



DOCUMENTS TO SIGN



PIMA LUNG & SLEEP

Pulmonary Medicine • Critical Care Medicine • Sleep Disorders Medicine



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EMPLOYEE ACKNOWLEDGMENT FORM

I understand and acknowledge as follows:

(1) This Pima Lung & Sleep (the “Company”) Welcome Book describes important information about the Company. I should consult Dr. Sarah Puri if I have any questions regarding my employment or this Welcome Book;

(2) I became an employee at the Company voluntarily. There is no specified length to my employment at the Company and my employment is “at will.” “At will” means that I may terminate my employment at any time, with or without cause or advance notice. “At will” also means that the Company may terminate my employment at any time, with or without cause or advance notice, as long as it does not violate federal or state laws in doing so. The only way my “at will” employment status can be altered is through a written agreement executed by both me and the CEO of the Company, Dr. Sarah Puri, who has the sole authority to alter this “at will” arrangement;

(3) There may be changes to the policies, information and benefits contained in the Welcome Book. The Company may add new policies to the Welcome Book as well as replace, change, or cancel existing policies. Welcome Book changes can only be authorized by the CEO of the Company;

(4) This Welcome Book is not a contract of employment. I have received the August 2014 version of the Welcome Book, had an opportunity to review it and ask questions, and I consent to and will comply with the contents of the Welcome Book;

(5) The Company has posted at a conspicuous location in the workplace various employment-related legal notices, including (but not limited to) a notification of rights under Arizona’s Workers Compensation laws. The Company has available (and has made available to me) blank forms by which I may reject Workers’ Compensation coverage should I so choose;

(6) **I shall provide accurate and complete time sheets and billing data to the Company. In submitting time sheets and/or billing data to the Company I am certifying that the time sheets/billing data are accurate and complete, and that I have not worked/billed hours different or beyond those submitted on my timesheets or as listed in my billing data;** and

(7) I give the Company the right to deduct from my final paycheck any amounts I may owe to the Company, including (but not limited to): the fair market value of any Company property not returned at the end of my employment; any amounts I may owe for used but unaccrued PTO time; and any other deductions according to the policies stated in this Welcome Book.

Employee’s Name (printed)

Employee’s Signature



NOTICE OF VIDEOTAPE SURVEILLANCE, MONITORING AND RECORDING

Pima Lung & Sleep has continuous 24-hour video and audio surveillance throughout the facility (inside and outside) in an effort to improve the safety of its patients, employees and medical equipment. Although the video and audio surveillance is not monitored continuously, it is recorded and may be reviewed by qualified staff members from time-to-time for performance reviews or in the case of a security breach by patients, employees or third parties. The surveillance is located throughout the facility (inside and outside) and is also present in sleep study rooms (please note there is no surveillance in facility restrooms or patient examination rooms).

I have read and understand the above.

Employee's Name (printed)

Employee's Signature



VEHICLE REGISTRATION FORM

ALL PERSONAL VEHICLES MUST BE REGISTERED.

Employee Name: _____ Position: _____

FOB #: _____ Email: _____

Tucson Office or Green Valley Office

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact: _____ Relation: _____

Phone Number of Emergency Contact: _____

Vehicle Number 1

Year/Make: _____ Model: _____

Plate Number: _____ Color: _____

Vehicle Number 2

Year/Make: _____ Model: _____

Plate Number: _____ Color: _____

Vehicle Number 3

Year/Make: _____ Model: _____

Plate Number: _____ Color: _____

Vehicle Number 4

Year/Make: _____ Model: _____

Plate Number: _____ Color: _____



NEW HIRE INFORMATION SHEET

Employee Information

(Last Name) (First Name) (M.I.) / / / /
(Social Security #) (Date of Birth)

(Phone Number) (Email address)

(Street Address) (City) (State) (Zip Code)

Date of Hire: ____/____/____ Rate of Pay: _____ Job Description: _____

Tax Withholding Information:

FEDERAL:

- Married
 Single
 Married but w/holding at higher single rate – (Head of Household) (# of allowances or Exempt)

STATE-ARIZONA:

- 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1% Exempt
(CHOOSE ONLY ONE)

DEDUCTIONS:

_____	_____	_____	<input type="checkbox"/> Post-tax	<input type="checkbox"/> Pre-tax
Type	Amount	Frequency		
_____	_____	_____	<input type="checkbox"/> Post-tax	<input type="checkbox"/> Pre-tax
Type	Amount	Frequency		
_____	_____	_____	<input type="checkbox"/> Post-tax	<input type="checkbox"/> Pre-tax
Type	Amount	Frequency		

Company Representative - Printed Name

Signature



CONSENT TO DEDUCTIONS

I, _____, hereby authorize my employer, Pima Lung & Sleep, PC, to deduct from my paychecks amounts owed to my employer for items including, but not limited to, personal long distance telephone calls, personal expenses, unusable scrubs and/or other such unauthorized actions. This consent supersedes and revokes any prior Consent to Deductions signed by me.

IN WITNESS WHEREOF, I have signed this Consent to Deductions this _____ day of _____ 20____.

Signed _____

Item	Date Given	Date Returned
Office Electronic Key		
ID Badge		
Other: _____ Electronic Key Number: ■ ■ ■ ■ - ■ ■ ■ ■ ■		



PIMA LUNG & SLEEP, PC HIPAA POLICY & TRAINING GUIDELINES

INTRODUCTION

This resource guide provides a basic overview of the Health Insurance Portability and Accountability Act of 1996, also known as HIPAA. Pima Lung & Sleep, PC (“**PL&S**”) is committed to protecting and safeguarding “protected health information” (“**PHI**”) created, acquired and maintained on behalf of PL&S. We are committed to practices and procedures that are consistent with the standards mandated by the Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”).

Our goal in providing you with this HIPAA Policy & Training Guidelines (“**HIPAA Policy**”) is to educate you about the basic requirements of HIPAA so that you can take an active part in complying with all privacy, confidentiality and security policies.

Why is HIPAA so important? Complying with HIPAA will help PL&S build a trusting relationship with our patients, maintain a positive reputation in the community we serve, and avoid legal consequences for both you as an individual and PL&S.

What is PHI (Protected Health Information)? PHI is to be protected and kept confidential, whether in **handwritten, printed, electronic, or verbal form**. PHI is any health information that contains a unique identifier (to a patient) including, but not limited to: name, date of birth, social security number, phone/fax number, address, email or IP address, driver’s license number, images, names of relatives, medical record number, beneficiary number (for health insurance), account number (billing), device serial number, finger/voice prints, etc.

RESPONSIBILITIES OF PL&S

As an organization committed to compliance, PL&S has assumed certain responsibilities:

- ◆ Develop compliance documents to provide employees with guidance on matters of daily business conduct.
- ◆ Ensure that the compliance documents are accessible to all employees, officers and directors.
- ◆ Establish and maintain training programs to ensure familiarity with and understanding of compliance requirements.
- ◆ Advise employees, officers and directors on the proper interpretation and application of the HIPAA Policy.
- ◆ Administer the HIPAA Policy and its supporting policies in a fair and timely manner.
- ◆ Ensure a working atmosphere conducive to compliance and free of retaliation for the reporting of alleged violations of HIPAA Policy

RESPONSIBILITIES OF PL&S EMPLOYEES

Everyone has an obligation to ensure that the HIPAA Policy is a success. Employees can help to achieve that success by doing the following:

- ◆ Read and regularly review PL&S’s compliance documents to fully understand the compliance requirements that apply to his or her job.
- ◆ Participate in training programs and staff meetings designed to help him or her understand his or her obligations under the HIPAA Policy.
- ◆ Abide by the requirements set forth in the HIPAA Policy’s policies and procedures.
- ◆ Ask questions and seek assistance when he or she is uncertain about the proper course of action.
- ◆ Support employees who report suspected violations of the HIPAA Policy. Recognize that retaliation against persons who report suspected violations is not permitted.
- ◆ Be alert to situations that could result in illegal or unethical conduct and encourage other employees to consult with their supervisors or Dr. Sarah Puri (the Compliance Officer) if it appears that they may be in danger of violating the law or the HIPAA Policy.
- ◆ Report suspected violations of the HIPAA Policy.

WHAT HAPPENS IF WE DON’T COMPLY?

The federal government has established severe legal and financial consequences for **covered entities** (such as PL&S) **AND individuals** (such as **YOU**) who do not comply with the HIPAA regulations. The civil and criminal penalties include, but are not limited to:

Civil Penalties – For Non-compliance

- ◆ Up to \$25,000 per calendar year per violation
- ◆ Can be cited with numerous violations

Criminal Penalties – For Wrongful Disclosure

- ◆ \$50,000 and one year in prison
- ◆ \$100,000 and five years in prison if disclosed under false pretenses
- ◆ \$250,000 and 10 years in prison if disclosed for commercial advantage, personal gain or harm to another person

Other Consequences May Include:

- ◆ Loss of trust by our patients
- ◆ Bad publicity in the community
- ◆ Increased cost of doing business
- ◆ Possible loss of future business
- ◆ Exclusion by a health-care program

***Remember, that an **individual** may be held liable for any privacy breach.*

IDENTIFYING A COMPLIANCE ISSUE

It is not uncommon for us to come across situations where we aren't quite sure what to do or we feel that what is happening is not quite right. No compliance program and no law or regulation can address all the situations that might occur in the health-care environment. Ultimately, it is up to each one of us to apply the general principles we have learned in our compliance training, and if we aren't sure, **ask for help!** No one at PL&S will ever have to struggle alone with a compliance question or concern.

If you know it is wrong, **don't do it!** If you are not sure, ask. And keep asking until you get an answer that makes sense. Get the right answer, not just the easy answer.

REPORTING A COMPLIANCE ISSUE

Each employee is obligated to report any issue or practice that he or she believes in good faith may constitute a violation of law or PL&S's compliance policies. People who are found to have engaged in unlawful conduct or conduct in violation of PL&S's policies, or who have failed to detect, report and/or correct any offense, are subject to corrective action, up to and including termination of employment and may be held civilly or criminally liable.

To report a compliance issue, you should contact PL&S's Compliance Officer, Dr. Sarah Puri at (520) 229-8878.

SAFEGUARDS TO PROTECTING PHI

Pima Lung & Sleep, PC has implemented procedures for restricting use and disclosure of PHI to the minimum amount necessary. To ensure compliance with the Security Rule, Pima Lung & Sleep, PC has implemented the following physical, technical and administrative safeguards:

- ◆ All personnel are bound by PHI confidentiality.
- ◆ Employees are trained on guidelines and disclosure of PHI.
- ◆ Periodic information and security training conducted biannually are mandatory.
- ◆ Internet security is ensured through a firewall protection program and anti-virus software.
- ◆ All computers containing access to PHI are password protected through a unique user identification and password.
- ◆ Access is granted to personnel based on their roles and need for PHI.
- ◆ Screensaver passwords are employed to ensure workstation security after a period of inactivity.

- ◆ Computer screens are not accessible to patients. Computer screens must face away from the reception area and are not to be visible to anyone approaching the receptionist.
- ◆ In case of emergency, Pima Lung & Sleep, PC maintains a computerized data backup system to maintain retrievable PHI.
- ◆ Pima Lung & Sleep, PC prohibits the sharing of system passwords.
- ◆ When appropriate, PHI should be destroyed and/or erased prior to disposal to ensure that protected data is not retrievable.
- ◆ Access to patient records is limited to employees based on their roles and need for such information.
- ◆ Staff is instructed to use lowered voices at the reception areas or other common areas so that PHI cannot be overheard.
- ◆ Staff is instructed to discuss PHI in private areas, such as in examination rooms, when practicable.
- ◆ When leaving voice mail messages or messages on an answering machine, staff is instructed not to disclose PHI.
- ◆ There is never more than one patient at a time in the blood pressure/weigh-in area.
- ◆ No PHI is permitted on the exterior of patient charts.
- ◆ No patient charts are to be left on the front desk unattended.
- ◆ Any patient information that is faxed is to be faxed with a coversheet that contains a confidentiality statement.
- ◆ Written authorization is required from the patient prior to releasing information.
- ◆ All patient information is confidential and not to be discussed outside of work.
- ◆ All discarded paper documents containing any patient information are placed in a locked shredding bin.
- ◆ Staff members who fail to comply with these security policies may face appropriate discipline.
- ◆ Any unauthorized disclosure of PHI shall be mitigated to the extent possible.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTAND PIMA LUNG & SLEEP, PC'S HIPAA POLICY & TRAINING GUIDELINES AS OUTLINED ABOVE; AND I AGREE TO COMPLY WITH ALL HIPAA AND HEALTHCARE PRIVACY REQUIREMENTS.

Employee's Name (printed):

Employee's Signature:

Date: