

# CLINICAL ROTATION CHECKLIST

- RESIDENT NAME AND DEGREE \_\_\_\_\_
- COPY OF MEDICAL DIPLOMA \_\_\_\_\_
- CURRENT PROGRAM \_\_\_\_\_
- CURRENT PROGRAM COORDINATOR \_\_\_\_\_
- MCG ROTATION DATES & DEPARTMENT(S) \_\_\_\_\_
  
- CRIMINAL BACKGROUND FORM \_\_\_\_\_
- PERSONAL DATA FORM \_\_\_\_\_
- VETERANS SELF-IDENTIFICATION FORM \_\_\_\_\_
- SELF-IDENTIFICATION OF DISABILITY FORM \_\_\_\_\_
- AU CONFIDENTIALITY STATEMENT \_\_\_\_\_
- AU SEXUAL HARASSMENT POLICY FORM \_\_\_\_\_
- AU ETHICS POLICY FORM \_\_\_\_\_
- INFORMATION SYSTEMS/COMPUTER USAGE \_\_\_\_\_
- \_\_\_\_\_
- CV/RESUME \_\_\_\_\_
- OCCUPATIONAL HEALTH SVC-PPD \_\_\_\_\_
- CLEARANCE \_\_\_\_\_
- HIPAA TRAINING TEST FORM \_\_\_\_\_
- NPI NUMBER \_\_\_\_\_
- MEDICAL LICENSE (If N/A Please indicate) \_\_\_\_\_
- DEA NUMBER (if N/A GME will assign institutional DEA) \_\_\_\_\_
- SSN CARD (clear and readable copy) \_\_\_\_\_
- DATE OF BIRTH \_\_\_\_\_
- RESIDENT PHONE NUMBER \_\_\_\_\_
- RESIDENT E- MAIL ADDRESS \_\_\_\_\_

**Submit completed  
Rotation checklist  
and complete  
packet to:**  
**Augusta University,  
 AU Graduate  
 Medical Education  
 Office Attn: Erica  
 Bass, BA  
 Coordinator, AU  
 Residency Programs  
 1459 Laney Walker  
 Blvd. AE 3042  
 Augusta, Georgia  
 30912**

<b>AU GME Office use only</b>	
E-PAR submitted _____	<input type="checkbox"/> Paperwork to HR
NET ID Issued _____	<input type="checkbox"/> Institutional DEA
PPG number _____	<input type="checkbox"/> Service Now Access requested
Badge form sent for signature _____	<input type="checkbox"/> Badge form to badging
NET ID#, Outlook ID, NPI#, DEA# and PPG# emailed to resident and program coordinator _____	
Blue book picked up by resident or program coordinator _____	
Computer Training class scheduled _____	<input type="checkbox"/> ASEPSIS Course scheduled

**Personal Data Form**

Non-Paid Affiliate

Augusta University (AU)  
Human Resources Division

- New Hire
- Rehire
- Change \_\_\_\_\_

Note:  
 • Name changes require SS Card with new name.  
 • Marital Status changes require legal documentation.

**Primary Name (as it appears on SS Card)** Prefix:  Doctor  Miss  Mister  Mrs.  Ms.

\_\_\_\_\_

First Middle Last Suffix

**Home Address:** **Mailing Address:** (if different from Home Address)

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

**Telephone Information: (Please check your preferred number)**

Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pager (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Highest Education Level:**

<input type="checkbox"/> Less than High School Grad	<input type="checkbox"/> Bachelor Level Degree
<input type="checkbox"/> High School Grad/Equivalent	<input type="checkbox"/> Some Graduate School
<input type="checkbox"/> Some College	<input type="checkbox"/> Master's Level Degree
<input type="checkbox"/> Educational Specialist	<input type="checkbox"/> Doctorate (Academic)
<input type="checkbox"/> Technical School	<input type="checkbox"/> Doctorate (Professional)
<input type="checkbox"/> 2 Year College Degree	<input type="checkbox"/> Post-Doctorate

**Gender:**

Male  Female

I do not wish to provide this information

**Marital Status:**

Single  Divorced\*

Married\*  Widowed\*

\*Status Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Race:**

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> I do not wish to provide this information
<input type="checkbox"/> Black or African American	

**Ethnic Group:**

Hispanic/Latino

Not Hispanic Latino

I do not wish to provide this information

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SSN:** \_\_\_\_\_ **Birth Country:** \_\_\_\_\_

**AU Status/History:**

I have previously been employed by AU:

Yes, employment ended \_\_\_\_/\_\_\_\_/\_\_\_\_

No

I am currently employed by AU or any other USG Institution:

Yes, department/institution: \_\_\_\_\_

No

**AU Status/History:**

I am currently enrolled as a Full-Time AU Student:

Yes

No

I am related to a current AU Employee:

Yes

No

**USG Employment:**

I am currently an employee at another USG Institution:

Yes

No

**Retirement Information:**

I am a retiree of another Georgia State retirement plan:

Yes, retirement plan: \_\_\_\_\_

No

**Emergency Contact Data:** **Primary - Please select only one as Primary**

(1) \_\_\_\_\_ Relationship \_\_\_\_\_  (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Name Phone Number

(2) \_\_\_\_\_ Relationship \_\_\_\_\_  (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Name Phone Number

I understand that any changes to Personal Data indicated on this form, should be reported to Human Resources within 14 days of the change.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ revised 12/2015



# AUGUSTA UNIVERSITY

## Veterans Self-Identification

Please check one of the answers below:

- Yes, I identify as one of more of the classifications of a protected veteran as listed below.
- No, I am not a protected veteran.
- I don't wish to answer.

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined below.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate boxes below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- A "*disabled veteran*" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- Accommodation Requested
- Accommodation Declined
- A "*recently separated veteran*" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "*active duty wartime or campaign badge veteran*" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "*Armed forces service medal veteran*" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

**Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



## CONFIDENTIALITY STATEMENT

Augusta University and its affiliated health system (Augusta University Medical Center, Children’s Hospital of Georgia, and Augusta University Medical Associates) maintain strict confidentiality and security of paper and electronic records in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and the Georgia Personal Identity Protection Act (GPIPA), in addition to other federal and state laws. These laws pertain to the confidentiality and security of all records that contain directly identifiable information that could reveal private information concerning our students, our customers and patients, our research participants and our employees and volunteers.

Our employees, students, volunteers and authorized others may access such private information to the extent necessary to perform their duties within our university and our health system. As an individual with access to private information at any of our institutions, you are required to protect against unauthorized access and disclosure, to ensure the privacy and security of records, and to report any credible threats or known violations related to this private information. You must be very careful not to release this information to any individuals, including but not limited to unauthorized university or health system employees, who do not have a **work or business related need to know**. If in doubt, you should act to preserve the confidentiality of such private information, until you have verified the work or business related need for access through your supervisor or his/her designee, one of our legal offices, or the Enterprise Privacy Officer.

Augusta University defines **unauthorized access or disclosure** as:

- Access to student, patient, research participant, employee or volunteer information not necessary to carry out your job responsibilities. This includes access to the private records of your family, friends and acquaintances that is not for a legitimate or business use.
- Disclosure of student, patient, research participant, employee or volunteer records to unauthorized internal or external recipients.
- Disclosure of additional or excessive student, patient, research participant, employee, or volunteer information to an authorized individual/agency than is essential to the stated purpose of an approved request.

Information may not be used, disclosed, copied, sold, loaned, reviewed, altered or destroyed except as properly authorized by the appropriate university or health system official within the scope of applicable federal or state laws, including record retention schedules and corresponding policies. No university or health system workforce member or other individuals are permitted to realize any personal gain as a result of disclosing or using confidential information. This obligation of nondisclosure or unauthorized use continues indefinitely, even after your relationship with the university and health system ends.

As an employee, student or volunteer of Augusta University, you must abide by our rules, regulations, policies and procedures as well as federal and state laws applicable to your position at the university or health system. Your failure to comply with any applicable law or procedure may result in the revocation of your access to confidential information; disciplinary action, including termination of employment or student status; criminal and/or civil penalties, depending upon the nature and severity of the breach of confidentiality.

- I will not access my own or family’s record in any information system without prior authorization.
- I will not disclose user access and passwords to anyone.
- I acknowledge my accountability for all activity performed under my log-in.

Print Name:	<input type="checkbox"/> AU <input type="checkbox"/> AUMC <input type="checkbox"/> AUMA <input type="checkbox"/> Contractor <input type="checkbox"/> Other
Signature:	<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
Date:	Define Other:



# AUGUSTA UNIVERSITY

**Office of Diversity and Inclusion**

**Anti-Sexual Harassment Policy**

**Augusta University (AU) is an equal opportunity/equal access institution. We continuously strive to provide our employees with a professional working environment free of sexual harassment and all forms of sexual intimidation and exploitation. As one of our preventive measures against sexual harassment, you as an AU employee are required to read AU's anti-sexual harassment policy and to not partake in any activity that is or may lead to sexual harassment.**

**In signing your name below, you are stating that you have received AU's Anti- Sexual Harassment policy and that you will abide by this policy.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print your name**

\_\_\_\_\_  
**Employee ID number**



# AUGUSTA UNIVERSITY

## Ethics Policy Acknowledgment Form

I will uphold Augusta University Code of Ethics, as listed below, and as described in the Ethics Policy (<http://policy.augusta.edu/12-1-1-ethics-policy/>), and all related laws, regulations and policies. I understand that failure to do so may result in disciplinary action, including possible termination.

### Augusta University Code of Ethics

1. We will carry out our official duties for the benefit of our institution, and the public.
2. We will avoid actual and apparent conflicts of interest between our official obligations and our personal interests.
3. We will disclose conflicts of interest, both actual and apparent, and they must be properly managed.
4. We will not accept improper gifts and favors.
5. We will adhere to the laws, rules, regulations and policies that apply to us.
6. We will maintain the confidentiality of all sensitive information.
7. We will treat everyone with respect and dignity.
8. We will be honest. For instance, we should not record conversations with others without their knowledge.
9. We will uphold this code of ethics.

Questions concerning these matters should be brought to your chain of command. Anonymous concerns may be shared through our hotline at 1-800-576-6623. You may also contact the Office of Legal Affairs (706.721.4018 or <http://www.augusta.edu/services/legal/>) and the Office of Compliance and Enterprise Risk Management (706.721.0900 or <http://www.augusta.edu/admin/oia/services.php>).

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Printed Name

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Signature

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Date (mm/dd/yyyy)

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Title

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Employee PeopleSoft ID

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College or Department Location



# AUGUSTA UNIVERSITY

## Information Systems Security and Computer Usage Policy Receipt Acknowledgment Form

### **Purpose:**

The Information Systems Security and Computer Usage Policy is to ensure that information systems resources are used in an appropriate and responsible manner consistent with the mission of the institution, and that the use of these resources is in accordance with AU policy, procedures, federal and state law.

### **Scope:**

This policy applies to all information systems resources with includes all data and hardware regardless of media, the facilities containing them, and the supporting software and hardware including host computer systems, workstations, systems software, application software, datasets and communications networks either direct or remote that are controlled, administered or accessed by AU Students, faculty, employees, visitors or any other person accessing form on-campus as well as off-campus.

### **Statement of Policy:**

The appropriate use and protection of all information systems and associated resources is expected from all users including faculty, students, employees, and visitors throughout the institution. "Appropriate use" of information system resources is defined as use which is for the purpose of furthering the mission of AU.

All users of information systems resources are expected to comply with existing AU Policies and Procedures and those of the University System. In addition, users are expected to honor copyrights and software licenses and comply with all federal and state laws including those prohibiting slander, libel, harassment and obscenity. Users must obey laws prohibiting the private use of state property. Information that is confidential by law, including educational and medical records must be protected.

Users must be aware that information stored or transmitted electronically (or via computer), including e-mail, may be subject to disclosure under open records laws. Users should have no expectation of privacy for information stored or transmitted using AU information resources except for records or other information that is confidential by law (i.e. medical and educational records).

Information systems resources are to be used as expressly authorized by AU administration and management.

The information systems user is responsible for the general protection of resources.

This policy includes additional specific information regarding the following topics:

- General Responsibilities
- Access Controls
- Risk Assessment
- Awareness
- Harassment
- Training
- Auditing
- Breach of Security
- Compliance

Your signature at the bottom of this page acknowledges your receipt and understanding of this policy. This receipt will be placed in your personnel file.

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Printed Name

Title

Department

## AUGUSTA UNIVERSITY CRIMINAL HISTORY RECORD RELEASE AND BACKGROUND INVESTIGATION

You must complete the full two pages in their entirety in order to be considered for employment.

For the purposes of this application process, criminal convictions include any adjudication of guilt by a judge or jury for any crime. This does not include minor traffic offenses, but does include "no contest" pleas, first-offender treatment, convictions under appeal and pardoned convictions. Minor traffic offenses are those that do not involve driving while under the influence of alcohol or other drugs and did not result in imprisonment and/or an imposed fine of greater than \$250. If you have been convicted of a crime in any jurisdiction for any violation of any federal law, state law, county, military, or municipal law, regulation, or ordinance, we may need for you to provide the official documentation of the conviction from an authorized law enforcement agency prior to starting work with this institution.

If your answer is yes to any of these questions, list the conviction(s) or pending charge(s) below. Include those that resulted in paying a fine of more than \$250, being put on probation, and/or incarceration (jail time). If you need more space, please provide us with the complete explanation on a separate page.

NOTE: A misdemeanor and/or felony conviction is not necessarily a bar to employment. Factors, such as if the position sought is a position of trust and the age at the time of offense will be taken into consideration. The information contained in your criminal history record, if any, will be disclosed only to Human Resources employees and person(s) responsible for making hiring decisions.

1. I understand that I am required to complete this form in its entirety and that failure to do so could result in a delay and/or denial of employment and/or P-Card privileges. \_\_\_\_\_

Initials

2. Have you ever been convicted of a felony? Please check one box:  Yes  No

Conviction(s)	Date	City/State of Conviction(s)

3. Have you ever been convicted of a misdemeanor? Please check one box:  Yes  No

Conviction(s)	Date	City/State of Conviction(s)

4. Do you have any charges (felony and/or misdemeanor) currently pending against you for any violation of any federal, state, county, military, or municipal law, regulation, or ordinance?  Yes  No

Charge(s)	Date	City/State of Charge(s)

5. Status (Select One)

New Employee  Existing Employee

Position Applied For \_\_\_\_\_ Department \_\_\_\_\_ Department Contact \_\_\_\_\_

For Credit Checks: Individuals must complete the Credit Consent Form

6. Personal Information (Please print clearly)

Name: \_\_\_\_\_  

First
Middle
Last
Suffix

List any other names used (Maiden, nicknames, other): \_\_\_\_\_

Current Address: \_\_\_\_\_  

Number
Street
City
County
State
Zip

Years at this address: \_\_\_\_\_ Phone # \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Social Security # \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

**LIST YOUR PREVIOUS ADDRESSES OVER THE LAST SEVEN YEARS: \*If additional addresses, please attach a list to this form.**

Previous Address: \_\_\_\_\_  
Number Street City State Zip Years at this address

Previous Address: \_\_\_\_\_  
Number Street City State Zip Years at this address

Previous Address: \_\_\_\_\_  
Number Street City State Zip Years at this address

I AUTHORIZE THE AUGUSTA UNIVERSITY HUMAN RESOURCES DIVISION AND/OR POLICE BUREAU TO RECEIVE ANY CRIMINAL RECORD INFORMATION, INCLUDING TRAFFIC OFFENSES & DRIVING HISTORY, WHICH MAY BE IN THE FILES OF ANY JURISDICTION FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY, MILITARY, OR MUNICIPAL LAW, REGULATION, OR ORDINANCE. I AGREE THAT AUGUSTA UNIVERSITY SHALL NOT HAVE LIABILITY FOR DEFAMATION, INVASION OF PRIVACY OR OTHER CLAIM IN CONNECTION WITH ANY DISSEMINATION OF INFORMATION PURSUANT TO THIS RECORD CHECK.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUGUSTA UNIVERSITY OWNED VEHICLE OPERATION:**

If position(s) for which you are applying include(s) driving of a Augusta University owned vehicle, please read and complete this section:

The Augusta University does not allow individuals that 1) have been convicted of a Driving Under the Influence violation within the last three years, or 2) have 6 points or more assessed on your license during the past year, to operate a Augusta University owned vehicle.

Do you currently possess a valid driver's license?  Yes  No State Issued: \_\_\_\_\_ License #: \_\_\_\_\_

Have you been convicted of a DUI (Driving Under the Influence) type violation within the last three years?  Yes  No

If yes, date (Month/Year) of last conviction \_\_\_\_\_

**CAMPUS SECURITY ACT NOTIFICATION**

In accordance with the Student Right to Know and Campus Security Act of 1990, the Augusta University makes available, upon request, its annual security report which provides campus security information concerning crime statistics, crime reporting procedures, building security, campus police, crime prevention information, policies regarding the illegal use of alcohol or drugs, alcohol and drug abuse education programs and sexual assault programs. If you desire a copy of this report, please contact Augusta University Public Safety at (706) 721-2914.

**FOR PUBLIC SAFETY DIVISION ONLY**

I have conducted a criminal history investigation on the applicant identified on page 1 and find:

NO CRIMINAL HISTORY  CRIMINAL HISTORY (See attached and/or below.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PUBLIC SAFETY SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Georgia Code 35-3-34(a)(3)(B) states "In the event that an employment decision is made adverse to a person whose record was obtained pursuant to this code section, you are required to disclose to this individual of all information pertinent to that decision. The disclosure shall include informing the individual that their criminal history record was obtained from the center, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a *MISDEMEANOR*."

# Sterling Talent Solutions

The Georgia Bureau of Investigation consent form is needed to complete a statewide criminal search in Georgia.

The applicant must complete the following steps:

**Step 1: The top portion of the form must be completed in its entirety and signed by the applicant.**

- Full Name (last name, first name, middle name)
- Address
- Sex
- Race
- Date of Birth
- Social Security Number
- Signature
- Date

**Step 2: The lower portion of the form must be completed**

- Check applicable employment provisions
- Enter your first and last name to consent to periodic criminal history background checks for the duration of your employment with this company OR authorize the validity for a designated amount of time from the date of signature.

**Step 3: Fax or Email Instructions**

- Once you have completed the form, please fax or email a copy to Sterling at:
  - 866-685-9426 or [CrimAwaitingInfo@sterlingts.com](mailto:CrimAwaitingInfo@sterlingts.com)

**If you have any questions please call 800-943-2589 to speak with a client services representative.**

Sterling Talent Solutions / 4511 Rockside Rd. 4th Floor / Independence, OH 44131

Tel: 800-943-2589 / fax: 866-685-9426 / [www.sterlingtalentsolutions.com](http://www.sterlingtalentsolutions.com)

# Sterling Talent Solutions

Georgia Bureau of Investigation  
Georgia Crime Information Center

## Consent Form

I hereby authorize **Sterling Infosystems, Inc dba Sterling Talent Solutions** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M' )
- Employment with elder care (Purpose code 'N' )
- Employment with children (Purpose code 'W' )
- Employment with criminal justice agency – non-sworn (Purpose code 'J' )
- Employment with criminal justice agency – sworn (Purpose code 'Z' )

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above name to perform periodic criminal history background checks for the duration of my employment with this company

Sterling Talent Solutions / 4511 Rockside Rd. 4th Floor / Independence, OH 44131

Tel: 800-943-2589 / fax: 866-685-9426 / [www.sterlingtalentsolutions.com](http://www.sterlingtalentsolutions.com)

# HIPAA Training Post Test

1. HIPAA is:
  - a. An MCG policy about patient privacy and confidentiality
  - b. A law which focuses on patient privacy and confidentiality
  - c. A joint commission standard
  - d. A song from the 70's
2. Access to patient's information is granted:
  - a. To all health care providers
  - b. To all patient care service employees
  - c. By a minimum necessary standards
  - d. To anyone who asks, as long as their intentions are good
3. Which of the following is NOT considered individually identifiable health information?
  - a. The gender and hair color of the patient
  - b. The patient's address, age and Social Security Number
  - c. The reason the person is in the hospital
  - d. Treatments and medications the person is receiving
4. If you accidentally discover information about a patient, it is not necessary to keep the information confidential?
  - a. True
  - b. False
5. Reasonable safeguards to protect patient privacy include which of the following?
  - a. Making sure discussions about patient care are kept private
  - b. Making sure medical records are not left out where people can see them
  - c. Making sure you knock before entering a patient's room
  - d. Making sure you do not leave your computer when patient information is on the screen
  - e. All of the Above
6. PHI is an acronym that is defined as:
  - a. Private health information
  - b. Protected health information
  - c. Personal health information
  - d. Public health information
7. A incidental disclosure is:
  - a. Always subject to civil and criminal penalties
  - b. Permitted if it cannot be reasonably prevented and is limited in nature
  - c. Not permitted by HIPAA standards
  - d. When health care providers talk about patients, using their names in a crowded elevator

# HIPAA Training Post Test

8. Every healthcare provider, health plan, or healthcare clearinghouse that handles protected patient health information will have to comply with HIPAA regulations.
  - a. True
  - b. False
  
9. Which of the following are not rights provided to patients under HIPAA?
  - a. Right to access and inspect their own medical information
  - b. Right to amend medical information in the medical record
  - c. Right to have a list of disclosures of their PHI by MCG
  - d. Right to inspect and tour MCG's medical records and billing departments
  
10. For more information about how HIPAA affects what you do:
  - a. See the HIPAA/PMO website on the MCG Intranet
  - b. Contact the HIPAA Privacy Officer at 706-721-2661
  - c. Either of the above
  
11. The three components of the security standards include administrative, physical and technical safeguards.
  - a. True
  - b. False
  
12. Content of faxes should never be left unattended or out in a place where unauthorized people can view them.
  - a. True
  - b. False
  
13. Staff should protect their computer ID and password as a security measure.
  - a. True
  - b. False
  
14. Training is important because staff needs to understand the day-to-day procedures that everyone must follow to ensure the protection of information.
  - a. True
  - b. False

Printed Name: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Return completed and signed copy to the GME Office with your other required paperwork at least 2 weeks prior to your start date.**