

VIRGINIA MASON MEDICAL CENTER
CONFIDENTIALITY AND PRIVACY AGREEMENT

YOUR RESPONSIBILITY FOR MAINTAINING CONFIDENTIALITY

I agree to protect the confidentiality of the patient information and other proprietary information that I come in contact with. In so far as my responsibilities require me to be informed regarding a specific patient or workforce member, that knowledge is trusted to me to keep confidential. I agree to:

- ✓ Watch **what** I say and **where** I say it when discussing medical information or workforce confidential information.
- ✓ I agree to **access only** healthcare or workforce confidential information that I have a “**need to know**” it for permitted patient treatment, education, or business purposes.
- ✓ In order to access **information on family members**, friends, co-workers, or myself, I understand the patient must complete an “Authorization to Release Information,” available through the Medical Record or Health Information Services department. When in the role of a patient or patient’s family member, I must use the same access avenues other patients use.
- ✓ If I suspect a violation of privacy, I will **report the incident** to my VM supervisor or to the Privacy Officer at (206) 233-7505.
- ✓ I agree to use the correct procedure for **confidential disposal** of documents.
- ✓ **Tampering with/or altering** medical information will also be treated in the same manner as a breach of confidentiality.
- ✓ Workforce members who are also patients deserve confidentiality as well as the public. **I will not share co-worker health or confidential information** I learn as part of my job with other staff members unless it is part of that person’s job to have that information.
- ✓ I understand that any individual **passcode** I am issued is **equivalent to my signature** and I am personally accountable for all work done under this code.
- ✓ It is my responsibility to **maintain the confidentiality** of my **access code**, i.e. not disclose my access code to anyone, nor attempt to learn another person’s access code.
- ✓ If I have any reason to believe that the **confidentiality** of my access code has been **broken**, I will contact the Information Systems Help Desk (206) 583-6402.

I understand that inappropriately accessing or releasing patient healthcare or workforce confidential information would both undermine our patients’ and/or workforce members’ expectations of confidentiality and violate Washington state and federal law.

I understand that no duplicate information containing patient or workforce identifiable information may be created or maintained except with the express knowledge and permission of Virginia Mason.

I also agree to permit an investigation of any records or practices with respect to the confidential information I receive from Virginia Mason, if requested by Virginia Mason, the Secretary of Health and Human Services or his agents.

As soon as practicable, after termination of my assignment or arrangement to have any access to confidential and privileged information, any and all such information in my possession, regardless of form, and including all copies or derivative works containing such information (whether paper or electronic) shall be destroyed.

I understand that any unauthorized access or disclosure of any confidential information or violation of any policies and procedures regarding confidentiality or use of this information shall be cause for disciplinary action. The action can entail termination of employment. For students, volunteers, or agents of Virginia Mason, violation may result in immediate ejection from the facility, denial of further access, and/or possible legal action.

I understand and agree to all these conditions and instructions.

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

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 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 Health System

CODE OF CONDUCT

Introduction

Virginia Mason Health System (VMHS) 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 teamwork, integrity, excellence and service. We have a firm commitment to preserve the trust and respect of those we serve. The values in this Code of Conduct extend beyond our obligation to conduct our business in accordance with all applicable standards and laws.

This Code is designed to provide general guidance for our conduct. It does 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 standard process. However, the Code will be the guiding standard where explicit policy does not exist or an existing policy would appear to conflict with the Code. Violations of the Code or any policies or procedures will result in disciplinary action, up to and including termination of employment or privileges when warranted.

Our VMHS Board of Directors has adopted this Code of Conduct and instituted the Virginia Mason Corporate 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.

Virginia Mason's reputation has been built, and ultimately depends on individual integrity and collective actions of our workforce. This Code of Conduct applies to VMHS and all of its related affiliates, including, but not limited to, Virginia Mason Medical Center, Benaroya Research Institute at Virginia Mason, Virginia Mason Institute, and Health Resource Services, LLC. It governs the actions of all workforce members, including Board members, corporate officers, staff, medical staff, independent contractors, volunteers, students, and others working on VMHS property or associated with VMHS. Each workforce member is expected to read, understand and comply with the Code and request clarification when necessary.

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.
- We will ensure the integrity of research and the appropriate protection of human subjects.

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 operate in accordance with all applicable laws, regulations and standards.
- 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 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 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.

Reporting

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

Additionally, VMHS has a secure and confidential Integrity Help Line at **(206) 515-5800** that may be used for inquiry or for reporting potential Code violations.

All inquiries and reports made to the Corporate Integrity department 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.

Virginia Mason Health System is committed to protecting those who, in good faith, report actions that they believe are violations to the Code 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, Corporate Integrity Department, or Legal Services Department.

Student Packet Cover Sheet

All documents must be complete before submitting to HR.

Incomplete packets will not be processed (background check) until all documents are received at VMHC.

Deadline: Completed packets must be received 14 days prior to students first day. If international check is needed, please provide complete packet at least 30 days in advance.

***STUDENT FITNESS FOR DUTY REQUIREMENTS
before starting at Virginia Mason Medical Center***

1. AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

- Background checks should be submitted at least **14** days before a student may begin their placement at Virginia Mason Medical Center (VMMC). 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 1/01/2011- address history should then begin 1/01/2004.
- 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 your student assignment. Please include an extra page if you need additional space for your complete seven (7) year address history.

2. ID BADGE FORM-Student

- Complete all forms, including the student’s placement start and projected end date. VMMC Manager is responsible for student while working at VMMC.
- Student must provide attached badge form with the entire student application packet at least fourteen (14) days in advance of their scheduled start date.

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. 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 VMMC. 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 VMMC during required period (dates change annually, typically December through April). Students, who begin their placement prior to the required period but while still at VMMC during flu season, will be required to provide proof of their vaccination.
- **Hepatitis B** Date of Vaccinations per school requirements

4. DISCLOSURE STATEMENT (See attached) Student to complete and sign and include with the placement packet.

ONLY SUBMIT REQUESTED DOCUMENTS. Do not send confidential medical records. Schools are required to retain medical records for compliance purposes as you are not employed at VMMC.



AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

Last Name	First Name	Middle Name	(Please include Jr., Sr., etc.)

I understand that in conjunction with my student assignment, **VIRGINIA MASON MEDICAL CENTER, (VMMC)** will use the services of an outside agency to research and verify criminal history. This agency will provide a written report to **VMMC** upon completion of the criminal background check. **VMMC** currently uses **Sterling Info Systems, Inc. (Sterling)**, a consumer-reporting agency, as an agent to perform its criminal history background investigations.

Sterling will utilize various sources of information it deems appropriate to investigate any criminal history. I authorize the release and disclosure of information regarding any criminal history to **VMMC** and **Sterling**.

I authorize the procurement of a Consumer Report solely for the purpose of obtaining any information on criminal history. The criminal background check performed by **Sterling** will not include a credit check. This authorization in original or copy form shall be valid for the term of my student assignment from the date indicated next to my signature. According to federal law, I will be notified by **VMMC** if any adverse action is contemplated because of information obtained from **Sterling**. Additionally, I understand that if I make a request within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **VMMC**. I also understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Sterling Info Systems, Inc., 249 West 17th St. New York, NY 10011, (877) 424-2457**. I understand that I will automatically receive a copy of the report if an adverse action is taken regarding my student assignment, or upon request as outlined above.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS FOR POSITIVE IDENTIFICATION PURPOSES. THE REPORT RECEIVED IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signature	Today's Date

Please print clearly the name as it appears on your driver's license or ID card

Last Name	First Name	Middle Name	(Please include Jr., Sr., etc.)

	/ /		
Social Security #	Date of Birth (mm/dd/yyyy)	Drivers License or ID#	State

Please print clearly other names you have used, or are also known as, including maiden name, name changes, and any aliases or nicknames:

Please provide seven (7) year Address history (WRITE ON BACK, IF NECESSARY)

Current Address: **MM/YY to MM/YY**

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Street Address Apt # From/To

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City State Zip

Former Address: **MM/YY to MM/YY**

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Street Address Apt # From/To

--	--	--

City State Zip

Former Address: **MM/YY to MM/YY**

--	--	--

Street Address Apt # From/To

--	--	--

City State Zip

Former Address: **MM/YY to MM/YY**

--	--	--

Street Address Apt # From/To

--	--	--

City State Zip

Former Address: **MM/YY to MM/YY**

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Street Address Apt # From/To

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City State Zip

ID Badge Policies 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 VMMC.

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 VMMC 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 VMMC premises. It is each person's responsibility to wear his/her ID badge while working on VMMC premises and to use it properly.
2. For security and protection, the ID badge should only be used by the person/company to whom it is issued. Never loan nor give your badge to anyone.
3. The badge is Virginia Mason Medical Center property; therefore, attaching pins, defacing or altering the badge is against policy. When your contract/service ends with Virginia Mason Medical Center, you must return your ID badge to your VMMC contact person or Human Resources Representative 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.

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Print Name

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Signature

Date

--

School Name

--	--

School Contact Name

Phone #

--

VM Manager Name (please print clearly)

--	--

VM Manager email

VM Extension #

--

VM Department Name/Cost Center

--	--

Start Date:

Projected End Date

**VIRGINIA MASON MEDICAL CENTER
STUDENT FITNESS FOR DUTY COMPLIANCE CERTIFICATION**

FOR USE ONLY WITH STUDENTS AT VMMC

No Student is permitted to commence services or training until satisfactory completion of the Fitness for Duty process, including a criminal background check, and a VMMC ID badge has been completed.

I. Student Information, print clearly:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>(Please include Jr., Sr., etc.)</i>
VM Manager Name Responsible for Student while at VMMC:		VM Department Name:	
Student Birthday (mm/dd/yy):		Gender M/F:	
Company/School Name:			
Company/School Contact Name, Placement Coordinator:		Company/School Contact Phone #:	

Current Student Address:

Street Address	Apt #	City	State	Zipcode
Current Home Phone #	Current Cell Phone #		Current email address	

Authorized School Representative or their VMMC designee are required to initial confirming the student has completed all FFD requirements

Professional License/Certification (if required) is current, <i>(if not put in N/A):</i>	
TB/PPD compliance within one year prior to start date:*	
MMR immunity:*	
Varicella/Chickenpox immunity:*	
Influenza Vaccine within one year prior to start date if working during "flu season:"	
Hepatitis B vaccination:	

Please refer to the "Non-VM Employed Workforce Member Fitness For Duty Requirements" form for definitions of acceptable proof of "immunity" and "compliance."

Confidentiality Agreement and Code of Conduct provided to student:

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

School representative (sign & date) _____

VM MANAGER IS RESPONSIBLE FOR COMMUNICATING TO HR WHEN THE STUDENT ASSIGNMENT AT VMMC HAS ENDED

II. TO BE COMPLETED BY STUDENT

- A. Disclosure statement complete. (initial in box)
- B. I authorize my school to release the documents listed on the previous page upon the request of Virginia Mason Medical Center.

Student (sign & date): _____

- C. I understand and agree to the conditions of the Confidentiality and Privacy Agreement:

Student (sign & date): _____

- D. I understand and agree to the conditions of the VMMC Code of Conduct.

Student (sign & date): _____