



New Employee Acknowledgment

Welcome to Deaconess! The following is a list of acknowledgements detailed in this form. **Please sign for receipt and understanding/agreement to all information in this document and initial at the bottom of each of the following pages.**

- New Employee Information
- Workforce Member's Statement of Confidentiality
- Understanding for Release of Employment Information
- Notice of Continuation Rights for Benefits
- Notice of Rights – Medical Examination Sequence
- Criminal History Report

I have received written reference material covering the topics listed above. I have also been given the opportunity to have any questions or concerns about the materials addressed. I further agree to protect the confidentiality and privacy of any information regarding Deaconess and its patients.

Signature:

Printed Name:

Employee ID:

Date:

Social Security Number:

Job Title:

1. NEW EMPLOYEE INFORMATION

Please remember all job offers are contingent upon successful completion of your pre-employment physical and all background checks.

REQUIRED FORMS

You will need to come to Human Resources at Deaconess Hospital’s Main Campus (600 Mary Street) approximately one hour before your physical to complete new hire paperwork or as scheduled otherwise. These forms consist of tax documents, government forms and hospital forms. Bring the following items with you when you come to fill out your new hire paperwork:

- Current Photo ID (Such as Driver’s License or Passport)
- Social Security Card or Birth Certificate (If you bring your Passport, this will not be needed.)
- A check from your checking account with VOID written across it. This check is for direct deposit of your paycheck.
- Any professional licensing you hold.
- License plate numbers for vehicles you will be parking at Deaconess.

PHYSICAL

We are a health care facility and are required to honor all state and federal regulations regarding employee health requirements. All employees are required to complete a pre-employment physical.

Please bring the following items to your physical:

- Photo ID
- Medical History Form
- Immunization Records and any Tuberculosis records from the past 12 months

Immunization Requirements are as follows:

All Employees:	MMR (Measles, Mumps & Rubella) Varicella (Chicken Pox) TDap (Tetanus, Diphtheria, Pertusis) Annual Influenza Vaccine TB Test Hepatitis B
Dietetics, Childcare and patient care providers who will work in certain areas	Hepatitis A

Your immunization records can be obtained from your physician, your former school district, your university or college, or a previous place of employment that required this information. You may fax it to the Comp Center if desired. (Fax: 812-858-4571) If you cannot provide documentation it will be necessary for the Comp Center to draw additional blood samples. A blood test will also be completed to check for TB infection. Questions concerning your immunizations or physical can be addressed to the Comp Center at 812-450-2225. Please be on time and do not bring children to the physical.

START DATE

Your start date is the first day of paid employment, whether it is for On Boarding, a class, or your first day in your department. Please contact your Manager regarding what shift or time to report to work on your Start Date, or after On Boarding.

ON BOARDING

Report to Human Resources at Deaconess Hospital's Main Campus (600 Mary Street) at 7:30am – 4:30pm for On Boarding. In this class you will become acquainted with topics such as Corporate Compliance, HIPAA, Fire Safety, Cultural Diversity, etc. Lunch will be provided.

DRESS CODE

You do not need to wear your uniform when you come to On Boarding, although you may if you wish. **The attire for most classes is business casual, but you will need to adhere to the hospital dress code.** The complete dress code will be presented during On Boarding.

Do not wear jeans or denim of any kind

Do not wear shorts, Capri's or gauchos

Do not wear logo apparel or collarless shirts

Do not wear sleeveless, halters or backless outfits

Do not wear sweatshirts or workout clothing

Piercings should be limited to earlobes and tattoos should be covered

Do not wear flip flops, beach shoes or canvas sneakers (leather sneakers in good condition acceptable)

2. **WORKFORCE¹ MEMBER'S STATEMENT OF CONFIDENTIALITY**

Confidential information is defined as information not to be disclosed to second parties. Confidential information may fall into one of several categories: patient, employee, financial, decision support, or business process. Confidential information may appear on paper, appear on a computer system, or occur in conversation.

I acknowledge the following responsibilities:

1. I understand that I am responsible for complying with the HIPAA policies and procedures which are available to me.
2. I will not disclose confidential information to any person or entity other than as necessary to perform my job and as permitted under policies and procedures.
3. I will not access confidential information unless I have a need to know this information in order to perform my job.
4. I will not take confidential information from the premises without permission of the appropriate information owner.
5. I understand these additional responsibilities apply if my duties require computer system access:
 - a. I understand that the **user identification number and password** issued to me is a unique code that identifies me to the Deaconess Health System, Inc.² computer systems. All system entries that I make will reference my identity with this code. This code replaces my handwritten

¹ In its definition of workforce member, HIPAA includes employee, volunteer, student-in-training, and others subject to our policies.

² For purposes of this Statement of Confidentiality, "Deaconess Health System, Inc." shall be defined to include Deaconess Health System, Inc., and any and all of its subsidiaries, affiliates, and related entities.

signature and is, in fact, within the computer system, equal to a handwritten signature in legal terms.

- b. I understand that I am legally responsible for all entries that are made using my **user identification number and password**. I further understand that any information I access from the Deaconess Health System, Inc. computer network is strictly confidential and to be used only in the performance of my necessary duties.
 - c. I will notify my immediate supervisor or other department manager immediately if at any time I feel that the confidentiality of my code has been broken, so that he/she may have the old **user identification number and password** canceled and a new one issued.
 - d. I will notify my immediate supervisor and the Human Resources Department if I should have a change of name.
 - e. I understand that a transfer or change in my job responsibilities may require a change in the user accesses associated with my job.
 - f. I understand that if I disregard the confidentiality of my password and system accesses, use the user identification or passwords of another person, allow another person to use mine, or fail to comply with these policies, I will be subject to the actions as outlined below.
6. I understand that if I disregard the responsibilities as outlined here:
- a. As an employee, I will be violating the standards of employee conduct and will be subject to disciplinary action up to and including discharge from the employment of Deaconess Health System, Inc.
 - b. As a workforce member, I understand that Deaconess Health System, Inc. is entitled to all remedies available at law or in equity, including but not limited to monetary damages, temporary restraining orders and injunctions, to recover damages from and/or enjoin any such violation.

3. UNDERSTANDING FOR RELEASE OF EMPLOYMENT INFORMATION

I understand that Deaconess is requested on occasion to provide employment information to outside sources (financial institutions, potential employers, etc.). As a condition of employment, I hereby consent to allow Deaconess to release the following information related to my employment:

- dates of employment
- employment status (currently employed, formerly employed)
- position(s) held

I understand that the above information is all that Deaconess may release even if I sign a more recent or extensive release with another entity.

I understand that some organizations may inquire about my wage information. If that is the case, I understand that Deaconess will release my personal wage information only if I submit additional documentation specifically authorizing release of such information.

I understand that all other official information regarding my employment at Deaconess (performance appraisals, counseling notices, etc.) will only be released outside of the organization if required or authorized by a government agency, accrediting institution, court of law or other recognized authority.

4. NOTICE OF CONTINUATION RIGHTS OF BENEFITS

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers to offer continuation of certain employee benefits to employees and their covered beneficiaries who would otherwise lose coverage because of certain events.

Our employee group medical/dental/vision insurance, Flexible Spending Accounts, and the Employee Assistance Program (CONCERN), provide these continuation rights. If your benefits would end for a reason listed below, you and/or your covered dependents may be able to continue the coverage under the above mentioned benefits for a specified period of time. The following information explains how coverage may be continued.

When Continued Coverage Applies

You may elect up to 18 months of continued benefits for yourself and your dependents if your coverage would otherwise have ended because of:

- a. your voluntary or involuntary termination of employment (unless for gross misconduct); or
- b. a reduction in your work hours to less than the minimum needed to remain covered by the plan (40 hours a pay period).

Spouses may elect up to 36 months of continued benefits coverage if they are an employee's dependent whose coverage would otherwise have ended because of:

- a. the employee's death; or
- b. the employee's divorce or legal separation from his or her spouse; or
- c. the employee's eligibility for Medicare

In addition to the above, coverage may be continued for dependent children for up to 36 months if coverage would otherwise end because they no longer qualify as the employee's dependent under the plan. Employees who were disabled at the time of termination of employment or within the first 60 days of COBRA coverage, may extend their coverage for an additional eleven (11) months for a total of twenty-nine months of coverage.

How Long Can Coverage Continue

Coverage continued upon termination of your employment or a reduction in your work hours is limited to 18 months (29 months if you are disabled at the time your employment terminated or within the first

60 days of COBRA coverage). Otherwise, continued coverage is limited to 36 months. Within those limits, coverage will end on any earlier date that:

- a. the hospital stops providing group coverage to all employees;
- b. you fail to make a required premium payment on time;
- c. you or your covered dependent become covered under any other group health plan as long as the other plan does not contain any exclusion or limitation with respect to any pre-existing condition of the beneficiary;
- d. you or your covered dependent become entitled to Medicare; or
- e. employee's former spouse remarries and becomes covered by another group medical and/or dental plan as long as the other plan does not contain any exclusion or limitation with respect to any pre-existing condition of the beneficiary.

What Does It Cost

The law provides that you may be charged 102% of the cost for continuing the benefit to employees or beneficiaries. The Nyhart Company will provide the amount of the cost and payment arrangements to each person at the time of their eligibility for continuation coverage. The law allows for the employer to charge 150% of the cost when continuing coverage for the additional 11 months of COBRA coverage due to disability.

What You Have To Do

You must advise the Human Resources Department within 30 days in the event of any qualifying event, such as a divorce or legal separation and in the event a child is no longer qualified as a dependent.

Please contact the Human Resources Department if you would like to have additional information.

5. NOTICE OF RIGHTS - POST-OFFER/PRE-EMPLOYMENT MEDICAL EXAMINATION SEQUENCE

An offer of employment conditioned on, among other things, a medical examination to determine if you can perform the essential functions of the position with or without accommodation has been made to you.

The Americans with Disabilities Act ("ADA") protects the rights of applicants. The ADA recognizes that employers may need to conduct medical examinations to determine if an applicant can perform certain jobs effectively and safely. The ADA requires only that such examinations be conducted as a separate, second step of the selection process, after an individual has met all other job pre-requisites.

Under the ADA, you have the right:

- (1) to have your medical information considered by us only after all non-medical components of our application process have been completed. Non-medical components would include, but not be limited to: limited criminal history checks; licensure verification; and educational verification;
- (2) to keep your medical information private until the last stage of the hiring process;
- (3) to choose whether or not to disclose your medical information once you have been assured that you will be hired as long as you can perform the position's essential functions with or without a reasonable accommodation; and,
- (4) to seek advice of an attorney with regard to your rights.

Sometimes in the hiring process, obtaining necessary non-medical information may take days or weeks. This could delay the scheduling of the post-offer/pre-employment medical examination in the sequence as set out in the ADA.

In exchange for reducing the possible delay in providing final notice of your hiring, we are offering you an opportunity to proceed now with the medical examination, but out of sequence. If it is your desire to proceed with the scheduling of the medical examination before the completion of the non-medical components, you may do so by signing this document. You also have the right to await the completion of all non-medical components before proceeding with the required medical examination.

If you decide to proceed at this time with the post-offer/pre-employment medical examination, in exchange for a quicker final hiring determination, then you would be waiving your right under the ADA to have your medical examination take place as the last step in the hiring process. That would be your choice and that choice would not affect whether or not you would be hired. If you desire to await the results of all non-medical components before scheduling a medical examination, you may do so and you need not sign any waiver of your rights under the ADA.

Once you have considered all of your rights, and if it is your desire to proceed, please carefully read the statement below and sign the first page of this document indicating your consent to proceed with the post-offer/pre-employment medical examination before the completion of the non-medical components of the hiring process.

CONSENT AND WAIVER OF RIGHTS

I have carefully read and considered the right guaranteed under the ADA to have medical information considered only after all non-medical components of the application process have been completed, and hereby voluntarily consent to proceed with a post-offer/pre-employment medical examination at this time in exchange for an earlier final hiring determination, and waive my right to sue over the sequence of the medical examination.

6. CRIMINAL HISTORY REPORT

I, _____ hereby declare that I have not been convicted within the past 5 years of a crime substantially related to a dependent population. I understand that verification of this declaration will be made by Deaconess Hospital using standard legal means.

I acknowledge that a person may not be employed at a health facility or at a hospital based health facility if the person has been convicted of any of the following in accordance with Indiana Code (IC):

- (1) Rape (IC 35-42-4-1).
- (2) Criminal deviate conduct (IC 35-42-4-2).
- (3) Exploitation of an endangered adult (IC 35-46-1-12).
- (4) Failure to report battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13).
- (5) Theft (IC 35-43-4), if the person's conviction for theft occurred less than 5 years before the individual's employment application date.
- (6) Murder (IC 35-42-1-1).
- (7) Voluntary manslaughter (IC 35-42-1-3).
- (8) Involuntary manslaughter (IC 35-42-1-4) within the previous 5 years.
- (9) Felony battery within the previous 5 years.
- (10) Felony offense relating to controlled substances within the previous 5 years. (Positions that handle controlled substances cannot ever have a felony offense relating to controlled substance or must have a DEA waiver before working in the position requiring handling of controlled substances.)

A person who knowingly or intentionally applied for a job at a health facility or at a hospital based health facility after a conviction of one or more of the offenses listed above commits a Class A infraction.