

UC San Diego

HEALTH SCIENCES

Child Abuse Reporting Requirement Employee Notification and Acknowledgment

California state law Section 1165.7 of the Penal Code requires that any person who enters into employment on and after January 1, 1985, as a child care custodian, medical practitioner, or non-medical practitioner, or with a child protective agency, shall be a mandated reporter and prior to commencing employment, shall sign a statement that he or she has knowledge of the provisions of Section 11166 of the Penal Code and will comply with its provisions.

Section 11166 of the Penal Code requires that any mandated reporter such as a child care custodian, medical practitioner, non-medical 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, whom he or she is reasonably suspects has been a victim of child abuse to report the known suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone, and to prepare to send a written report thereof within 36 hours of receiving the information concerning the incident.

Any person who fails to report an instance of child abuse which he or she knows to exist or reasonably knows to exist, as required, is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than five hundred dollars (\$500) or by both.

The law also provides that a person who does report as required, or who provides a child protective agency with access to a victim, shall not be civilly or criminally liable for doing so.

To view the sections of the Penal Code which cover Child Abuse & Neglect Reporting, go to http://www.leginfo.ca.gov/html/pen_table_of_contents.html.

**Elder / Dependent Adult Abuse Reporting Requirement
Employee Notification and Acknowledgment**

California Welfare and Institutions Code Section 15630 requires that any person who assumes full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local enforcement agency, is a mandated reporter and is required to acknowledge understanding of the requirements for reporting.

Mandated reporters who have observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced abuse or reasonably suspects abuse that abuse of an elder or dependent adult has occurs shall report the known or suspected abuse by telephone or through a confidential internet reporting tool immediately or as soon as possible with a written report submitted within two (2) working days.

To view Section 15630 of the California Welfare and Institutions Code, go to <http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=wic>.

I certify that I have read and understand the Child Abuse Reporting Requirement and the Elder / Adult Abuse Reporting Requirement and will comply with the reporting requirements expressed above.

Name _____

Signature _____

Date _____

CONFIDENTIALITY AGREEMENT

Applies to all UCSD Health Sciences “workforce members” including: employees, medical staff and other health care professionals; volunteers; agency, temporary and registry personnel; and house staff, students, and interns (regardless of whether they are UCSD trainees or rotating through UCSD Health Sciences facilities from another institution).

It is the responsibility of all UCSD Health Sciences workforce members, as defined above, including employees, medical staff, house staff, students and volunteers, to preserve and protect confidential employee, patient and business information.

The State Information Practices Act (California Civil Code sections 1798 et seq.) governs the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various personal and medical information and specify that such information may not be disclosed except as authorized by law or the patient or individual. The Federal Health Insurance Portability Accountability Act (HIPAA) Privacy Law, the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.) and the Lanterman-Petris-Short Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health care providers.

Confidential Employee and Business Information includes, but is not limited to, the following:

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from the University’s records which if disclosed, would constitute an unwarranted invasion of privacy; or
- Disclosure of Confidential business information that would cause harm to UCSD Health Sciences.

Confidential Patient Care Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient’s medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Mainframe and department based computerized patient data and alphanumeric radio pager messages;
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

Peer review and risk management activities and information are protected under California Evidence Code section 1157 and the attorney-client privilege.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/ or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all employee records/medical records, proprietary information and other confidential information relating to UCSD Health Sciences and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
3. I shall only access or disseminate employee/patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of UCSD Health Sciences, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of UCSD Health Sciences affairs.
4. UCSD Health Sciences performs audits and reviews employee/patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
8. I understand that the law specially protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
9. My obligation to safeguard patient confidentiality continues after my termination of employment with the University of California.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the University of California may, as applicable and as it deems appropriate, pursue disciplinary action up to and including my termination from the University of California.

Print Name:	Signature:
Department:	Dated:

Routing: Please complete the form and return it to your hiring department.

UCSD INFORMATION SYSTEMS

COMPUTER/INFORMATION USE AND SECURITY STATEMENT

Employee Name: _____

Employee Number: _____

I understand that in the performance of my duties at UCSD, I must hold information in confidence. I have read and understand the Rules of Conduct for University Employees Involved with Information Regarding Individuals (attached). I understand that unauthorized disclosure of personal/confidential information may result in charges of Invasion of Privacy.

I also understand that it is against UCSD Information Systems policy to seek out or use personal or confidential information relating to others for my own interest or advantage.

I understand that under California State Law any person who maliciously accesses, alters, deletes, damages, or destroys any computer system, network, computer program, or data is guilty of a felony.

I am aware that the References and Related Policies on the attached sheet outline University policies and State and Federal laws which govern use of computer systems and disclosure of information. I understand that failure to comply with the regulations may result in disciplinary action, which could include release from employment. Violation of local, state, or federal statutes may carry the additional consequence of prosecution under the law, where judicial action may result in specified fines or imprisonment, or both, plus the costs of litigation or the payment of damages, or both.

I acknowledge receipt of a UCSD Administrative Computing & Telecommunications computer access code (userid) and password; and understand that I will be responsible for all entries made thereunder. I understand that my userid and password are to be accorded the same significance as my handwritten signature and that the delegation of userid and password to another person, or my use of another persons userid, may be considered False Representation.

Signature: _____

Date: _____

RULES FOR CONDUCT FOR UNIVERSITY EMPLOYEES INVOLVED WITH INFORMATION REGARDING INDIVIDUALS

- A. Employees responsible for the collection, maintenance, use and dissemination of information about individuals which relates to their personal life, including their employment and medical history, financial transactions, marital status and dependents, shall comply with the State of California Information Practices Act. PPM-480-3 Privacy of and Access to Information, Legal Requirements and Implementing Procedures, shall be used as a basic source of guidance in administering the Act's provisions.
- B. Employees shall not require individuals to disclose personal information which is not necessary and relevant to the purposes of the University or to the particular function for which the employee is responsible.
- C. Employees shall make every reasonable effort to see that inquiries and requests relating to personal records of individuals are responded to quickly and without requiring the individual to unnecessarily repeat his or her inquiry to others. In other words, reasonable efforts will be made to place the responsibility on the Department for responding to the individual after his/her initial contact.
- D. Employees shall assist individuals who seek information pertaining to themselves in making their inquiries sufficiently specific and descriptive so as to facilitate the locating the records.
- E. Employees shall respond to inquiries from individuals, and requests from them to review, obtain copies of, amend, correct, or dispute their personal records in a courteous and business-like manner, and in accordance with PPM-80-3.
- F. Employees shall not disclose personal and confidential information relating to individuals to unauthorized persons or entities. The intentional disclosure of such information to such persons may be cause for disciplinary action.
- G. Employees shall not seek out or use personal or confidential information relating to others for their own interest or advantage. The intentional violation of this rule may be cause for disciplinary action.
- H. Employees responsible for the maintenance of personal and confidential records shall take all necessary precautions to assure that proper administrative, technical, and physical safeguards are established and followed in order to protect the confidentiality of records containing personal information and to assure that such records are not disclosed to unauthorized individuals or entities.

REFERENCES

- A. Policy and Procedure Manual (PPM 480-3) Responsibilities and Guidelines for Handling Records Containing Information about Individuals.
- B. University Policy, Guidelines and Legal Requirements on Privacy of and Access to Information, June 9, 1978.
- C. University Policies Applying to the Disclosure of Information from Student Records, February 1, 1977.
- D. California Public Records Act (1976).
- E. California Information Practices Act (1977).
- F. California Education Code, Chapter 1.2, Division 16.5.
- G. California Penal Code, Section 502, Chapter 858, relating to Computer Crime.
- H. Federal Privacy Act of 1974.
- I. Federal Family Educational Rights and Privacy Act of 1974.
- J. Electronic communication Privacy Act of 1986.

RELATED POLICIES

A) POLICY AND PROCEDURE MANUAL (PPM)

- 1) 135-3 Network Security
- 2) 160-2 Disclosure of Information from Student Records.
- 3) 230-11 Maintenance of, Access to, and Opportunity to Request Amendment of Academic Personal Records.
- 4) 230-29 Policies and Procedures to Assure Fairness in the Academic Personnel Review Process.
- 5) 250-605 Staff Employee Personnel Records.
- 6) 250-605 (L-1) Staff Employee Personnel Records.
- 7) 460-5 Misappropriation of University Assets.
- 8) 480-3 Responsibilities & Guidelines for Handling Records Containing Information About Individuals.

B) BUSINESS AND FINANCE BULLETIN

- 1) RMP-8 Legal Requirements on Privacy of and Access to Information.

C) INFORMATION SYSTEMS POLICIES

- 1) Misuse of University Resources, 11/2/87.

UC San Diego

HEALTH SCIENCES

EMERGENCY INFORMATION FORM

The information provided in this form will be kept in strict confidence. The information will be used only in the event of an emergency including serious illness or accident.

PERSONAL DATA:

Employee Name: _____ Date: _____

Employee ID#: _____ Department: _____

Home Address: _____

Home Phone: _____ Alternate/Cell Phone: _____

Personal E-mail Address: _____

Name of Physician (Optional): _____ Phone Number: _____

NAME OF PERSON TO BE CONTACTED IN EMERGENCY:

Name #1: _____ Relationship: _____

Address: _____

Home Phone: _____ Alternate/Cell Phone: _____

Name #2: _____ Relationship: _____

Address: _____

Home Phone: _____ Alternate/Cell Phone: _____

Email Address: _____

COMMENTS: _____

Privacy Notification:

The State of California Information Practices Act of 1977, effective July 1, 1978, requires the University to provide the following information to individuals who are asked to supply information about themselves:

- The principal purpose for requesting the information on this form is to facilitate the payment of benefits in the event of death or serious illness or accident, and to contact next of kin or a designated representative. University policy authorizes maintenance of this information.
- Furnishing the information requested on this form is voluntary. There is no penalty for not completing this form. Information furnished on this form may be used by various University departments for contacting relatives or a designated representative, filling of benefits, and payment of benefits.
- Individuals have the right to review their own records in accordance with Staff Personnel Policy 605 and Academic Personnel Manual 195. Information on these policies can be obtained from campus or System-wide Staff and Academic Personnel Offices.
- Your home office is responsible for the information contained on this form.

ACKNOWLEDGMENT STATEMENT

**THE UCSD HEALTH SCIENCES
CORPORATE COMPLIANCE PROGRAM**

STANDARDS OF BUSINESS CONDUCT

My signature on this form acknowledges that I have received and agree to read the UCSD Health Sciences Corporate Compliance *Standards of Business Conduct* (also known as the Code of Conduct Handbook).

I also acknowledge that the Code of Conduct Handbook is only an outline of principles for individual and business conduct and do not, in any way, constitute an employment contract or an assurance of continued employment. A detailed corporate compliance program management manual can be read in my department business office and is available on the Internet (<http://health.ucsd.edu/compliance>).

I confirm that I have not been excluded by the federal government from participation in any governmental program, nor to the best of my knowledge, have I been proposed for exclusion. I agree to notify the corporate compliance officer or the university's Office of the General Counsel immediately upon my receiving written or verbal notification that I am proposed for exclusion from any governmental health care program.

Name (Please Print)

Signature

Date

Department/Division

Please complete the form, sign, and mail or fax to:

UCSD Health Sciences
Corporate Compliance Office
9500 Gilman Drive, MC 0836
La Jolla, CA 92093-0836
phone: (619) 471-9150
fax: (619) 471-9158



ACKNOWLEDGMENT of RECEIPT

Please check off after reading.

_____ **How to Blow the Whistle**

_____ **Federal Deficit Reduction Act of 2005**

_____ **Information Security Awareness Training: Reminder for Computer Users**

_____ **Employee Rights and Responsibility Under the FMLA**

I, _____ hereby acknowledge that I have received the handouts entitled, “How to Blow the Whistle on Suspected Improper Activities,” “Deficit Reduction Act of 2005,” “Information Security Awareness Training: Reminder for Computer Users,” and “Family and Medical Leave Act: Employee Rights and Responsibility.”

Date of Hire: _____

Date: _____

Employee Name (Print): _____

Employee Signature: _____

SIGNED COPY **MUST** BE RETAINED IN THE EMPLOYEE’S PERSONNEL FILE.

Individual HIPAA Training
ACKNOWLEDGEMENT FORM

PLEASE READ THE INSTRUCTIONS CAREFULLY

Fill out the section on-line (click mouse in each highlighted box, then type)
<ol style="list-style-type: none"> 1. Employee identification number is required to record data on education record. For volunteers and other workforce members without a UCSD employee number, enter the <u>last</u> 4-digits of your social security number. 2. Press "Print Page" button at the bottom of this page. Only this page will be printed. 3. Sign and return the "Acknowledgement Form" to your department or division head, supervisor/leader.

UCSDHS COURSE ROSTER
SELF STUDY:

Course Name: HIPAA-Basic 101 Workforce Training Module	Course Date: <i>Enter the date as: mm/dd/yy</i>
Class Hours: 1.0 (Maximum)	
Instructor Name: HIPAA Self Study	

Please **TYPE** (or print clearly) the information requested in the following boxes:

Name (Last Name, First, MI):	Employee ID# (6 digits): <i>Volunteers: Enter 00 plus the last 4 digits of your social security #.</i>
Work Area (Department or Division or Facility Name)	Position or Role:

Acknowledgement: *I have read the information presented in the HIPAA Self Study Module.*

Signature: _____ Date: _____

PRINT PAGE

Need additional HIPAA Privacy / Security Information?
Refer to the UCSD Healthcare HIPAA (intranet) web site at: <http://webhipaa.ucsd.edu/> or
The Health Sciences Corporate Compliance (internet) web site: <http://health.ucsd.edu/compliance>