

LĀNA'Ī COMMUNITY HEALTH CENTER

P. O. Box 630142
Lāna'ī City, HI 96763-0142



Phone: 808-565-6919, x114
Fax: 808-565-9111
E-mail: dshaw@lanaicommunityhealthcenter.org

[DATE HERE]

[ADDRESS HERE]

Dear [NAME]:

On behalf of the Lāna'ī Community Health Center (LCHC), I am pleased to offer you our [POSITION TITLE] position, a [POSITION STATUS—I.E., FULL TIME, PART TIME, EX-EMPT OR NON-EXEMPT] position. This offer is subject to successful completion of your [PERSONALIZE; credentialing and reference checks] — and finding you to be in good standing. The following outlines our offer to you:

1. The position of [TITLE OF POSITION] is a [STATUS OF POSITION; I.E., permanent, full time exempt position] and will be paid every two weeks. The [TITLE OF SUPERVISOR] is your supervisor, and will work with you to assure that all state practice requirements are met.
2. Your start date is anticipated to be [START DATE].
3. The annual rate for this position is [\$PAY RATE, ANNUAL] which includes responsibilities as noted in the job description. As you are paid bi-weekly, your gross salary per pay period will be [\$PAY PERIOD RATE]. This position [BENEFIT ELIGIBILITY — IS OR IS NOT] eligible for our full benefit package, including CME (our policy is currently being formulated).
4. [SPECIAL INSTRUCTIONS: LCHC is able to provide a modest relocation package — as you better understand your costs, please let me know so that I can work to ensure coverage.]
5. [SPECIAL INSTRUCTIONS: We understand that you will be moving to our community, but that you need time to become acclimated. Therefore, we have made arrangements for you to stay in the Provider house for a maximum of 6 months as you work to secure living accommodations on Lāna`i. Our provider house is a

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shared facility, so you will be expected to follow all house rules and provide your own food and bath products.]

6. [SPECIAL INSTRUCTIONS: During the next 6 months, you will also have access to the shared Provider car, until you can make arrangements for your own vehicle. Other providers or employees might also need access to the vehicle, though. When using the vehicle, we ask that you replace gas as needed.]
5. [SPECIAL INSTRUCTION: You are expected to maintain licensure and remain up to date with continuing professional education while working with us. We will provide professional liability coverage through the HRSA FTCA Program.]
6. [INCLUDE FOR PROVIDERS: Together, you and the Medical Director will determine your work schedule (including 24/7 phone coverage).]
7. [ANY OTHER SPECIAL AGREEMENTS/INSTRUCTIONS]

Your employment is contingent upon successfully passing a pre-employment drug test and completing a physical exam. Please contact Altres at 808-591-4929, or hr@altres.com, to arrange for access to the Altres Electronic New Hire packet. You will need to complete this packet and your Altres orientation process before you start working at LCHC. I have enclosed our Standards of Conduct, **confidentiality policy** and your job description [INCLUDE ANY OTHER ITEMS HERE REQUIRING SIGNATURE, i.e., Provider Credentialing Policy], which I ask that you sign and return to me, along with this signed letter, no later than [DATE BY WHICH TO RETURN ITEMS].

[NAME OF NEW EMPLOYEE], we are so pleased that you have decided to further your career at LCHC! We **greatly** looking forward to having you at Lāna`i Community Health Center, and to have you as a part of our community. We ask that you confirm your acceptance of this offer by signing as indicated on the last page.



Sincerely,

Diana V. Shaw, PhD, MPH, MBA, FACMPE
Executive Director

We recognize that you retain the option, as does the Lāna`i Community Health Center, of ending your employment with the Lāna`i Community Health Center at any time, with or without notice and with or without cause. As such, your employment with the Lāna`i Community Health Center is at-will and neither this letter nor any other oral or written representations may be considered a contract for any specific period of time. The provisions of this offer have been read, are understood, and the offer is herewith accepted. I understand that this offer is contingent upon successful completion of background check and reference check.

Furthermore, I understand that Employer is a covered entity as that terms is defined in the Privacy Rule and the Security Rule, promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as set forth in 45 Code of Federal Regulations ("C.F.R.") Part 164, as it may be amended from time to time. I agree to maintain and protect the confidentiality, security, accuracy, and integrity of all patient medical records relating to services provided under this agreement in a timely manner and in

accordance with (1) all applicable state and federal statutes and regulations, including, but not limited to the HIPAA Privacy and Security Rules and (2) prevailing standards among health care professionals. Such records include, but are not limited to, discharge summaries, operations/ major procedure reports, pathology reports, laboratory and radiology procedure reports, emergency room reports, and other related reports. I specifically agree to keep all information relating to patients confidential and shall not disclose such information to any person or entity for any purpose unrelated to treatment of the patient of the Employer's operations. I further acknowledge that failure to prepare, maintain, protect, preserve the confidentiality of all patient information shall not only constitute a material breach of the **Agreement**, which may result in termination of the **Agreement**, but also may result in civil and/or criminal penalties under 42 U.S.C §§ 1320d-5 and 1320d-6. I specifically acknowledge that this duty to protect the confidentiality of all patient information is ongoing and extends beyond the termination of the **Agreement**.

I further understand and agree that my professional activities performed under this **Agreement** shall be subject to peer review on an ongoing basis as part of LCHC's Performance Improvement Program, and also upon the specific recommendation of the LCHC's Executive Director or the Governing Board should any questions arise as to whether my actions, activities, demeanor or conduct may be (1) detrimental to patient safety or to the delivery of quality patient care, (2) unethical, (3) contrary to LCHC's policies and procedures or the Bylaws or Rules and Regulations, as they may be amended from time to time, or (4) below relevant professional standards.

I agree to release and absolve, to the fullest extent permitted by law, LCHC, its Medical Staff, their employees, agents and representatives and any and all other parties participating in any way in the peer review process, whether by referring a matter for peer review, acting as a member of a peer review body, or submitting information to any peer review body maintained or convened by Employer or any other health care facility or entity, from liability for any and all claims of any nature that may arise from or on account of the peer review process, subject only to the provision that such individuals and entities have acted in good faith.

Signature

Date