obtain such information by appearing in person at TalentWise’s offices, during normal business hours and upon reasonable notice, and upon submitting proper identification and paying the costs duplication services. You may be accompanied by one other person, provided that person furnishes
§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) “Public agency” means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) “Private employer” means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) “Direct relationship” means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) “License” means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that “license” shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) “Employment” means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that ‘employment” shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individuals having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of ‘good moral character’ when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

(1) In making a determination pursuant to section seven hundred fifty—two of this chapter, the public agency or private employer shall consider the following factors:
   (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
   (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
   (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
   (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
   (e) The age of the person at the time of occurrence of the criminal offense or offenses.
   (f) The seriousness of the offense or offenses.
   (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
   (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

(2) In making a determination pursuant to section seven hundred fifty—two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

(1) In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy—eight of the civil practice law and rules.

(2) In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.