



Employee Information

Full Name: _____
Last First Middle

Address: _____
Street Address Apartment/Unit

_____ City State Zip Code

_____ County Country

Preferred Phone: _____

Email: _____

Date of Birth: _____

Social Security Number: _____

Employment Information

Provider Type: _____

Start Date: _____

Hospital/Site: _____

Department: _____

Emergency Contact Information

Full Name: _____

Relationship: _____

Address: _____
Street Address Apartment/Unit

_____ City State Zip Code

Preferred Phone: _____

Emergency Medical Information

Physician's Name: _____

Address: _____
Street Address Apartment/Unit

_____ City State Zip Code

Preferred Phone: _____



Parking & Vehicle Information

All Garfield Park Hospital/Hartgrove Behavioral Health System employees, students, and contractors/partners are required to provide vehicle information as well as update this information (should the vehicle change) during his/her tenure with the organization. The purpose of this information is for the Hospital to be able to easily identify the above mentioned individual's vehicle on Hospital property.

First & Last Name: _____

Contact Number: _____

I have no vehicle

Vehicle 1

Make: _____ Model: _____

Color: _____ License Plate #: _____ State: _____

Vehicle 2

Make: _____ Model: _____

Color: _____ License Plate #: _____ State: _____

I agree and confirm the above information I provided is current and accurate

Signature: _____ Date: _____



Background Check Permission

In connection with application for employment with Garfield Park Hospital and/or Hartgrove Behavioral Health System (the "Hospital"), I hereby agree as follows:

1. GENERAL CONSENT TO BACKGROUND INVESTIGATION

As a condition of Hospital's consideration of my employment I give permission to Hospital to investigate my personal and employment history. I understand that this background investigation will include, but not limited to, verification of all information on my employment application.

2. CONSENT TO CONTACT PAST EMPLOYERS

I specifically give permission to Hospital to contact all of my prior employees for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Hospital, consent to release of such information orally or in writing, and hereby release them from all liability and agreement not to sue them for defamation or other claims based upon any statements they make to any representative of Hospital. I further waive all rights I may have under law to receive a copy of any written statement provided by any of my former employers to Hospital. I further agree to indemnify all past employers of any liability they may incur because of their reliance upon this agreement.

3. CONSENT TO CONTACT GOVERNMENT AGENCIES

I further give permission to the Hospital to receive copy of any information obtained in the file of any federal, state or local court or government agency concerning or relating to me. I further consent to the release of such information and waive my right under law concerning notification of the request for a release of such information. In the event a law does not provide for prospective employers to have access to information. I hereby delegate Hospital as my agent for receipt of information. I understand the scope of this investigation will be limited as required by law.

4. COOPERATION WITH INVESTIGATION

I agree to fully cooperate in Hospital's background investigation and sign any waiver or releases that may be necessary or desirable to obtain access to relevant information. In the event that any former employer or federal, state, or local government agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. MISCELLANEOUS

This agreement represents the entire understanding and agreement relating to its subject matter. The Hospital shall be entitled fully to rely on this agreement. I understand that I have no guarantee of employment and that the Hospital may determine not to hire me for my lawful reason.

Printed Name

Signature

Date



Illinois Department of Public Health
 Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: (217) 785-5133

Health Care Worker Background Check

Disclosure and Authorization for Criminal History Records Check

I hereby authorize the Illinois Department of Public Health (IDPH), IDPH's designee that train or test health care workers, staffing agency, or the health care employer to request a criminal history records check and I further authorize the Illinois State Police (ISP) to release information relative to the existence or non existence of any criminal record which it might have concerning me to the requestor solely to determine my suitability for employment or continued employment. I further authorize any agency which maintains records relating to me to provide same on request to the ISP or IDPH. I certify that the ISP and any agency, including IDPH, their employees or officers who furnish this information shall be held harmless from any and all liability which may be incurred as a result of releasing such information. I further acknowledge that a health care employer shall not be liable for the failure to hire or to retain an applicant or employee who has been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment or, if discovered after employment begins, could result in discipline up to and including my termination of employment.

I understand that the information requested below regarding sex, race, height, eye color, and date of birth is for the sole purpose of identification and the gathering of the above-mentioned information about me accurately, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my social security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____

Physical Address if different _____

Other Names Used: _____ Telephone _____ - _____ - _____

States Where You Have Lived? _____

Male Female Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____ - _____ - _____

- Race
- A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
 - B** Black or African American (Not Hispanic or Latino)
 - H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
 - I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
 - U** Of undeterminable race. Of Untold mixture.
 - W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect, or Theft? Yes No If "Yes", give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? Yes No If "Yes", give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on IDPH's Health Care Worker Registry as a result of this criminal history records check:

_____ (Signature) _____ (Date)

As the parent or guardian of the above named individual, who is under the age of seventeen, I give my consent for this named individual to have a criminal history records check.

_____ (Signature of Parent or Guardian when applicable) _____ (Date)

CODE OF RESPECT

CONTRACT TO PROVIDE A THERAPEUTIC ENVIRONMENT

As a Hartgrove Behavioral Health System and/or Garfield Park Behavioral Hospital employee, I am aware that my job is to create and maintain a professional, supportive environment. I am also aware that patients, their families, guests and visitors may at times behave in ways that are highly provocative, irrational, threatening, and demanding. My job is stressful and involves responding to many challenging situations. I recognize that it is my responsibility as a mental health professional to act as a role model, to remain under control and to be courteous as well as respectful at all times. I am aware that it is the treatment philosophy of Hartgrove Behavioral Health system Garfield Park Hospital that patients, staff and all other customers are to be treated with dignity, respect and in a professional manner at all times. As a commitment to this goal, I agree to the following Code of Respect.

- I will not yell in anger. I will not use my anger to intimidate or threaten. I will exercise control over my anger. I will not use profanity.
- I will not talk about patients, staff or other customers in a manner that is hostile, humiliating, condescending, or degrading. I will not use name-calling to characterize others.
- When in public areas of the hospital, I will not talk about patients, staff or other customers in a manner that others can hear what is being said.
- I will not threaten to use physical or chemical restraints.
- I will not behave towards others in a manner that is provocative and likely to escalate a confrontation.
- I will not use physical discomfort in any manner as a behavioral consequence.
- I will not use non-verbal expressions to flagrantly communicate dissatisfaction. Instead, I will express my concerns and reactions directly and appropriately.
- I expect and welcome my colleagues to provide me with feedback – both positive and negative regarding my adherence to the Code.
- I will utilize constructive negative feedback as a tool of self-monitoring and professional development.

Employee's Printed Name: _____

Employee's Signature: _____

Date: _____



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____ (Name), understand that as an employee of Hargrove Behavioral Health System and/or Garfield Park Behavioral Hospital, as a _____ (Job Title), I will become a mandated reporter under the Abused and Neglected Child Reporting Act. This means that I am required to report or cause a report to be made to **the DEPARTMENT OF CHILDREN AND FAMILY SERVICES (1-800-25-ABUSE)** whenever I have reasonable cause to believe that an abused child known to me in my professional or official capacity may be abused or neglected. I am also required to report suspicion of elder abuse for nay adult 60 years of age or older who resides in a domestic living situation, who because of dysfunction us unable to seek assistance for himself/herself to the **DEPARTMENT OF AGING (1-800-252-8966)**, I understand that there is no charge when calling these hotlines numbers and that the hotlines operates 24 hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect or elder abuse. I know that if I willfully fail to report suspected abuse or neglect I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board of action.

I also understand that if I am subject to licensing under Illinois Nursing Act, the Medical Ac, and the Psychologist Registration Act. The Social Worker Registration Act, the Dental Practices Act, the School Code, or “an Act to regulate the practice of Podiatry”, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements which apply to me under the Abused and Neglected Child reporting Act. I acknowledge receipt of a Department of Children and Family Services brochure, which explains the Act and my responsibilities with respect to it. I also understand that a full copy of the Act is available to me upon request from the Human Resources or Social Services Department at Garfield Park Hospital.

Employee’s Printed Name

Employee’s Signature

Human Resources Signature

Date



AGREEMENT WITH RESPECT TO PATIENT CONFIDENTIALITY

I, _____, acknowledge that I am familiar with and agree to comply with the provision of the Mental Health and Development Disabilities Confidentiality Act; specifically as such provisions may apply to my involvement with Hartgrove Behavioral Health System and/or Garfield Park Behavioral Hospital patients. I understand that the Mental Health and Developmental Disabilities Confidentiality Act are designed to protect the confidentiality of records and communications of recipients of mental health or developmental disability services. This act specifies that all records and communications shall be confidential and shall not be disclosed except as specified within the provisions of the act.

NOTE: Since a patient's name, address, and other vital statistic are considered part of his/her hospital record, it is in violation to disclose such information to any individuals and/ or agencies not employed or affiliated with Hartgrove Behavioral Health System and/or Garfield Park Behavioral Hospital, except as provided in the Mental Health and Developmental Disabilities Act.

Employee's Printed Name: _____

Employee's Signature: _____

Date: _____

Code of Ethics

Based on the mission, vision, and values statements of Hartgrove Behavioral Health System and/or Garfield Park Behavioral Hospital, all employees/vendors are expected to act in a manner which is professional, sensitive, and consistent with excellent patient care. Staff is expected to be courteous and helpful at all times to the patrons of the hospital including but not limited to: patients and their families, referral sources, Medical Staff, Allied Health Professional Staff, Privileged Service Providers, and other employees. Special attention should be paid to the following:

1. Staff must demonstrate respect for rights and dignity of patients at all times.
2. Patient confidentiality must be protected by staff in all communications, consistent with the Illinois Mental Health Code, Confidentiality Act, and HIPPA. *Confidentiality applies to verbal communication and written information about the patient.* Additionally, discussions regarding patients between treatment team members should not occur in any public area inside or outside of the hospital.
3. Staff treatment interventions must be conducted within the guidelines of the treatment plan and the guidance of the attending psychiatrist.
4. Patients are to be treated fairly and equally without regard to race, creed, gender, sexual orientation, disability, financial status, or ability to pay.
5. Staff is required, under the Abused and Neglected Child Reporting Act (III.Rev. Stat.,Ch. 23), to report cases in which child abuse and/or neglect is suspected.
6. Socialization or communication with patients or their families outside scheduled work hours, and after patient discharge is not permitted. If staff has had a personal, familial, or professional relationship (outside of Garfield Park Hospital) with a patient prior to the patient's hospitalization, this should be disclosed to their supervisor.
7. Personal problems or concerns of staff should not be discussed with patients or their family members.
8. Staff cannot accept, give money, or give gifts to patients or their families.
9. Staff members may be in a patient's room only with the door open; this is to protect staff and to avoid false patient allegations of staff misconduct.
10. Non-clinical staff is discouraged from initiating conversations with patients. If patients initiate conversation, staff is expected to respond courteously but minimally. Patient questions should be referred to treatment team members.

I have received and read a copy of the Employee/Vendor Code of Ethics and Hartgrove Behavioral Health System and/or Garfield Park Behavioral Hospital's Rule of Engagement. I agree to abide by the provision of the Code of Ethics.

Employee's Printed Name

Employee's Signature

Date



To promote our strong dedication and commitment to providing excellence in behavioral health services and to promote our Vision of being the Premier Provider of Behavioral Health Services, this organization has established guidelines for appropriate professional conduct and appearance for its employees, medical staff, and students. In order to maintain a safe, secure, therapeutic and professional environment:

ALWAYS:

1. Provide the highest standards of Service Excellence: Do unto others as they would have you do unto them. (Platinum Rule)
2. Focus of safety, security and quality of care – safety is our number ONE priority!
3. Create a positive lasting impression for our patients, families, guests and each other
4. Promote a professional, empathic, compassionate, therapeutic and engaging environment
5. Dress professionally to promote a professional demeanor and environment
6. Treat every patient with the utmost dignity and respect, while providing for their care, welfare, safety, and security
7. Demonstrate Service Excellence with saying, “It’s my pleasure,” “Not a problem,” “Sure,” “Absolutely,” for any requests made from our patients.
8. Anticipate our guests’ needs and always attempt to exceed their expectations
9. Answer phones by introducing the hospital, unit you are working, your first name, and ask how you can help.
10. Extend a welcome or an acknowledgement to all guests and towards each other in passing
11. Practice service recovery so that our patients/guests have a positive experience – always try to turn a negative situation into a positive outcome
12. Provide Constant Observations and be compliant with required documentation
13. Attempt to verbally deescalate an agitated patient, without physical confrontation
14. Use physical restraints as an absolute last resort and for the shortest duration possible
15. Wear ID badges at chest level for easy identification
16. Make every effort to conceal personal tattoos. Be a role-model for our patients/families
17. Protect patients’ confidentiality (HIPAA Compliance). Avoid talking about patients’ personal health information in hearing range of other patients/guests. For confidentiality purposes, when someone calls in requesting patient information, always ask for the PIN
18. Wear closed toe shoes and appropriate attire in all clinical areas

NEVER:

19. Use vulgarity or raise your voice. Don’t ever yell down hallways or at patients
20. Wear clothing with advertisements, slogans and/or other potentially offensive material
21. Use cell phones or other electronic devices in patient care areas; focus on the patients
22. Wear denim, except on designated days or when approved by administration
23. Wear shorts, skirts above the knees, tight, shear, or ill-fitted clothing, sweats/jogging suits

ALWAYS REMEMBER TO SMILE

YOU NEVER GET A SECOND CHANGE TO MAKE A LASTING IMPRESSION!

There is ZERO TOLERANCE for a lack of Professionalism or for failing to treat everyone with the utmost of dignity and respect, at all times!



Attestation Statement for Code of Conduct

I have received a copy of, reviewed and fully understand Code of Conduct and my signature attests my commitment to providing the highest quality care in the most safe and secure way, while creating the most positive lasting impression. Failure to do so will have a negative impact on my job performance evaluation(s) or may lead to termination.

This is not an attempt to provide a comprehensive list of our rules, policies or guidelines; rather it is a brief list of some of the most basic but important rules and expectations that everyone should be aware of and expected to comply with at all times. It is the ultimate responsibility of every employee to be familiar with the organizations policies and procedures for which you are held responsible. Every unit has a policy and procedure manual readily available for review. Per our policy, any employee violating policies and procedures could be disciplined, up to and including termination. Please see your supervisor or the Human Resources Department, if you have any questions, concerns or need further clarification.

By way of your signature, you understand that the organization has Zero Tolerance for any behavior, attitude or conduct that is less than professional, rude, insensitive, judgmental, or disrespectful. Every representative is expected to treat every patient, family member, visitor and each other with consummate professionalism, dignity and respect. Nothing less will be tolerated with immediate consequences up to and including termination.

Employee's Printed Name: _____

Employee's Signature: _____

Date: _____

Therapeutic Boundaries

Introduction:

Staff-patient relationships in psychiatric hospital settings are quite different than other business or professional relationships. A Therapeutic relationship between a patient and hospital staff is not the same as a social relationship. How you behave and interact with patients must be limited to a planned and supervised treatment program. Difficulties arise when hospital staff relate to patients as “friends” instead of patients.

Therapeutic Boundaries are the set of rules that establish the relationship you have with patients and their families as a hospital employee. Good therapeutic boundaries serve to both focus the patient’s energies on his/her treatment goals, and to protect you from misperceptions on the part of the patient, or liability for yourself.

It is the responsibility of hospital staff, not the patient, to maintain healthy boundaries. Boundaries should be flexible enough to facilitate treatment with a given patient population, but structured enough to protect both the patient and staff.

Q. Why would patients be harmed if they become personal friends with the staff who treat them?

A. Because staff possess unequal power over patients:

In any hospital relationship there is an inherent power imbalance. This is especially true in psychiatric settings.

- Psychiatric patients are among the most vulnerable individuals in any healthcare setting and hospital staff in every job function possess an unequal power advantage over the patients.
- The power of hospital staff is derived from the patient’s trust in staff to have the expertise and authority to help in their treatment.
- Staff are privy to confidential, and sometimes intimate, information about the patient that would not normally be revealed.
- The nature of nursing and tech duties often requires providing close and personal care (physical examination, supervision of dressing, bathing, conducting observation rounds while patient is sleeping, etc)

Types of Boundary Violations

Self-disclosure: When staff reveal unnecessary personal or intimate information about themselves to patients.

Example:

- Telling a patient about your own personal problems.
- Revealing your attraction to the patient
- Giving a patient or their family your home address, phone or e-mail address.

Dual Relationships: When staff have a significant relationship with a patient outside of the treatment setting; especially if that relationship carries emotional or financial power. In such cases, the staff member should not be in a position to provide care to that particular patient in a treatment setting.

Example:

- Staff should never treat their own family members, friends or neighbors.
- If a hospital employee requires mental health counseling, they should receive such treatment from an authorized EAP or outside therapist rather than from their supervisor or a therapist who works at the same hospital.

Physical Contact: Hugs, kisses, hand-holding and other signs of physical affection can be easily misinterpreted by some patients. Physical contact, if it can be perceived by the patient as affectionate, should be limited but appropriate for the setting and patient population.

Example:

- Holding the hand of an anxious geriatric patient might be appropriate.
- Giving a child a pat on the back for a job well done is appropriate, only if you have built rapport with them.
- Hugging an adult incest victim or giving them a back rub might give the patient the wrong message.

Becoming Friends: Becoming personal friends with any patient is widely considered to be destructive to the therapeutic relationship. Even after the patient is discharged from treatment, a hospital staff member or professional still holds an unequal power advantage over the patient by reason of the previous professional relationships.

- A social worker who provided individual therapy asks a patient out on a date after she is discharged.
- An adolescent patient is infatuated with a mental health tech and sends him love letters.

Sexual Relationships: Engaging in any form of sexual contact or activity with a patient is never acceptable under any circumstances. Even if the patient consents to sex, or initiates the sexual relationship, the staff person, by reason of their power advantage, is guilty of the most serious type of professional boundary violation.

Both Staff and Patients can Initiate Boundary Violations

- Both staff and patients can unwittingly do things which compromise the therapeutic relationship.
 1. Boundary violations on the part of hospital staff range from treating certain patients with special and unequal attentions to sexual exploitation.
 2. More often boundary violations are initiated by patients, and can involve becoming overly involved with certain staff member to making false allegations of sexual misconduct. It is not uncommon for some patients to become infatuated with certain hospital staff and become over-involved or flirtatious.

Q: What happens if a patient makes allegations of a sexual boundary violation against a staff member?

- A.** Garfield Park Hospital takes all allegations of sexual misconduct on the part of staff very seriously. When an allegation is made against a staff member, the hospital will conduct an investigation both to protect the staff member against false or malicious accusations.

Garfield Park Hospital Rules Regarding Personal Relationships

1. It is the responsibility of staff to maintain therapeutic boundaries.
2. Staff may NOT have close personal relationships with any patient or family member while in treatment.
3. Staff may NOT have personal relationships with former patients.
4. Under no circumstances may staff engage in any sexual activity with patients or their families.
5. If an investigation determines that a staff member has engaged in sexual activity with a patient, that staff member will be terminated from employment and subjected to any and all professional sanctions, including loss of licensure and criminal prosecution.

Protecting yourself from falling into boundary violations.

Do	DON'T
Treat all patients equally and fairly	Allow patients to go beyond the allotted time for individual therapy or 1:1.
Transfer care of the patient to another staff member if you have a dual relationship, or if sexual attraction threatens the therapeutic relationship	Engage in conversation or behaviors that could be interpreted as sexual in any way (e.g. gestures, tone of voice, comments about patient's body, clothing, etc.).
Notify other staff whenever you're about to go into a patient's room, or into a private consultation room with a patient.	Discuss your personal problems or any aspect of your intimate life with patients.
Make sure other staff can observe or monitor you when you must meet privately with patients who are at higher risk of boundary violations.	Conduct physical examinations of any patient without another staff member of the same sex as the patient present.
Respect cultural differences and sensitivities of individual patients.	Meet alone with seductive or higher risk patients behind closed doors, unless other staff can visually monitor you.
Learn to deflect seductive patients and control the therapeutic setting.	Give patients or family members personal information such as your home address, telephone number or e-mail address.
Notify a supervisor if a patient attempts to contact you outside of work.	Accept improper or "personal" gifts from patients or family members.
Notify a supervisor and document if a patient tries to initiate a boundary violation.	Don't "friend" patients on Social Media Websites.

Garfield Park Hospital Employee Guidelines

Therapeutic Boundaries/Social Media

It is the responsibility of every employee of Garfield Park Hospital to exercise appropriate judgment and conduct themselves with patients in a manner that reflects use of common sense and good judgment. The following general guidelines are for the information and guidance of all Garfield Park Hospital employees.

1. Staff members are to render care in a manner that respects the personal dignity and rights of each patient. Any form of patient abuse and/ or neglect will not be tolerated and staff members are to support facility policy and procedures in this regard.
2. Counseling of a patient outside the realm dictated by the physician in the treatment plan is discouraged.
3. Patients are to be dealt with equally and fairly at all times. The selection of “favorites” is not beneficial to the therapeutic milieu or the patient population.
4. Staff members may not:
 - a. Be alone in a patient room with a patient, with the door closed.
5. Befriending patients outside of the facility is not acceptable.
6. Befriending patients after they have been discharged from the facility is not acceptable.
7. Any sexual relations between staff and patients will result in termination of employment and shall further result in all applicable professional and legal sanctions against such employee.
8. Staff members are not to reveal unnecessary personal information about themselves (such as home address, telephone number, e-mail address) to patients or patient family members.
9. Staff members who have reason to believe a co-worker is committing boundary violation are obligated for the sake of patient safety, to bring such concerns to a supervisor.
10. Staff members who are licensed or certified in any profession shall follow all applicable rules of conduct.

Garfield Park employees may choose to maintain personal websites, weblogs, or engage in social media networks including Facebook, MySpace, Twitter, LinkedIn. In general, we view personal websites and social media positively and respect the right of our employees to use them as an avenue of self-expression and outreach. As an employee, you are seen by our patients, staff referral sources and other outside parties as a representative of the organization. A staff member’s personal website, blog and other internet postings are a reflection on their organization whether or not the organization is specifically discussed or referenced. The internet is not anonymous and the ease of tracing postings back to their original authors provides an avenue for any party to link your personal web activity to your professional capacity. Never post anything you would not say out loud to all parties involved. Do not disclose any confidential or proprietary information in regards to Garfield Park Hospital. Do not disclose any confidential or proprietary information in regards to Garfield Park hospital or its patients and families.

**I understand that significant violations of therapeutic boundaries may be grounds for disciplinary action, up to and including my immediate termination.

**I understand how the Code of Ethics Policy as applied to participation in social media networks.

Employee Signature	Date	Print Name
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Employee Keys & ID Badge Acknowledgement

I acknowledge that I have received my Hartgrove Behavioral Health System (HGBH) and/or Garfield Park Behavioral Hospital (GPBH) ID badge and keys. I acknowledge that I am required to wear my ID Badge at all times when in the facility and shall return all HGBH and/or GPBH property when my employment ends. Failure to return my facility ID badge and keys within 3 days (72 hours) of employment separation will result in these funds (\$9.25) being deducted from my final paycheck. If my ID badge becomes damaged or lost, I understand that it is my responsibility to obtain a replacement badge from Human Resources.

I acknowledge the following:

1. I have received my facility ID badge and keys
2. I am responsible for the security of the ID badge and keys in my possession
3. I acknowledge that if my keys are lost, stolen

Employee's Printed Name: _____

Employee's Signature: _____

Date: _____

Promotional Consent for Use of Individual’s Image, Voice, and/or Statement

Important note: This form secures your consent and authorization to use your image, voice, and/or statements in promotional context – please review it carefully.

I hereby consent to authorize Hartgrove Behavioral Health System and Garfield Park Behavioral Hospital, UHS of Delaware, Inc., and all of their affiliates (collectively “UHS”) to use my image, voice, and/or statements in commercial promotions, advertisements, social media, education pieces, or in any other manner at UHS’ sole discretion. I understand that my image, voice, and/or statements may be recorded in videotapes, audiotapes, photographs, or interviews, and my consent and authorization applies to any such recording and may be used in whole or in part by UHS at its discretion.

I understand and agree that I have no rights to images or material generated by UHS in reliance on my consent and authorization, and I waive any rights I may have to prior approval of the use of my image, voice and/or statements by UHS. I hereby release UHS and all of its respective employees, officers, directors, and agents from liability of any kind based on the use of my image, voice, and/or statement. I further waive any rights to any form of payment or compensation I may have in connection with UHS’ use of image, voice, and/or statements.

I understand that I may revoke my promotional consent and authorization at any time by informing UHS of Delaware, Inc., attention Marketing Department, in writing that I am revoking my consent and authorization. I understand that my revocation does not apply to the extent UHS has already used my recording in reliance on this authorization or if immediate revocation would cause additional expense or hardship to UHS in completing its current promotional campaigns.

I have had the opportunity to read and consider the contents of this consent and authorization. My signature below indicates that I understand and agree to the terms herein.

Employee’s Printed Name: _____

Date: _____

Signature (Parent of Legal Guardian must sign if individual is a minor)

FIRE/DISASTER: Remember R.A.C.E.

Rescue
Alarm
Contain
Extinguish

FIRE/EXTINGUISHER: Remember P.A.S.S.

Pull
Aim
Squeeze
Sweep

Emergency Extension: 333

Overhead Page by dialing *75

CODE **RED:** FIRE
CODE **YELLOW:** AGGRESSION
CODE **GREEN:** ELOPEMENT
CODE **BLUE:** MEDICAL
CODE **ORANGE:** BOMB THREAT
CODE **GRAY:** SEVERE WEATHER
CODE **DR. FREEZE:** WEAPONS THREAT
CODE **EXTERNAL LOCKDOWN:**
EXTERNAL THREAT

FIRE/DISASTER: Remember R.A.C.E.

Rescue
Alarm
Contain
Extinguish

FIRE/EXTINGUISHER: Remember P.A.S.S.

Pull
Aim
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EXTERNAL THREAT

FIRE/DISASTER: Remember R.A.C.E.

Rescue
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