



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 you read all documents and the information provided is accurate.

School Representative or Virginia Mason Designee to complete the following:

- Student Fitness for Duty Compliance Certification* – see page #2

Student to complete the following:

- Authorization for background check* – see page #4
- Virginia Mason Compliance Certification* – see page #5
- Disclosure Statement* – see pages #6-7
- Confidentiality, Privacy & Security Agreement – see page #8

**Electronic signatures will be accepted with this packet. Please ensure to check the boxes to authorize your electronic signature.*

***Completed packets may be submitted within 45 days of your start date OR must be submitted no later than 14 days prior to the anticipated start date to allow adequate time to process your information. The student may not begin their assignment until their background check has cleared.*

***For out of state and international background checks, please submit the completed student packet at least 30 days prior to the start date to allow adequate time to complete the background check because these background checks take longer to complete.*

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

If you have any questions, please email us at students@virginiamason.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

STUDENT TO COMPLETE AUTHORIZATION FORM ON PAGE #4

- 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. VIRGINIA MASON COMPLIANCE CERTIFICATION

Student to complete, sign and include with the placement packet – See page #5

3. DISCLOSURE STATEMENT

Student to complete, sign and include with the placement packet – See pages #6-7

4. CONFIDENTIALITY, PRIVACY & SECURITY AGREEMENT

Student to complete, sign and include with the placement packet – See page #8

5. STUDENT FITNESS FOR DUTY COMPLIANCE CERTIFICATION

SCHOOL REPRESENTATIVE OR VIRGINIA MASON DESIGNEE TO COMPLETE PAGE #2

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. If submitting the packet in advance, the student's fitness for duty (FFD) compliance certification **MUST** reflect compliance by their start date or while at Virginia Mason if their start date is prior to the required FFD period.

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 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.

Student Fitness for Duty Compliance Certification

TO BE COMPLETED BY SCHOOL REPRESENTATIVE OR VIRGINIA MASON DESIGNEE

STUDENT INFORMATION			
Student Name			
Placement Start Date		Anticipated End Date	
The Virginia Mason Manager is responsible for notifying HR when the student's assignment has ended			
FITNESS FOR DUTY CERTIFICATION			
Authorized School Representative or their Virginia Mason designee are required to <u>initial</u> each requirement, confirming the student has completed each FFD requirement			
Professional License/Certification (if required) is current (if doesn't apply, put "N/A"):		Initial	
TB/PPD compliance (annual/seasonal*):		Initial	
MMR immunity*:		Initial	
Varicella/Chickenpox immunity*:		Initial	
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.		Initial	
*Please refer to the "Student Fitness for Duty Requirements" form on page 1 of this packet for definitions of acceptable proof of "immunity" and "compliance."			
ATTESTATION/SIGNATURE			
An electronic signature may be accepted; see requirement below for accepting an electronic signature.			
<input type="checkbox"/> By checking this box and typing my name below, I am electronically signing Student's Fitness for Duty Certification form and solemnly declare that the information that I have provided is true and the document(s) I am submitting in support of this application are genuine and have not been altered in anyway. Also, ALL confidential medical documentation will be kept by the school.			
Name (print)			
Signature		Date	



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.

Last Name		First		Full Middle Name	
Phone		E-mail			
SSN		Gender		Birthdate (mm/dd/yy)	

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

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ADDRESS HISTORY FOR BACKGROUND CHECK (PROVIDE 7 YEARS OF HISTORY WITHOUT ANY GAPS)

Current Address						Apt #	
City		State		Zip Code	From (mm/yy)	To (mm/yy)	
Former Address						Apt #	
City		State		Zip Code	From (mm/yy)	To (mm/yy)	
Former Address						Apt #	
City		State		Zip Code	From (mm/yy)	To (mm/yy)	
Former Address						Apt #	
City		State		Zip Code	From (mm/yy)	To (mm/yy)	
Former Address						Apt #	
City		State		Zip Code	From (mm/yy)	To (mm/yy)	

SIGNATURE FOR BACKGROUND CHECK

An electronic signature may be accepted; see requirement below for accepting an electronic signature.

By checking this box and typing my name below, I am electronically signing my TalentWise Authorization form and solemnly declare that the information that I have provided is true and the document(s) I am submitting in support of my application are genuine and have not been altered in anyway.

Signature	Date
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VIRGINIA MASON COMPLIANCE CERTIFICATION

SCHOOL AND VIRGINIA MASON CONTACT	
School Name	
Name of School Contact	
School Contact Phone #	
School Contact Email Address	
Virginia Mason Manager Name	
Virginia Mason Department	

ATTESTATION/SIGNATURE	
<p>A. I have completed the Disclosure Statement. (Pages 6-7) – <u>Disclosure Statement MUST be completed and signed – see pages #6-7</u></p>	
<p>B. I have read, understand and agree to the conditions of the Confidentiality, Privacy & Security Agreement. (Page 8) <u>Agreement MUST be signed – see page #8</u></p>	
<p>C. I have read, understand and agree to the VMHS Standards of Conduct. I understand that if I do not comply with the guidelines, my assignment may be terminated. (Pages 9-13)</p>	
<p>D. I have read, understand, and agree to Virginia Mason's ID/Badge Policy. (Page 14)</p>	
<p>An electronic signature may be accepted; see requirement below for accepting an electronic signature.</p> <p>By signing below, you have read, understand and agree to the statements above.</p> <p><input type="checkbox"/> By checking this box and typing my name below, I am electronically signing my and solemnly declare that the information that I have provided is true and the document(s) I am submitting in support of my application are genuine and have not been altered in anyway.</p>	
Name (Print)	
Signature	
	Date

DISCLOSURE STATEMENT

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.

Yes	No		Yes	No		Yes	No	
		Abandonment of a child			Homicide by abuse			Reckless endangerment (5 or more years)
		Abandonment of a dependent person not against child (5 or more years)			Homicide by watercraft			Registered sex offender
		Abuse or neglect of a child			Identity theft (5 or more years)			Residential burglary (5 or more years)
		Arson			Incendiary devices (possess, manufacture, dispose)			Robbery
		Assault 1			Incest			Selling or distributing erotic material to a minor
		Assault 2			Indecent exposure/Public indecency (Felony)			Sending or bringing into the state depictions of a minor
		Assault 3 Domestic Violence			Indecent liberties			Sexual exploitation of minors
		Assault 3 not Domestic Violence (5 or more years)			Kidnapping			Sexual misconduct with a minor
		Assault 4 violation of RCW 9A.36.041 (3)			Leading organized crime (5 or more years)			Sexually violating human remains
		Assault 4/simple assault (5 or more years)			Luring			Stalking (5 or more years)
		Assault of a child			Malicious explosion 1			Theft (5 or more years)
		Burglary (5 or more years)			Malicious explosion 2			Theft of a Motor Vehicle (5 or more years)
		Child buying or selling			Malicious explosion 3 (5 or more years)			Theft from a Vulnerable Adult (5 or more years)
		Child molestation			Malicious harassment			Unlawful imprisonment (5 or more years)
		Coercion (5 or more years)			Malicious placement of an explosive 1			Unlawful use of bldg for drug purposes (5 or more years)
		Commercial sexual abuse of a minor. Patronizing a juvenile prostitute			Malicious placement of an explosive 2 (5 or more years)			Use of machine gun in a felony
		Communication with a child for immoral purposes			Malicious placement of an explosive 3 (5 or more years)			Vehicular assault
		Controlled substance homicide			Malicious placement of imitation device 1 (5 or more years)			Vehicular homicide (negligent homicide)
		Criminal mistreatment			Manslaughter			Violation of child abuse restraining order
		Custodial assault (5 or more years)			Murder/Aggravated murder			Violation of civil anti-harassment protection order
		Custodial interference			Patronizing a prostitute (5 or more years)			Violation of protection, contact, restraining order
		Custodial sexual misconduct			Possess depictions minor engaged in sexual conduct			Violation of the Imitation Controlled Substance Act (manufacture, deliver, intent - 5 or more years)
		Dealing in depictions of minor engaged in sexual explicit conduct			Possess explosive device (5 or more years)			Violation of Uniform Controlled Substance Act (manufacture, deliver, intent - 5 or more years)
		Domestic Violence (felonies only)			Promoting pornography (5 or more years)			Violation of the Uniform Legend Drug Act (manufacture, deliver, intent - 5 or more years)
		Drive-by shooting			Promoting prostitution 1 (5 or more years)			Violation of the Uniform Precursor Drug Act (manufacture, deliver, intent - 5 or more years)
		Extortion 1			Promoting prostitution 2 (5 or more years)			Voyeurism
		Extortion 2 (5 or more years)			Promoting suicide attempt (5 or more years)			
		Forgery (5 or more years)			Prostitution (5 or more years)			
		Harassment (5 or more years)			Rape			
		Harassment Domestic Violence			Rape of child			

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.

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

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.

Yes	No	
		Have you ever been convicted of a crime resulting in your exclusion from participation in federal health care programs or a government contract?
		To your knowledge, has your name ever appeared on the Office of the Inspector General’s List of Excluded Individuals/Entities?
		Are you currently part of a legal proceeding regarding possible exclusion from federal health care programs or a government contract?
		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?

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 HR Consulting 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.

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.

Name (print)			
Signature		Date	
<p>An electronic signature may be accepted; see requirement below for accepting an electronic signature.</p> <p><input type="checkbox"/> By checking this box and typing my name above, I am electronically signing the Disclosure Statement and solemnly declare that the information that I have provided is true and that the document(s) I am submitting in support of my application are genuine and have not been altered in any way.</p>			

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 co-workers.
- ✓ **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		Date	
<p>An electronic signature may be accepted; see requirement below for accepting an electronic signature.</p> <p><input type="checkbox"/> By checking this box and typing my name above, I am electronically signing the Confidentiality, Privacy & Security Agreement and solemnly declare that the information that I have provided is true and that the document(s) I am submitting in support of my application are genuine and have not been altered in any way.</p>			



Virginia Mason Health System

STANDARDS OF CONDUCT

Introduction

Virginia Mason Health System (“VMHS” or “Health System”) strives to be the quality leader and fulfill our mission to improve the health and well-being of the patients we serve through our values of integrity, teamwork, respect, excellence, stewardship and service. We are committed to preserve the trust and respect of those we serve. The values in the Standards of Conduct (“Code”) extend beyond our obligation to conduct our business in accordance with all applicable standards and laws.

These Standards provide general guidance for our conduct. They do not address every situation where the exercise of integrity, honesty or ethical decision-making may be necessary. In some instances, more explicit guidance can be found in VMHS policy, procedure, or process. However, these Standards will be the guide conduct where explicit policy does not exist or an existing policy would appear to conflict with the Standards. Violations of the Standards or any policies or procedures will result in disciplinary action, up to and including termination of employment or privileges when warranted.

The Virginia Mason Health System Board of Directors has adopted these Standards of Conduct and instituted the Integrity Program to clearly state the principles and standards of conduct necessary to demonstrate our commitment to our values, and to ensure compliance with laws that govern VMHS activities.

The Health System’s reputation has been built, and ultimately depends on individual integrity and collective actions of our workforce. These Standards of Conduct apply to Virginia Mason Health System and its affiliates (including but not limited to Virginia Mason Medical Center, Virginia Mason Institute, Benaroya Research Institute, Yakima Valley Memorial Hospital Association, Memorial Physicians, PLLC, Central Washington Healthcare Partners, LLC dba Signal Health, The Memorial Foundation and others). These Standards govern the actions of all workforce members, including Board members, corporate officers, staff, medical staff, independent contractors, volunteers, students, and others working on Health System property or associated with the Health System. Each workforce member is expected to read, understand and comply with the Code and request clarification when necessary.

Standards of Conduct

Through adherence to these Standards, our workforce members should make sound ethical decisions during their day to day activities. These Standards do not substitute for common sense, individual judgment, and personal integrity, for which we are all accountable.

However, these are common standards for our actions and attitudes. We must adhere to these standards to fulfill our mission, vision, and values.

Focus on Patients

- We will provide exceptional quality care to our patients.
- We will treat our patients, visitors, and all other workforce members with dignity, courtesy and respect with our spoken and unspoken behavior, regardless of race, nationality, age, religion, creed, the presence of a physical, mental or sensory disability or perceived disability, gender, sexual orientation, marital status, union status, veterans status, financial ability or any other basis prohibited by local, state or federal laws.
- 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 Safety programs to identify potentially unsafe environments, practices, or patient care.
- We will maintain a workforce free of any unauthorized substances or alcohol while on property.
- We will respect patients' privacy rights by maintaining patient information in accordance with all laws and policies.
- We will ensure the integrity of research and the appropriate protection of human subjects.

Focus on Staff

- We will embrace open, honest, fair, and respectful communication.
- We will promote the reputation of the Health System 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 operate in accordance with all applicable laws, regulations and standards.
- We will conduct our duties for the benefit and interest of the Health System and avoid conflicts and any appearance that our responsibility to the Health System might be compromised by outside obligations or interests.
- We will take every reasonable precaution to ensure that our medical service documentation, coding and billing is accurate, timely and in compliance with our policies and with laws and applicable standards governing these complex processes.
- We will prepare and maintain financial reports, accounting records, and all other business and patient care records accurately and completely, and in accordance with applicable standards.

- 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 support appropriate boundaries between our team members and between our team members and our patients to ensure our focus on integrity.
- We will be responsible to question, challenge and report any situations that potentially violate these Standards, a Health System policy, or applicable law, without fear of retribution, intimidation, or retaliation.
- We will protect and safeguard the Health System's funds, assets, confidential, and/or proprietary information and Health System information related to our vendor relationships.
- We will market Health System services honestly and fairly.
We will cooperate with legally authorized government investigations, including Health System leadership, Legal Services and the Compliance Officer as soon as we are aware of the investigation. We will not destroy or alter any documents or records in anticipation of a request by a government agency or court, we will not make false or misleading statements to a government official, and we will not attempt to influence others as the investigation progresses.

Reporting

We all are responsible for ensuring compliance with these Standards. This responsibility includes an obligation to seek answers to questions regarding these Standards, policy, or law, and an obligation to report a potential violation of these Standards, policy or law. In either of these instances, our workforce members should contact their supervisor, another leader, the Compliance Officer, Integrity Program, or the Legal Services Department.

Additionally, Virginia Mason has a secure and confidential Integrity Help Line at **(206) 515-5800** and Yakima Valley Memorial Hospital Association has secure and confidential Help Line at **877-684-8658**; these may be used for inquiry or for reporting potential Standards violations.

All inquiries and reports made to the Integrity Program will be thoroughly investigated and if necessary, appropriate action taken to resolve the issue.

A supervisor or manager to whom a report of a suspected violation is made is obligated to pursue resolution and involve the appropriate administrators and the Integrity Program.

The Health System is committed to protecting those who, in good faith, report actions that they believe are violations to these Standards, Health System policy, or applicable laws. We will not engage in retaliation or reprisal against anyone who properly reports violations of law, regulation or policy. Anyone who feels that retaliation has occurred subsequent to a report of non-compliance should immediately notify Human Resources, the Compliance Officer, Integrity Program, or Legal Services Department.

Integrity Standards in Action

The Health System commits to supporting each workforce member in understanding their role in the integrity process: doing the right thing-- the first time, and every time. When we have not done the right thing, we must correct our mistake, and when we don't know what we should do, we must ask for help.

The Standards of Conduct support the workforce to conduct business using sound ethical practices, and the healthcare industry is highly regulated and complex rules and regulations exist at the federal and state level which govern the Health System. The following address some complex, integrity-related topics which are important to the healthcare industry:

Preventing and Detecting Fraud, Waste and Abuse

The Health System will investigate allegations of fraud, waste or abuse and, where appropriate, take corrective action, including, but not limited to civil or criminal action. A number of federal and state laws are designed to prevent and detect fraud, waste and abuse in government health care programs and impose liability on any person or entity that submits a claim to the federal government that is known (or should have known) to be false. The federal False Claims Act (FCA) and similar state laws prohibit the knowing submission of a false claim to the government for reimbursement, and violations of the FCA can result in significant civil penalties and damages, an obligation to enter into a Corporate Integrity Agreement with the government, exclusion from federal healthcare programs, or even criminal prosecution.

The FCA allows private parties to bring suit on behalf on the government against parties alleged to have committed fraud, protecting these “whistleblowers” from retaliation. Both the federal False Claims Act and state law provide protections against employer retaliation of an employee who reports fraud to the government.

For detailed information on the Federal False Claims Act, please refer to:

Federal False Claims Act (31 U.S.C §§ 3729-3733)

http://www.justice.gov/civil/docs_forms/C-FRAUDS_FCA_Primer.pdf

For detailed information on the Washington False Claims Act, please refer to:

Washington Medicaid False Claims Act (RCW 74.09)

<http://apps.leg.wa.gov/rcw/default.aspx?cite=74.09>

Anti-Kickback Statutes

In general, anti-kickback laws prohibit the offering, payment, solicitation or acceptance of any form of payment for the referral of a patient. Health care professionals and entities are prohibited from paying directly or indirectly for referrals. Referrals can refer to hospital admissions, durable medical equipment, ordering a particular lab test or drug, or another type of healthcare activity. Payment is defined as any type of cash payment or promise of payment or payment in kind.

Stark Laws

These laws prohibit physicians and their immediate family members from making referrals for certain designated health services payable to Medicare to an entity with which they have a

financial relationship (ownership, investment or compensation), unless a specific exception applies. The Laws also prohibit the entity from presenting claims to Medicare for those referred services. Any questions related to this topic should be directed to the Compliance Officer.

Conflicts of Interest

A conflict of interest may exist if a workforce member's outside activities or personal interests influence or appear to influence the workforce member's ability to make objective decisions in the course of carrying out responsibilities and obligations to the Health System. Conflicts must be disclosed and resolved so all parties involved understand the concerns involved, and those not involved in the conflict can make the appropriate business decision.

Emergency Medical Treatment and Active Labor Act (EMTALA)

Patient's emergent medical care will not be delayed by financial screening in accordance with EMTALA. The Federal government has enacted the EMTALA (anti-dumping") law to ensure that patients receive a medical screening examination and are not transferred from one emergency room to another facility unless it is medically appropriate.

Safe Environment

We are committed to protecting and enhancing the environment in which we serve our community. A safe environment supports physical safety and security, and mitigates or prevents contact with hazards without appropriate protections. Reducing the impact of a healthcare organization on the environment through sustainability efforts also supports a safe environment by reducing wastes and preserving natural resources.

Drug Free Workplace

We support a drug free environment.

NOTE: The Code of Conduct was originally adopted in 1997. Subsequent updates were approved in June 2004, December 2006, December 2008, February 2010, November 2015, and May 2016.

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.



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.**

- **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.
- **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.

- **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.
- **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.
- **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.
- **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.
- **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.
- **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.

- **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.

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:

TYPE OF BUSINESS:	CONTACT:
1a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590

4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
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
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	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 any 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 proper identification. You may also obtain a copy of your file by certified mail, if you have previously provided identification in a written request that your file be sent to you or a third party identified by you. You may also obtain a summary of your file by telephone, upon providing proper identification. TalentWise has trained personnel available to explain your file to you, including any coded information.

CALIFORNIA (En Español): De acuerdo con el artículo 1786.22 del Código Civil, Usted puede llamar a TalentWise durante los horarios normales de trabajo (9 de la mañana a 5 de la tarde, tiempo del pacífico, lunes a viernes) para obtener y examinar su archivo privado en detalle. Para conseguir una copia de su archivo privado, puede hacer una visita en persona a la oficina de TalentWise durante los horarios normales de trabajo, dando aviso razonable, presentando identificación apropiada, y pagando los costos de duplicación. Otra persona puede acompañarle con tal que también traiga identificación apropiada. Usted puede pedirnos que le mandemos por correo certificado una copia de su archivo privado con tal que hayamos recibido una solicitud escrita indicando que le mandemos una copia de su archivo privado a Usted o a un tercero que esté identificado por Usted. También puede pedir por teléfono un resumen de su archivo privado, al presentarnos identificación apropiada. TalentWise emplea trabajadores cualificados, quienes están disponibles para explicarle el contenido de su archivo privado, incluyendo cualquier dato cifrado.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

NEW YORK: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. At the time you consent to your employer obtaining a report you are entitled to receive a copy of Article 23-A of New York Correction Law. Do not sign your consent until you receive a copy of that law.

NEW YORK CORRECTION LAW ARTICLE 23-A NEW YORK BUS CODE §380-C(B)(2) AND 380-G(D)

§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.