

Background Clearances, Consents and Commitment

Have you ever been relieved of your assignment or dismissed as a volunteer or employee, resigned to avoid an involuntary termination of assignment or dismissal, or asked to resign in either a volunteer or employment capacity?

Yes No Please explain:

Have you ever been convicted of a felony and/or misdemeanor? Yes No Please explain (add additional paper if needed):

Have you ever been involved in a founded or indicated report of abuse or neglect of children or adults under the laws of Pennsylvania, New Jersey, or any other jurisdiction? Yes No Please explain (add additional paper if needed):

Have you ever been or are you now excluded, suspended or otherwise ineligible from participation in any federally funded health care program - including Medicare or Medicaid - and are you aware of any threatened or potential exclusion from a federally funded health care program? Yes No If yes, please explain.

Have you ever been employed by, or completed an application for employment with St. Luke's Hospital and Health Network? If so, please provide dates of employment or application(s): _____

1. I hereby authorize representatives of St. Luke's University Hospital Health Network ("St. Luke's") to conduct a criminal background check and a thorough investigation of my personal, educational, volunteer and employment history to determine my suitability to serve in the capacity of volunteer, observer or intern. Intending to be legally bound, I hereby waive, discharge and release St. Luke's, its parent, subsidiaries, affiliates, successors and assigns, employees, representatives and agents, as well as all other persons, organizations, institutions or agencies requesting or supplying such information of and from any all claims, demands, liability or responsibility, known or unknown, arising out or relating in any way to the background checking. I understand my placement at St. Luke's is contingent upon background check clearance.

Signature:

Date:

Volunteer Background Clearances, Consents and Commitments

Intending to be legally bound, I agree to the following:

I hereby consent and authorize St. Luke's University Health Network and its affiliates (the "Network") to take photographs and video/audio recordings of me, and/or interview me and to use and reuse the photography/recordings/interview for any and all purposes relating to the promotion of the Network and its services, patient education, community reports, donor materials, or otherwise, whether appearing in newsletters, web pages, forums, advertising, publications, displays, written or audio media releases, or other formats.

I irrevocably release the Network, its employees and agents, from any and all claims or liability arising from or connected with the taking, use, or distribution by the Network of my photography/recordings/interview. I understand and agree that I will not receive any compensation in any form from the Network or from any other source as a result of allowing by photography/recordings/interview to be taken, used, or distributed.

Signature:

Date:

2. I understand that a volunteer is a person who willingly offers to serve without expectation of compensation, payment or employment. As part of my commitment, college students commit to giving a minimum of 30 hours during the fall or spring semester and/or 60 hours during the summer volunteer program, adult volunteers a minimum of 100 hours. I understand that St. Luke's will supply a signed/detailed list of hours completed, or write letters of recommendation (both upon request) **only** after the minimum hours are completed. I agree to take the necessary orientation and training provided by the hospital staff. I will perform my assigned tasks as outlined in my assignment guide to the best of my ability on behalf of St. Luke's University Health Network. I am aware that staff is depending on me to arrive on the scheduled day and time and will be conscientious in reporting all absences. I will attempt to find a substitute if possible. I understand in the performance of my assignment as a volunteer at St. Luke's University Health Network that I must abide by all applicable policies, including the requirement to hold all patient and client information in strict confidence. I understand that any violation of the confidentiality of patient information or any other policy or expectation as determined by St. Luke's in its sole discretion will result in my being relieved of my volunteer assignment. The information that is provided on this application is true, correct and complete to the best of my knowledge.

Signature:

Date:

ST. LUKE'S UNIVERSITY HEALTH NETWORK

**CHILD PROTECTIVE SERVICES LAW
AFFIRMATION FORM**

PLEASE READ CAREFULLY THE FOLLOWING BEFORE SUBMITTING / SIGNING.

In accordance with the Pennsylvania Child Protective Services Law, 23 Pa.C.S. Chapter 63, as amended by Act 73 of 2007 (the "Law") and Act 153 of 2014, I have been provided a copy of the "prohibitive criminal offenses" list (located on the back of this page) which I have carefully reviewed. I understand that the Law disqualifies an individual from employment if he/she has been convicted of one or more of the prohibitive criminal offenses and as such, St. Luke's University Health Network has amended its policy to require all individuals who are considered a member of St. Luke's workforce to comply with the requirements. For purposes of this policy, the term "workforce" collectively refers to any employee, contractor, observer, volunteer, or other authorized individual with St. Luke's University Health Network, its subsidiaries or affiliates (collectively hereinafter "St. Luke's").

I hereby affirm and represent by my signature below that I am not disqualified from St. Luke's workforce because: (1) I have never been convicted of any of the prohibitive criminal offenses; and (2) I am not named in the central register as the perpetrator of a founded report of child abuse, or a founded report for a school employee committed within the immediately preceding five-year period.

I hereby affirm in the event I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service as related to Law or is named as perpetrator in a founded or indicated report, I must provide Human Resources with written notice no later than seventy two (72) hours after the arrest, conviction or notification that I have been listed as a perpetrator in the statewide database. Per the Law, failure to submit any such required information may result in criminal prosecution.

I hereby affirm and represent that the information I have provided on or in response to this form and/or otherwise in connection with the hiring process, is true and complete to the best of my knowledge, information and belief. I understand that any failure to submit required information, or providing false or misleading information, or omitting material information, may disqualify me from further consideration for a position in St. Luke's workforce or may result in corrective action, up to and including immediate termination of employment or assignment, if subsequently discovered during employment or assignment at St. Luke's.

Yes or No (Please circle one) I have been a continuous resident of Pennsylvania for 10 years.

Signature

Date

Please print name

Please list all other names used including maiden name: _____

Date of Birth: _____

PROHIBITIVE CRIMINAL OFFENSES

Under the Pennsylvania Child Protective Services Law, an applicant is disqualified from employment in certain positions in the health care field if the applicant's criminal history record information indicates the applicant has been convicted of any one or more of the following criminal offenses under the Pennsylvania Crimes Code, Title 18 (relating to crimes and offenses), or an equivalent crime under Federal law or the law of another state:

Chapter 25 (relating to criminal homicide).
Section 2702 (relating to aggravated assault).
Section 2709.1 (relating to stalking).
Section 2901 (relating to kidnapping).
Section 2902 (relating to unlawful restraint).
Section 3121 (relating to rape).
Section 3122.1 (relating to statutory sexual assault).
Section 3123 (relating to involuntary deviate sexual intercourse).
Section 3124.1 (relating to sexual assault).
Section 3125 (relating to aggravated indecent assault).
Section 3126 (relating to indecent assault).
Section 3127 (relating to indecent exposure).
Section 4302 (relating to incest).
Section 4303 (relating to concealing death of child).
Section 4304 (relating to endangering welfare of children).
Section 4305 (relating to dealing in infant children).
Section 5902(b) (felony offenses relating to prostitution and related offenses).
Section 5903(c) or (d) (relating to obscene, sexual materials and performances).
Section 6301 (relating to corruption of minors).
Section 6312 (relating to sexual abuse of children).
Attempt, solicitation or conspiracy to commit any of the above offenses.

An applicant is also disqualified from employment if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act, 35 P.S. § 780-101 et seq., committed within the five-year period immediately preceding verification under this section.

PATIENT LABEL AREA



COMMITMENT TO PRIVACY & CONFIDENTIALITY

I understand that by virtue of my role as an employee, contractor, observer, intern, volunteer or other authorized individual (collectively "status") with St. Luke's University Health Network, its subsidiaries and/or affiliates (collectively "St. Luke's"), I am considered a member of St. Luke's "workforce", and am required to comply with the policies, procedures, and rules of St. Luke's, including those regarding privacy and confidentiality, as described below.

All members of the workforce are legally and ethically responsible for maintaining the confidentiality of patient protected health information ("PHI"), whether it be verbal, written, or electronic, as required by Federal law, the Health Insurance Portability and Accountability Act, and applicable state law. PHI regarding a patient of St. Luke's includes any information acquired in the course of a professional/patient relationship. This includes the fact that an individual is a patient and information contained in the patient's medical or billing record. I understand that I may not discuss such information whether inside or outside of St. Luke's, and whether to another member of St. Luke's workforce or any other party, unless it directly applies to my status at St. Luke's, and I am required to do so. In such an event, I will disclose only the minimum amount of information necessary for a patient's care or to perform my specifically assigned duties. All PHI retrieved from electronic devices must be relevant to my specific responsibilities at St. Luke's and held in strictest confidence. No PHI may be accessed for any reason other than my specifically assigned duties.

I also understand that I may be provided or may have access to information, records or other material which may contain personal, private, or confidential information of individuals or of St. Luke's, the disclosure of which is prohibited by applicable law and/or St. Luke's policies. This information may include, but is not limited to, information and communications regarding the plans, patients, services, markets, developments, strategies, or practices of St. Luke's, and other information that is confidential or proprietary to St. Luke's that St. Luke's wishes to remain private and proprietary (collectively "Confidential Information").

As a condition of my status, I promise and agree that:

- I will take all necessary steps to maintain the privacy and confidentiality of the Confidential Information and PHI both during and after the termination of my status with St. Luke's.
- I will disclose the Confidential Information only to the extent necessary in connection with my status and assignments at St. Luke's and in accordance with St. Luke's policies, as may be amended from time to time, and will only disclose the PHI as specifically described above; I will not otherwise use or disclose the Confidential Information or PHI.
- I will not erase or modify a data record or data entry from any record, report or file, or remove any record, report or file from the site where it is maintained.
- I will not share or reveal the Confidential Information to any individual(s) who does not need to know.
- In addition to the above expectations, I will adhere to any additional or more specific requirement(s) relating to privacy and confidentiality that may be imposed by any applicable law, contract, or policy.

I acknowledge that my willful or unauthorized disclosure of the Confidential Information or PHI either during or after my status terminates with St. Luke's may result in corrective action, up to and including the termination of my status with St. Luke's and may also subject me to any and all applicable criminal or civil penalties.

Signature: _____ Date: _____

Printed Name: _____

