



2870

CONFIDENTIALITY AGREEMENT

- Instructions: 1. To ensure efficient and effective service, submit form online. Immediate confirmation will be sent to you upon receipt of your online submittal. 2. If online submittal is not feasible, fax your form to HR Service Center (877) 477-2329 or interoffice mail to HR Service Center, Alameda. 3. Remember to print copy of form before submitting. 4. The Effective Date represents the date the Confidentiality Agreement is signed.

Form with fields: \* Employee ID, \* Work Phone Number (###) ###-####, \* Effective Date (mm/dd/yyyy), \* Employee First Name, Employee Middle Name, \* Employee Last Name, \* Job Title, \* Location

AGREEMENT

In my job, I may see or hear confidential information in any form (oral, written, or electronic) regarding:
- HEALTH PLAN MEMBERS AND PATIENTS AND/OR THEIR FAMILY MEMBERS (such as patient records, test results, conversations, financial information)
- EMPLOYEES, PHYSICIANS, VOLUNTEERS, CONTRACTORS (such as employment records, corrective actions/disciplinary actions)
- BUSINESS INFORMATION (such as member rates, marketing plans, financial projections)
I will protect the confidentiality of this information. Access to this information is allowed only if I need to know it to do my job.
I AGREE THAT:
1. I will protect the privacy of our patients, members, and employees.
2. I will not misuse confidential information of patients, members, employees or Kaiser Permanente (including confidential business and personnel information) and I will only access information I have been instructed or authorized to access to do my job.
3. I will not access my family members' PHI. I will not access my own medical records unless my job duties authorize me to have access to electronic medical records (for example, KP HealthConnect).
4. I will not share, change, remove or destroy any confidential information unless it is part of my job to do so.
5. I understand that inappropriate or unauthorized access, use or disclosure of PHI may result in legally required reporting to governmental authorities, including my name.
6. I know that confidential information I learn on the job does not belong to me and that Kaiser Permanente may take away my access to confidential information at any time.
7. If I have access to electronic equipment and/or records, I will keep my computer password secret and I will not share it with any unauthorized individual.
8. I will not use anyone else's password to access any Kaiser Permanente system unless I am authorized to do so.
9. I will lock my computer when I step away to prevent someone else accessing the computer under my logon.
10. If I leave Kaiser Permanente I will not share any confidential information that I learned or had access to during my employment.
11. On termination of my employment, I will promptly return to Kaiser Permanente all originals and copies of documents containing Kaiser Permanente's information or data in my possession or control, unless the documents were provided to me as part of my employment record.

HR Service Center
Fax to: (877) 477-2329
Telephone: (877) 457-4772



Executives: Contact your Executive Benefits Specialist

* First Name	Middle Name	* Last Name
* Employee ID	* Work Phone Number (###)###-####	* Effective Date (mm/dd/yyyy)

**AGREEMENT - (Continued)**
**Examples of Breaches of Confidentiality (What you should NOT do.)**

These are examples only and do not include all possible breaches of confidentiality.

- Unauthorized reading of patient account information.
- Unauthorized reading of a patient's chart.
- Unauthorized access to my own medical information if my job duties do not authorize me to have access to electronic medical records (for example, KP HealthConnect).
- Accessing medical information of friends, co-workers, family members, or anyone else, unless it is required for my job.
- Discussing confidential information in a public area such as a waiting room or elevator.
- Discussing or otherwise sharing confidential information with anyone in your personal life, including family members or friends.
- Accessing records for any reason other than for legitimate business purpose.
- Accessing records of family, friends, co-workers, patients in the media, well known political figures, celebrities, or anyone else about whom you are curious.
- Sending confidential information to your personal e-mail account, unless you are authorized to do so and the information is transmitted in accordance with required procedures (e.g., encrypted).
- Saving confidential electronic information to a KP-owned or non-KP-owned flash drive, CD, or any other removable or transportable storage device unless you first secure permission as outlined in the Secure Electronic Storage provisions of the KP Information Security Policy.
- Saving confidential electronic information to a KP-owned or non-KP-owned workstation, laptop computer, personal digital assistant, or any other mobile computing device unless you first secure permission as outlined in the Secure Electronic Storage provisions of the KP Information Security Policy.
- Using personal devices (digital cameras, camera phones) to take photographs that may include confidential information as the primary subject or in the background.
- Documenting or referencing confidential information on any social networking site, such as Twitter, My Space.
- Telling a co-worker your password so that he or she can login to your work.
- Telling an unauthorized person the access codes for employee files or patient accounts.
- Being away from your workstation while you are logged into an application, without locking your system to protect confidential information.
- Unauthorized use of a co-worker's password to logon to a Kaiser Permanente information system.
- Unauthorized use of a user ID to access employee files or patient accounts.
- Allowing a co-worker to use your secured application\* for which he/she does not have access after you have logged in.

\* secured application = any computer program that allows access to confidential information. A secured application usually requires a user name and password to log in.



* First Name	Middle Name	* Last Name
* Employee ID	* Work Phone Number (###)###-####	* Effective Date (mm/dd/yyyy)

**AGREEMENT - (Continued)**

12. I understand that I am responsible for my access, use, or misuse of confidential information and know that my access to confidential information may be audited.
13. I understand that my supervisor/chief of service or other managers and/or the Compliance Hot Line are available if I think someone is misusing confidential information or is misusing my password. I further understand that Kaiser Permanente will not tolerate any retaliation because I make such a report.
14. I understand that patient privacy and security is included in various training programs within Kaiser Permanente (for example: New Employee training, Annual Compliance Training), and by taking such training, I understand the obligations of confidentiality. I further understand that it is my responsibility to secure guidance from my supervisor or manager in the event any questions exist relating to my obligations regarding confidentiality.
15. I understand that this policy is not meant to prohibit any protected rights provided for in the National Labor Relations Act (for represented employees).
16. I understand that failure to comply with this agreement may result in disciplinary action up to and including termination of employment or other relationship with Kaiser Permanente. I understand that I may also be subject to other remedies allowed by law.
17. I understand that I must also comply with any laws, regulations, and other Kaiser Permanente policies, including the Principles of Responsibility that address confidentiality.
18. By signing (or selecting the submit button below), I agree that I have read, understand, and that I will comply with this Confidentiality Agreement.

**SIGNATURE** (Required if not submitted online)

_____ * Employee Signature	_____ * Date (mm/dd/yyyy)
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After completing the form:

1. Print form to keep a copy for your records.
2. Print another copy and sign it for your supervisor.
3. Press the Submit button.
4. Wait for a pop-up screen to confirm the form has been submitted. (This may take a few minutes.)
5. Submit online or fax your form to HR Service Center (877) 477-2329 or interoffice mail to HR Service Center, Alameda.



- Instructions:**
1. To ensure efficient and effective service please, submit form online.
  2. Items marked with an asterisk (\*) are required fields.
  3. Remember to print copy of form before submitting.
  4. Immediate confirmation will be sent to you upon receipt of your online submittal.

* Employee ID	* Home Phone (###) ###-####	* Work Phone (###) ###-####	* Effective Date (mm/dd/yyyy)
* First Name		Middle Name	* Last Name

**1. REQUIREMENTS**

Section 11166 of the Penal Code requires any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment who he or she knows or reasonably suspects has been the victim of child abuse or who he or she knows or reasonably suspects that a child is suffering serious emotional damage or is at substantial risk of suffering serious emotional damage to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

The identity of all persons who report shall be confidential and disclosed among agencies receiving or investigating mandated reports, to the district attorney in a criminal prosecution, or in an action initiated under Section 602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions Code, or to the county counsel or district attorney in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order.

“Health practitioner” includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; marriage, family and child counselors, emergency medical technicians I or II, paramedics, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code, marriage, family and child counselor trainees as defined in subdivision (c) of Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; and religious practitioners who diagnose, examine, or treat children.

Volunteers whose duties include direct contact with and supervision of children are not mandated reporters, but are encouraged to report instances of child abuse and neglect.

Your department chief or supervisor should be notified whenever you believe you may be required to report suspected child abuse.

**I understand and agree, if in a “Child Care Custodian” or “Health Practitioner” classification, as defined above, to comply fully with the above-cited provisions of the California Penal Code, in accord with procedures established by my Employer/Medical Center.**

**2. EMPLOYEE SIGNATURE**

Signature - (Required if not submitted online).

_____ * Employee Signature	_____ * Date (mm/dd/yyyy)
Facility / Department	



After completing the form:

1. Print form to keep a copy for your records.
2. Press the Submit button.
3. Wait for a pop-up screen to confirm the form has been submitted. (This may take a few minutes.)



# 2950 ELDER AND DEPENDENT ADULT ABUSE REPORTING REQUIREMENTS Page 1 of 1

- Instructions:**
1. To ensure efficient and effective service please, submit form online.
  2. Items marked with an asterisk (\*) are required fields.
  3. Remember to print copy of form before submitting.
  4. Immediate confirmation will be sent to you upon receipt of your online submittal.

* Employee ID	* Home Phone (###) ###-####	* Work Phone (###) ###-####	* Effective Date (mm/dd/yyyy)
* First Name		Middle Name	* Last Name

## 1. ELDER AND DEPENDENT ADULT ABUSE REPORTING REQUIREMENTS

California Welfare and Institutions (W&I) Code Section 15659 requires Kaiser Permanente Medical Program to provide all "health professionals" and "care custodians" information concerning their responsibility to report incidents of observed, known, or suspected elder and dependent abuse. All health practitioners or care custodians must sign a statement acknowledging receipt and understand of the **mandatory** elder and dependent abuse reporting requirements. Kaiser Permanente must retain the signed statement.

**Elders** are persons 65 years of age or older. **Dependent adults** are persons between the ages of 18 and 64 with physical or mental limitations such as physical or developmental disabilities or age-diminished physical or mental abilities. The law also expressly includes any person between the ages of 18 and 64 who is admitted as an inpatient to an acute care hospital or other 24-hour facility as a dependent adult. (W&I Code Sections 15610.23, 15610.27 and 15701.2)

**Abuse of and elder or dependent adult** means either of the following:

- (a) Physical abuse, including lewd or lascivious acts, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering; or
- (b) The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering. (W&I Code Section 15610.07)

At Kaiser Permanente, a physician, nurse, and licensed or unlicensed health care professional, including administrative and support staff, who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of elder and/or dependent abuse, or reasonably suspects elder and/or dependent abuse, **shall report by telephone immediately or as soon as practically possible and by written report within two (2) working days** as follows:

- (a) to the long-term care ombudsmen or the local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility;
- (b) to the State Department of Mental Health, the State Department of Developmental Services, or the local law enforcement agency if the abuse is alleged to have occurred in a state mental health hospital or state developmental center; or,
- (c) to the adult protective services agency or the local law enforcement agency when the abuse is alleged to have occurred anywhere else. (W&I Code Section 15630)

All incidents should be documented and forwarded to the appropriate agency in accordance with local medical center procedures.

**I certify that I have read and understand this statement and will comply with the requirements of the Elder and Dependent Abuse Reporting Law.**

## 2. SIGNATURE

* Employee Signature	* Date (mm-dd-yyyy)
Facility / Department	

**Submit**

- After completing the form:
1. Print form to keep a copy for your records.
  2. Press the Submit button.
  3. Wait for a pop-up screen to confirm the form has been submitted. (This may take a few minutes.)





## Domestic Violence Reporting Requirements

Employee ID	First Name	Last Name	Date
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**Domestic Violence:** Any stated threat or infliction against an adult or adolescent, intimate partner, past or present, by means of physical violence, threats, emotional abuse, harassment, or stalking that is directed at achieving compliance from or control over the victim.

**California State law (health and Safety Code section 1259.5) requires that a care provider knows how to identify and handle patients whose injuries or illnesses are attributed to domestic violence.**

Victims of domestic violence may try to hide the abuse. Abuse may start or increase during pregnancy.

Be alert to: Behavioral Cues

- nervous, inappropriate laughter, lack of eye contact, minimizing serious injuries
- overly attentive, hovering partner
- frequent user of health care services, especially for psycho-somatic complaints

Physical Indicators

- central distribution of injuries- face, throat, neck, chest, abdomen, breasts, genitals
- delay between onset of injury and presentation for treatment
- multiple injuries in various stages of healing

**Under California Penal Code, Section 11160, suspected domestic violence must be reported. Failure to report such abuse is a misdemeanor and punishable by a fine of \$1000.00 and / or jail term of six months.**

*It is a care provider’s responsibility to report when a patient seeks medical treatment when injuries have been inflicted upon them, regardless of the patient’s wish to self-report.*

1. Oral report must be made as soon as possible.
2. Written report must be completed and sent within 48 hours to a law enforcement agency where incident occurred. Reports may be faxed to reporting agency.

**Documentation Responsibilities as a Healthcare Provider:** Remember that the reporting form is not a substitute for complete documentation.

Refer to your local KP Administrative policy titled: **Abuse – Assessment, Management and Reporting Child, Elder/Dependent Adult and Domestic Violence Policy** for detailed description of suspected abuse signs and symptoms, treatment, reporting, documentation, and web sites available to learn more about abuse.

EMPLOYEE SIGNATURE (Required if not submitted online)

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Employee Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date (mm/dd/yyyy)
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Employee ID	First Name	Last Name	Date
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### Staff Rights

Kaiser Permanente (KP) California Human Resources Policy 2.03 clarifies your right as a caregiver to request to refrain from participation in aspects of patient care or treatment due to moral, ethical, or religious beliefs. KP will reasonably accommodate a caregiver's moral, ethical or religious beliefs as long as they do not negatively affect patient care, safety, or treatment or cause undue hardship to KP.

If you feel this applies to you, you must notify your manager prior to the denial of service. A form to request accommodation(s) is attached. Your manager will discuss possible accommodations with you, which may include (but are not limited to):

1. Revised procedures;
2. Job restructuring which permits you to perform the essential functions of the job and which do not negatively affect patient care, safety, or treatment or cause undue hardship to KP;
3. Reassignment to a similar, vacant position in accordance with any applicable collective bargaining agreement or policy.

KP will make the final determination as to what, if any, accommodation(s) will be provided and how aspects of patient care will be performed. Further, in emergency situations in which the immediate nature of a patient's need will not allow for substitution, the patient's right to receive necessary care takes precedence over the exercise of the caregiver's individual moral, ethical, or religious beliefs.

**I have read the above information and am aware of the outlets available to me should I encounter a conflict with my personal ethics, religious beliefs, or cultural values while on the job.**

EMPLOYEE SIGNATURE (Required if not submitted online)

_____ Employee Signature	_____ Date (mm/dd/yyyy)
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**\*Additional information can be found on MYHR under HR policies.**



Kaiser Health Plan Member Rights and Responsibilities &  
Kaiser Foundation Hospital Patient Rights and Responsibilities

<b>Employee ID:</b>	<b>Department:</b>	<b>Facility:</b>
<b>First Name:</b>		<b>Last Name:</b>

## AMBULATORY:

KAISER PERMANENTE respects the rights of members and recognizes that each member is an individual with unique health care needs and (because of the importance of respecting each member's personal dignity) provides considerate, respectful care focused upon the member's individual needs.

It is the responsibility of every member of the health care team to assure that each health plan member or surrogate decision maker has the opportunity to exercise their rights in accordance with the California Administrative Code. Furthermore, Kaiser Permanente recognizes the responsibility to inform and educate staff to ensure that this policy is adhered to. Also, it is the responsibility of every member to make their needs and wishes known.

All personnel shall observe these member rights.

### **A. KAISER PERMANENTE MEMBER RIGHTS AND RESPONSIBILITIES**

#### **A member is defined as a Kaiser Permanente health plan member**

Kaiser Permanente is committed to treating members in a manner that respects their rights and informs them of their rights and responsibilities as follows:

#### **1. Members have a right to:**

- Receive information about Kaiser Permanente, its services, its practitioners and providers, and members' rights and responsibilities.
- Be treated with respect and recognition of their dignity and right to privacy.
- Participate with practitioners in decision making regarding their health care.
- A candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about Kaiser Permanente or the care provided.

#### **2. Members have a responsibility to:**

- Provide, to the extent possible, information that the managed care organization and its practitioners and providers need in order to care for them.
- Follow the plans and instructions for care that they have agreed on with their practitioners.
- Keep appointments and when unable to do so for any reason, notify the responsible medical care provider or the medical offices.



## Kaiser Health Plan Member Rights and Responsibilities & Kaiser Foundation Hospital Patient Rights and Responsibilities

- Accept ownership for their actions if they refuse treatment or do not follow the medical care providers instructions.
- Assure financial obligations for their health care treatment are fulfilled as promptly as possible.
- Provide accurate and complete information about present complaints, past illnesses, hospitalization, medications, and other matters relating to their health.
- Report unexpected changes in their conditions to the medical care provider.
- Report whether he/she clearly comprehends a contemplated course of action and what is expected.

### **3. Kaiser Permanente assures members of their right to voice complaints and appeals. Questions or concerns may be directed to the Patient Relations/Health Plan Office (s).**

**Members can also voice concerns by calling the Department of Corporations act 1-800-400-0615.**

## **HOSPITAL:**

Kaiser Foundation Hospital - San Leandro (KFH-San Leandro) respects the rights of patients and recognizes that each patient is an individual with unique health care needs and provides considerate, respectful care focused upon the patient's individual needs. Therefore, the hospital and medical staff have adopted a written policy on patients' rights (Patient Rights and Responsibilities PR.16.01)

It is the responsibility of every member of the health care team to assure that each patient or surrogate decision maker has the opportunity to exercise their rights in accordance with the California Administrative Code. Furthermore, Kaiser Foundation Hospital-San Leandro recognizes the responsibility to inform and educate staff to ensure that this policy is adhered to. Also, it is the responsibility of every patient to make their needs and wishes known.

Therefore, every patient receives a written statement of these rights upon admission and a list of these patient rights are posted in appropriate places within the hospital so that the rights may be read by patients.

### **B. KFH- SAN LEANDRO PATIENT RIGHTS AND RESPONSIBILITIES**

**A patient is defined as a person who is seen in the Emergency Department and/or is hospitalized as an inpatient or outpatient at the KFH- San Leandro.**

#### **Patients have the right to:**

1. Patient's shall be able to exercise these rights without regard to race, ethnicity, color, national origin, ancestry, religion, culture, language, sex (including gender, gender identity, gender expression), sexual orientation, age, genetic information, marital status, registered domestic partner status, veteran's status, medical condition, socioeconomic status, educational background, physical or mental disability, or the source of payment
2. Considerate and respectful care.

Kaiser Health Plan Member Rights and Responsibilities &  
Kaiser Foundation Hospital Patient Rights and Responsibilities

3. Knowledge of the name of the licensed healthcare practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating the care and the names and professional relationships of physicians and non-physicians who will see the patient.
3. Receive information from the physician about the illness, the course of treatment, and the prospects for recovery in the terms that the patient can understand.
4. Receive as much information about any proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or the treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-treatment, and the risks involved in each, and to know the name of the person who will carry out the procedure or treatment.
5. Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment including forgoing or withdrawing life-sustaining treatment or withholding resuscitative services.
7. Have the hospital demonstrate respect for the following patient needs:
  - a. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
  - b. Confidential treatment of all communications and records pertaining to the patient's care and stay in hospital. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the care except in the case of abuse/assault reporting by mandated reporters.
8. Reasonable responses to any reasonable requests made for service.
9. Leave the hospital even against the advice of physicians.
9. Reasonable continuity of care and to know in advance the time and location of appointments as well as persons providing the care.
10. Be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting care or treatment. The patient has the right to refuse to participate in such research projects.
11. Be informed of continuing health care requirements following discharge from the hospital.
12. Examine and receive an explanation of the bill regardless of source of payment.
13. Know which hospital rules and policies apply to the patient's conduct while a patient.
14. Have all patients' rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
15. Have visitors as described below:
  - a. Designate visitors of his/her choosing, if the patient has decision making capacity, whether or not the visitor is related by blood or marriage, unless:
    - No visitors are allowed

Kaiser Health Plan Member Rights and Responsibilities &  
Kaiser Foundation Hospital Patient Rights and Responsibilities

- The facility reasonably determines that the presence of a particular visitor would endanger the health and safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
  - The patient has indicated to the health facility staff that the patient no longer wants the person to visit
- b. Have the patient's wishes considered for purposes of determining who may visit if the patient lacks decision making capacity and to have the method of that consideration disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any person living in the household.
- c. **Note:** The above information on visitors may not be construed to prohibit Kaiser Permanente from otherwise establishing reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors.
16. A procedure shall be established whereby patient complaints are forwarded to the hospital administration for appropriate response.
17. All hospital personnel shall observe these patient's rights.

**Patients have the responsibility to:**

1. To provide, to the best of the patient's knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's health. The patient has the responsibility to report unexpected changes in the patient's condition to the responsible practitioner. A patient is responsible for making it known whether the patient clearly comprehends a contemplated course of action and what is expected of the patient.
2. To follow the treatment plan recommended by the practitioner primarily responsible for the patient's care. This may include following the instructions of nurses and allied health care personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and when s/he is unable to do so for any reason, for notifying the responsible practitioner or the hospital.
3. To be responsible for the patient's actions if the patient refuse(s) treatment or does not follow the practitioner's instructions.
4. To assure that the financial obligations of the patient health care are fulfilled as promptly as possible.
5. To follow Kaiser Foundation Hospital rules and regulations affecting patient care and conduct
6. To be considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise, smoking and the number of visitors. The patient is responsible for being respectful of the property of other persons and of Kaiser Foundation Hospital.

**Patient complaints may be forwarded to the hospital administration for appropriate response as follows:**

- **Questions or concerns may be directed to the Patient Relations Office**

**Employee Signature:** \_\_\_\_\_ **NUID:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONFIDENTIALTY AND NON-DISCLOSURE AGREEMENT

This CONFIDENTIALTY AND NON-DISCLOSURE AGREEMENT (the Agreement) is made between Kaiser Foundation Hospitals, d/b/a Kaiser Permanente (Kaiser Permanente) and the undersigned student nurse (you). This Agreement applies to your use of Kaiser Permanente's electronic medical record system, KP HealthConnect™, and related training materials to carry out your obligations and duties at your assigned Kaiser Permanente Medical Center. KP HealthConnect™ is a Kaiser Permanente trademark.

1. KP HealthConnect™ contains confidential information and proprietary materials owned by Kaiser Permanente and its licensors, such as Epic Systems Corp. The information and materials available in KP HealthConnect™ do not belong to you.
2. You must not print, transmit, download, transfer or make copies of any information, software or screen shots in this training.
3. You must protect the confidentiality of information in KP HealthConnect™ as required by State and Federal law.
4. You must use the KP HealthConnect™ user account assigned to you only if and when you need the information in KP HealthConnect™ to perform your work in the ordinary course of your assignment in providing services to Kaiser Permanente members and patients. You must not use KP HealthConnect™ user account for any personal or other purpose.
5. You must safeguard and keep your KP HealthConnect™ user ID and password secret. Sharing KP HealthConnect™ user ID and password with any other person, including co-workers or supervisors, is strictly prohibited. You must not use any other person's user ID and password to access any Kaiser Permanente system.
6. Kaiser Permanente may monitor your use of KP HealthConnect™ and your KP HealthConnect™ user account. You are personally accountable for any actions taken using the KP HealthConnect™ user ID issued to you.
7. You cannot share or exchange any confidential information with other personnel working at your hospital or facility unless it is required for you to perform your work. If any such sharing or exchange is required, you must follow the correct department procedure and the instructions of your supervisor/ chief of service (such as shredding confidential papers).
8. If you receive a request or demand from any person or organization other than Kaiser Permanente for confidential information or access to KP HealthConnect™, you must promptly notify your supervisor and Kaiser Permanente.
9. Your failure to comply with these obligations may result in the revocation of your KP HealthConnect™ user account and other actions by your employer or Kaiser Permanente.
10. On termination of your placement with Kaiser Permanente, you must return to Kaiser Permanente all copies of documents containing Kaiser Permanente's confidential information in your possession or control.

**I UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS STATED IN THIS  
CONFIDENTIALTY AND NON-DISCLOSURE AGREEMENT.**

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Print Name

Sign Name

Today's date

# GUIDELINES FOR STANDARD/UNIVERSAL PRECAUTIONS AND PROTECTION AGAINST EXPOSURE TO BLOODBORNE PATHOGENS IN HEALTHCARE SETTINGS

These guidelines apply to ALL employees and physicians in the hospitals, medical office buildings, regional laboratories and other regional services of the Kaiser Permanent Medical Care Program. Additional details are available in your facility's Bloodborne Pathogen Exposure Control Plan. Ask your manager where it is located.

The Kaiser Permanente Medical Care Program mandates the use of Standard/Universal blood and body fluid/substance precautions for all patients and employees as recommended by California and Federal OSHA, the American Hospital Association and the Centers for Disease Control and Prevention (CDC). These guidelines are mandated to protect patients, employees and physicians from the occupational transmission of bloodborne infections, such as Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV). Standard/Universal precautions **must be strictly followed** whenever there is the possibility of contact with blood or other potentially infectious material (OPIM) from any patient regardless of diagnosis. Failure to comply with Standard/Universal precaution practices will result in disciplinary action. OPIM are defined as: semen, vaginal secretions, cerebrospinal fluid, peritoneal fluid, amniotic fluid, synovial fluid, pleural fluid, pericardial fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between blood and body fluids.

## STANDARD/UNIVERSAL PRECAUTIONS

1. Blood and/or OPIM must be handled in a manner that minimizes splashing, spraying, splattering, and generation of droplets. The use of personal protective equipment (PPE) i.e. gloves, gown, eye shields, masks etc., is required to reduce the risk of occupational exposure. In addition to the use of PPE hand hygiene is required **at the start** of the work shift, and **between** dirty and clean procedures on the same patient. Hand hygiene is also required **after**: contact with equipment or environment that may be contaminated, using the restroom, eating, drinking, smoking, and applying cosmetics. It is required as well **before and after**: contact with patients and specimens, wearing gloves or other PPE, contact with mucous membranes, and preparing food. Hand hygiene may be accomplished with either waterless degermer or soap and water washing.
2. Gloves are required when anticipated hand exposure to blood and/or OPIM is anticipated. Examples include: venous access procedures (e.g. phlebotomy, IV starts), specimen collection, open wound contact and when handling or touching contaminated items or surfaces.
3. PPE such as gowns and disposable plastic aprons are required during procedures when splashing with blood and/or OPIM is anticipated. Scrubs are NOT PPE.
4. PPE such as masks, face shields, ventilation devices and protective eye wear are required during procedures when splashing, spraying, splatter or droplets of blood and OPIM to the eyes, nose or mouth is anticipated. Eyeglasses are NOT PPE.
5. N-95 NIOSH approved TB respirator masks are required for protection against tuberculosis. Fit testing must be done prior to use of the N-95 mask. Regular masks are required for protection against other airborne transmitted diseases such as chickenpox.
6. Used syringes and disposable sharps must be disposed of immediately at point of use in puncture resistant containers. Do not overfill the containers. Needles should not be recapped or manipulated in any way. If needles must be recapped, a one-hand scooping technique or recapping device must be used. Kaiser has standard sharps safety devices available, which must be used. The safety feature on sharps safety devices must be activated. Education regarding sharps safety devices is required before use.
7. Laboratory specimens must be processed and handled in a safe manner with gloves and placed into leak proof containers labeled with biohazard symbol when required.
8. Emergency resuscitation equipment such as ambubags, mouthpieces, pocket masks, and ventilation devices are required in resuscitation situations.
9. Hepatitis B vaccination is strongly recommended for all employees who have the potential for occupational exposure to blood and OPIM. This is administered in a series of three injections. It is highly effective and safe, and is offered free of charge to all employees.

## EMPLOYEE HEALTH

Exposure to blood and/or OPIM via needlesticks, other sharps injury, mucous membranes or non-intact skin requires:

- immediate and thorough washing of the affected area,
- contacting your Manager/designee,
- seeking immediate medical evaluation, and
- contacting Employee Health for documentation of the exposure incident on the Sharps Log.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

SS#: \_\_\_\_\_