KINGSBROOK
JEWISH MEDICAL CENTER

HUMAN RESOURCES DEPARTMENT
EMPLOYMENT OFFICE
(P) 718-604-5360 (F) 718-604-5518

"Student" Non-Employment On-Boarding Form

1. TO BE COMPLETED BY DEPARTMENT REQUESTING ID

Today's Date ___/___/___ Job Title _____ Start Date ___/___/___ End Date ___/___/___

Department: _____ Dept. Location _____

Dept. Head: _____ Department Head's Signature: _____

Referring Institution: _____

2. PROCESSING DEPARTMENTS	LOCATION	SIGNATURE & DATE
Clinical Information Systems	Blumberg Bldg., 4th Fl.	N / A
Employee Health Services Mask Fit Testing Required? YES / NO	Leviton Building, Rm 313	
HR Clearance – Human Resources	Leviton Building, Rm 314	
ID Processing – Human Resources	Leviton Building, Rm 317	

LAST NAME

FIRST NAME MIDDLE INITIAL

M M / D D / Y E A R Date of Birth:

___/___/___ Social Security Number

Street Address

City, State, Zip Code

Home Phone

Cell Phone

Email address:

SEX (SELECT ONE) ☐FEMALE ☐MALE

MARITAL STATUS: (SELECT ONE) ☐SINGLE ☐MARRIED ☐WIDOWED ☐DIVORCED

ETHNICITY (SELECT ONE)

- ☐ Hispanic or Latino
- ☐ White (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Two or More Races

IN CASE OF EMERGENCY NOTIFY:

NAME

Street Address

City, State, Zip Code

Home Phone Cell Phone

RELATIONSHIP _____

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Human Resources Department
Employment Office
(P) 718-604-5360 (F)
718-604-5518

MUST BE COMPLETED BY ALL EMPLOYEES & NON-EMPLOYEES

RUTLAND NURSING HOME
LICENSE/CERTIFICATION VERIFICATION

Date: _____

Time: _____

Name: _____

Position: _____ Date of Birth ____/____/____

DO NOT WRITE BELOW THIS LINE

Verification Response: - _____

_____

RN/LPN/other NYS licensed employee- State Education Department Codes

RN (22) LPN (10) (518) 474-3817 or (900) 555-6978

C N A –Assessments Systems Incorporated (ASI) 800-274-6962 ASI-NYNA

Verified: _____
Signature

KINGSBROOK
JEWISH MEDICAL CENTER

KJMC/RNH
2017 MANDATORY YEARLY
SELF LEARNING PACKAGE – ANSWER SHEET

NAME:_____ **DATE:**_____
DEPARTMENT:_____
JOB TITLE:_____

Ch. 1: Environment of Care	Ch. 1: (Con'td)	Ch .2: Hazard Comm./Safe Patient Handling and Body Mechanics		Ch. 3: Infection Control/ Bio-Terrorism Mgmt.	
1. A B C D 2. A B C D 3. A B C D 4. A B 5. A B C D 6. A B 7. A B 8. A B C D 9. A B C D 10. A B C D	11. A B C 12. A B C 13. A B 14. A B C 15. A B 16. A B 17. A B 18. A B 19. A B	1. A B 2. A B 3. A B 4. A B 5. A B 6. A B 7. A B C D	8. A B C 9. A B 10. A B 11. A B C D E 12. A B C D 13. A B	1. A B C D 2. A B C D 3. A B C D 4. A B C D 5. A B C D 6. A B C D 7. A B C D	8. A B 9. A B 10. A B 11. A B C D E 12. A B C D
Ch. 4: Patient/ Resident Rights	**Ch. 5: Risk Management**	**Ch. 6: Corporate Compliance**		**Ch. 7: Domestic Violence/Victims of Abuse**	
1. A B 2. A B 3. A B 4. A B 5. A B C D 6. A B 7. A B C D 8. A B 9. A B 10. A B	1. A B C D 2. A B 3. A B 4. A B 5. A B C D 6. A B C D 7. A B	1. A B C D 2. A B 3. A B 4. A B 5. A B 6. A B 7. A B	8. A B 9. A B 10. A B 11. A B 12. A B	1. A B 2. A B 3. A B 4. A B 5. A B 6. A B 7. A B 8. A B 9. A B 10. A B C D	
Ch. 8: Restraint/Seclusion	**Ch. 9: Patient Practices**	**Ch. 10: Quality Assessment**		**Ch. 11: Human Resources Policies**	
1. A B C D 2. A B C D 3. A B C D 4. A B 5. A B 6. A B 7. A B 8. A B 9. A B 10. A B	1. A B 2. A B 3. A B 4. A B 5. A B	1. A B 2. A B 3. A B C 4. A B 5. A B C D		1. A B 2. A B 3. A B C D 4. A B 5. A B 6. A B 7. A B 8. A B 9. A B 10. A B 11. A B	
Ch. 12: Cultural Competency Awareness	**Ch. 13: Information Security**	**Ch. 14: Emergency Management**		**Ch. 15: National Safety Patient Goals**	
1. A B C D 2. A B C D 3. A B C D 4. A B 5. A B 6. A B 7. A B C D 8. A B C D	1. A B 2. A B C 3. A B C 4. A B 5. A B 6. A B C D 7. A B 8. A B	1. A B C D 2. A B C D 3. A B C D 4. A B C D 5. A B C D	6. A B C D 7. A B C D 8. A B C D 9. A B C D 10. A B C D	1. A B 2. A B 3. A B 4. A B	

CONTINUE ON PAGE 2

KINGSBROOK
JEWISH MEDICAL CENTER

KJMC/RNH
2017 MANDATORY YEARLY
SELF LEARNING PACKAGE – ANSWER SHEET

←PLEASE COMPLETE PAGE 1 BEFORE SIGNING

LAST NAME: _____
FIRST NAME: _____
DEPARTMENT: _____

I have read and understand the key concepts and provision of the laws, policies, and practices presented in this document. I understand that all of these laws, practices, and policies are to be strictly observed and adhered to while I am employed at this institution. I have been given the opportunity to ask questions about, and further discuss, the topics presented in this document.

SIGNATURE:_____**DATE:** _____

KEY TOPICS ADDRESSED

1. Mission Statement	26. Human Resources Policies regarding:
2. Patient/Resident and Family Education	a. Professional Misconduct
3. Fire Safety/Electrical Safety Equipment—"Dr. Red"	b. Rules of Conduct
4. Code 99	c. Substance Abuse
5. Code Plaid	d. Drug-free Workplace
6. Code Pink/Code Blue	e. Weapons Possession
7. Code 66	f. Misappropriation of Funds
8. Assist 13	g. Use of Hospital Property
9. Code 717	h. Absenteeism/Lateness
10. Code Medical Seal	i. Sexual Harassment
11. Color Coded Alert Arm Bands: Red- Allergy, Green- High Risk Fall, Blue- DNI, Yellow- DNR	27. Save Medical Devices
12. Disaster	28. Victims of Abuse: Elder. Children, Domestic
13. Safety and Security	29. Restraint/Seclusion
a. Code Silver- Active Shooter b. Code Orange- Patient/Resident Elopement c. Code Purple - When a nurse in charge/respiratory therapist on either RUTLAND NURSING HOME 5th floor VENT UNIT/MINKIN 4/ICU & CCU determines that many ventilator patients/residents will need to be manually ventilated at the same time i.e.: fire, electrical outage.	30. Organ Donation
14. Hazardous Materials/ Your Right to Know	31. Latex Allergies
15. Patient/Resident Rights/Pain Management	32. Cultural Competency
16. Infection Control Practices	33. Medical Interpretation
17. Patient/Resident Satisfaction	34. Patient Centered Care
18. Infection Control Practices	35. Body Mechanics
19. Policy on Confidentiality	36. Age-Specific Issues/ Needs of the Elderly
20. Policy on Staff Rights relative to Patient Care	37. Compliance: HIPAA/ DRA/Policy of Whistleblower's
21. Incident Reporting/Sentinel Events/Terrorism	38. EMTALA
22. Patient/Resident Complaints	39. Information Security
23. Healthcare Proxy/Advanced Directives	40. Emergency Management
24. Smoking Policy	41. National Patient Safety Goals
25. Environment and Equipment	

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AGREEMENT ON CONFIDENTIALITY, INFORMATION SECURITY, AND PRIVACY

Kingsbrook Jewish Medical Center places a high priority on maintaining the confidentiality of its agreements, documents, records, and all other sensitive information.

In the course of your duties, you may be given access to confidential information about patients, employees, students, other individuals, or the institution itself. The institution's confidential information includes policies, business practices, financial information, and technology such as ideas and inventions (whether this information belongs to Kingsbrook Jewish Medical Center or was shared with us in confidence by a third party).

It is against the law to improperly disclose the personal health information of any individual patient, and there are strict limits on the use of this information for research. There are additional restrictions regarding the safeguarding of HIV and AIDS-related, psychiatric, and drug and alcohol treatment information.

By signing this statement, you acknowledge that your access to confidential information is for the purpose of performing your responsibilities in this institution, and for no other purpose.

1. I will look at and use only the information I need to care for my patients or do my job. I will not look at patient records or seek other confidential information that I do NOT need to perform my job. I understand that the Medical Center has the ability to determine whether I have followed this rule.

2. I understand that information regarding patients is not to be shared with anyone who does not have an official need to know. I will be especially careful not to share this information with others in casual conversation.

3. I will handle all records both paper and electronic with care to prevent unauthorized use or disclosure of confidential information. I understand that I am not permitted to remove confidential information from my work area. I also understand that I may not copy medical records, and I may not remove them from the patient floors or the Health Information Management Department.

4. Because there is a possibility that other people may intercept electronic messages, I will not use public e-mail (web based e-mail) to send individually identifiable health information.

5. If I no longer need confidential information, I will dispose of it in a way that ensures that others will not see it. I recognize that the appropriate disposal method will depend upon the type of information in question.

6. If I am involved in research, any research utilizing identifiable patient information will be performed in accordance with Federal and State regulations and local Institutional Review Board (IRB) policies.

7. If my responsibilities include sharing the institution's confidential information with outside parties such as ambulance drivers, home care providers, insurance companies, or research sponsors, I will use only processes and procedures approved by the institution.

8. Any passwords, verification codes or electronic signature codes assigned to me are equivalent to my personal signature:
   They are intended for my use only.
   I will not share them with anyone or let anyone else use them.
   I will not attempt to learn or use the passwords, verification codes, or electronic signature codes of others.

9. If I find that someone else has been using my passwords or codes, or if I learn that someone else is using passwords or codes improperly, I will immediately notify my manager or supervisor. I understand that if I allow another person to use my codes, I will be held accountable.

10. I will not abuse my rights to use the institution's computers, information systems, Intranet, and the Internet. They are intended to be used specifically in performing my assigned job responsibilities.

11. I will not copy, download, or install software that is not approved by the Medical Center.

12. I will handle all information stored on a computer or downloaded to diskettes or CDs with care to prevent unauthorized access to, disclosure of, or loss of, this information.

13. I understand that the information and software I use for my job are not to be used for personal benefit or to benefit another unauthorized institution. I also understand that the Medical Center may inspect the computers it owns, as well as personal PCs used for work, to ensure that the Medical Center's data and software are used according to policies and procedures.

14. I understand that if I do not follow these rules, I could lose staff privileges and/or receive disciplinary action, up to and including being dismissed from my position or termination of contract.

I hereby acknowledge that:

I understand the contents of this Policy Statement and Agreement on Confidentiality, Information Security, and Privacy. I also understand that if I do not follow this policy and uphold this agreement, I could lose staff privileges, receive disciplinary action, be dismissed from my position, or have my contract terminated.

Name (print):_____ Signature: _____

Employee # (*if applicable)*: ___N/A_____

Date: _____

Company (*if applicable)*:_____N/A_____

To be maintained in employee's file, by above signed individual's department; or in Department Head's vendor files for vendor's employees.

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Human Resources Department
Employment Office
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DATE: _____

TO: **ALL** Employees & **ALL** Non-Employees

FROM: Human Resources

SUBJECT: Work Place Policies: Acknowledgement & Agreement
Cell Phone Use Policy / Conflict of Interest Policy / Drug Free Work Place Policy

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CELL PHONE USE

Under the terms of Cell Phone Usage, we are required to give you a copy of our official policy concerning the use of cell phones in the Workplace. This policy outlines the acceptable and prohibited cell phone uses in the Medical Center / Rutland Nursing Home.

CONFLICT OF INTEREST STATEMENT

This Conflict of Interest Statement is a critical part of the Corporate Compliance Program of Kingsbrook Jewish Medical Center/Rutland Nursing Home. This statement requires each employee, agent, director, officer or Trustee of KJMC or RNH to affirm that they are in compliance with all conflict of interest related guidelines and confidential information related to guidelines in the KJMC/RNH Corporate Compliance Program.

The undersigned hereby discloses and states that: He / She has received and reviewed the Conflict of Interest Policy. He / She has no knowledge of any activity and has no knowledge of anyone participating in any activity which violates the Conflict of Interest Guidelines set forth in the KJMC/RNH Corporate Compliance Program or the guidelines regarding Confidential Information set forth in the KJMC/RNH Corporate Compliance Program.

DRUG FREE WORKPLACE:

Under the terms of the Drug Free Workplace Act, we are required to give you a copy of our official policy statement concerning the establishment of a Drug Free Workplace.

NOTE: THE LAW REQUIRES YOU TO ACKNOWLEDGE AND AGREE TO ALL OF THE ABOVE AS A CONDITION OF EMPLOYMENT

You have received these statements
You have read them
You agree to abide by these policies in all respects

Acknowledge and Agree:

PRINT NAME_____ **DEPARTMENT**_____

SIGNATURE _____ **DATE**:_____