

PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER

Employee and Contract Security Agreement

In order to protect the integrity of all Computer Systems and provide security for all patient's information, I, as an employee, volunteer or as a provider of services, or with whom the entity (*e.g.*, physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information, agree to the following:

1. I will access and use this information only when it is necessary to perform my job related duties in accordance with Parkview Community Hospital Medical Center's Privacy and Security Policies.
2. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
3. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information.
4. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Parkview Medical Center.
5. Upon termination, I will immediately return any documents, media or equipment containing Confidential Information to the Parkview Community Hospital Medical Center.
6. I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with the Parkview Community Hospital Medical Center.
7. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and/or termination of authorization to work within the Parkview Medical Center, in accordance with the Parkview Medical Center's policies.
8. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
9. I understand that I should have no expectation of privacy when using Parkview Medical Center information systems. The Parkview Medical Center may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
10. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.
11. I will ensure mobile computing devices have a power on password enabled and in use.
12. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards including encryption of communications.
13. I will:
 - a. Use only my officially assigned User-ID and password (and/or token (*e.g.*, Security ID card)).
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.
14. I will never:
 - d. Share/disclose user-IDs, passwords or tokens.
 - e. Use tools or techniques to break/exploit security measures.
 - f. Connect to unauthorized networks through the systems or devices
15. I will notify my manager, Privacy Officer, or appropriate Information Services person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.

By initialing this document, I acknowledge that I have read this Agreement and agree to comply with all the terms and conditions stated above.

Employee Initials:

Date:

Exhibit A - Employee and Contract Security Agreement

- A. Patient Information – any patient or medical record information regarding Hospital patients, and Contractor shall comply with all federal and state laws and regulations, and all bylaws, rules, regulations, and policies of Hospital, Hospital, and Hospital’s medical staff, regarding the confidentiality of such information. Contractor Acknowledges that in receiving or otherwise dealing with any records or information from Hospital about Hospital’s patients receiving treatment for alcohol or drug abuse, Contractor and all participants are bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, as amended from time to time.
- B. Any Parkview information, financial data, technical data, or know-how, including, but not limited to, that which relates to research, product plans, products, services, customers, markets, software, developments, inventions, processes, designs, drawings, engineering, hardware configuration information, marketing, financial information and other business records, or internal policies and procedures, which Confidential Information is designated in writing to be confidential or proprietary, or if given orally, is designated at the time of disclosure as being confidential or proprietary. Confidential Information does not include information, technical data or know-how which: (i) is in the possession of an employee at the time of disclosure; (ii) prior or after the time of disclosure becomes part of the public knowledge or literature, not as a result of any inaction or action of employee; (iii) is developed by employee through its independent resources without reference to Parkview's Confidential Information; (iv) is disclosed to employee by a third party without restriction and, to the knowledge of employee, without violation of any obligation of confidentiality; or (v) is approved for release by Parkview in writing.
- C. HIPAA Compliance - Employee agrees to comply with the applicable provisions of the Administrative Simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. § 1320 through d-8 (“HIPAA”), and the requirements of any regulations promulgated thereunder, including, without limitation, the federal privacy regulations as contained in 45 C.F.R. Part 164, and the federal security standards as contained in 45 C.F.R. Part 142 (collectively, the “Regulations”). Employee shall not use or further disclose any protected health information, as defined in 45 C.F.R. 164.504, or individually identifiable health information, as defined in 42 U.S.C. § 1320d (collectively, the “Protected Health Information”), other than as permitted by this Agreement and the requirements of HIPAA or the Regulations. Employee will implement appropriate safeguards to prevent the use or disclosure of Protected Health Information other than as contemplated by this Agreement. Employee will promptly report to Hospital and Hospital any use or disclosures, which Employee becomes aware, of Protected Health Information in violation of HIPAA or the Regulations. All participants under this Agreement must agree to the restrictions and conditions with respect to Protected Health Information. No attorney-client, accountant-client or other legal or equitable privilege shall be deemed to have been waived by Employee or Hospital by virtue of this Subsection.

Signing this document, I acknowledge that I have read this Agreement and agree to comply with all the terms and conditions stated above. **All of the following information must be filled out in its entirety in order for Information Services to process this agreement.**

☐ New Employee ☐ Re-hire ☐ Updated Information ☐ Contract ☐ Traveler

Signature:		Date:
Last Name:	First Name:	
Department:	Position:	Badge #:

For Supervisor to Complete:

Name:	Signature:	Name of Employee to copy:
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<input type="checkbox"/> Centricity	<input type="checkbox"/> Keane / iMed <input type="checkbox"/> Optimum Lab	<input type="checkbox"/> TruCode	
<input type="checkbox"/> Docushare	<input type="checkbox"/> Ormed	<input type="checkbox"/> Isirona	
<input type="checkbox"/> E-Mail / Network	<input type="checkbox"/> Orsos	<input type="checkbox"/> Other	
<input type="checkbox"/> Epower	<input type="checkbox"/> Patcom	Username:	

Parkview Community Hospital
Student Orientation Checklist

With my initials, acknowledge that I have received orientation and reviewed the following:

- _____ Confidentiality Statement.
- _____ PCHMC Mission, Vision, Values
- _____ Customer Service
- _____ Patient Rights and Responsibilities
- _____ National Patient Safety Goals
- _____ Fire Safety
- _____ Emergency and Disaster Codes
- _____ Electrical Safety
- _____ Body Mechanics
- _____ Hazardous Materials and Waste
- _____ Infection Prevention Goals
- _____ Abuse Recognition & Reporting
- _____ Restraints
- _____ Patient Falls
- _____ Communication/SBAR

_____ **Students received Cultural Diversity Sensitivity Training at their school**

Print Name

Date

Signature

Rotation Department

School Name & Address: _____

Print Instructor's Name

Instructor's Signature

Parkview Community Hospital
Medical Center
3865 Jackson St.
Riverside, CA 92503
Confidentiality Statement (Student)

I, _____ agree to respect and maintain the policy PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER which states that all information regarding members, Members as patients, contractors, employers, customers and others with whom there is a business or fiduciary relationship is private, confidential and privileged in accordance with State and federal laws, rules, regulations and/or statutes. The term information is understood to include, but is not limited to, verbal, electronic, telephonic and written information such as documents, records, medical records, discussions, recorded messages, video tape or any other type of information or communication. I agree not to make any voluntary disclosure of any such confidential information obtained in the course of my rotation to any unauthorized individual or agency.

I recognize that if I voluntarily divulge or release such confidential information without express permission from an authorized individual, I may be subject to civil action under the provisions of the Welfare and institutions Code. Additionally, breach of this confidentiality statement shall be sufficient cause for the termination of my student rotation at PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER

Printed Name: _____

Signature: _____

Department Rotation: _____ Date: _____

ENVIRONMENT OF CARE UPDATE

Print Name: _____ Date: _____

Evaluator: _____ Score*: _____

* Must Score 100% to Pass

1. If a fire starts in your area you should remember the phrase, RACE.

RACE stands for:

R _____

A _____

C _____

E _____

2. To use a fire extinguisher, remember the phrase, PASS.

PASS stands for:

P _____

A _____

S _____

S _____

3. A code **PINK** is _____

4. Always report to Engineering the Following:

- a. Any wall outlet that loosely holds a plug
- b. Any wall outlet that is damaged or dead
- c. Switches, knobs, controls that are loose or broken
- d. All of the above

5. Universal Precautions apply to patients and include protection from all body fluids, secretions, excretions and contaminated items.

- a. True
- b. False

6. Airborne Precautions (used for patients with TB, chicken pox, or measles) include the Following:
- Private room, negative pressure room, and closed door
 - Mask for staffing entering the room
 - Surgical mask on patient during transport
 - All of the above
7. If there is a hazardous material spill in your department, you should:
- _____
8. To report an emergency in the hospital, dial_____
9. All medical electric equipment must be safety tested to use.
- True
 - False
10. When lifting heavy objects you should
- Use your leg muscle rather than your back muscles
 - Stand close to the object being lifted
 - Turn by pivoting your feet
 - All of the above
11. If you sustain a work related injury/illness/exposure, an employee injury report from must be completed
- True
 - False
12. Code Orange is called when_____
13. The purpose of our smoking policy is to establish a smoke-free environment
- True
 - False
14. The objectives of performance improvement are:
- Doing the right thing
 - Doing the right thing right
 - Both
15. A Quality Action Team is formed
- in the fall
 - When an opportunity to improve is identified
 - When football season opens

Signature

Date

INFECTION PREVENTION

POST-TEST

Print Name: _____ Date: _____

Evaluator: _____ Score*: _____

* Must Score 100% to Pass

- True False 1. To perform correct hand washing, rub your hands with soap & water for 15-20 Seconds.
- True False 2. You may use the hand sanitizer any time even if your hands are soiled with Blood or any body fluid.
- True False 3. PPE” stands for personal protective equipment.
- True False 4. The bloods borne Pathogens are HIV, Hepatitis B and Hepatitis C.
- True False 5. For Influenza, it's highly recommended to get the vaccine annually. In case you refuse, for any reason, it's mandatory to sign decline form.
- True False 6. The N95 Mask is for single use only however if the hospital declares a shortage in the mask, the mask will be assigned to the employee to be saved and redone as long it was not damaged or breathing is difficult.

7 – 8 For RNs Only -

- True False 7. Every patient on admission must be screened for pneumovaccine (year around) and Flu Vaccine (Sept 1st –March 31st).
- True False 8. Screening for MRSA for specific population is not a state law, its optional; whenever you or the physician suspects.

Signature

Date

ABUSE RECOGNITION AND REPORTING

Print Name: _____ Date: _____

Evaluator: _____ Score*: _____

* Must Score 100% to Pass

1. Abuse of an individual which may cause injury can be:
 - a. physical
 - b. psychological
 - c. a only
 - d. a& b
2. Indicators of abuse:
 - a. Injuries incompatible with explanation
 - b. Change in appearance, weight loss, malnourishment, dehydration without illness or related cause, presence of bedsores and/or soiled clothing.
 - c. Individual shows signs of fearfulness, hopelessness or ruination, depression, contradictory statement, or other type of abnormal behavior
 - d. Improper dress such as too many clothes for the existing temperature
 - e. All of the above
3. Cues for potential harm:
 - a. History of substance abuse and resentment towards individual.
Expresses feeling of obligation or feels forced to provide care.
Expresses poor relationship with individual.
 - b. Caregivers exhibits poor self-control with anger towards individual, general hostility, frustration, little concern or regard towards individual, use "blame" towards individual.
 - c. Does not allow individual to speak for him or herself, is reluctant cooperate.
 - d. All of the above
4. Who MUST report abuse? ANY healthcare practitioner or licensed or certified Professional or trainee. Mandatory reporting requirements are in place for Physicians, Nurses, social workers and others in the health care setting.

True or False

Signature

Date