

**(Please Print)**

Employee Full Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Alternate Number: \_\_\_\_\_

St. Luke's will assign an email address to you to receive St. Luke's Hospital communications. If you prefer a personal email address please provide below

- Personal email \_\_\_\_\_
- I would like a St. Luke's email assigned. (Management employees will have a St. Luke's email)

**EEOC Verification (Used for government reporting only)**

(Please read carefully when making your selection)

- |  |  |
|--|--|
| (C) _____ White Male, Not Hispanic or Latino                               | (I) _____ White Female, Not Hispanic or Latino                               |
| (D) _____ Black or African American Male, Not Hispanic or Latino           | (J) _____ Black or African American Female, Not Hispanic or Latino           |
| (A) _____ Hispanic or Latino Male  | (B) _____ Hispanic or Latino Female  |
| (E) _____ Native Hawaiian or Pacific Islander Male, Not Hispanic or Latino | (K) _____ Native Hawaiian or Pacific Islander Female, Not Hispanic or Latino |
| (F) _____ Asian Male, Not Hispanic or Latino                               | (L) _____ Asian Female, Not Hispanic or Latino                               |
| (G) _____ American Indian or Alaskan Native Male, Not Hispanic or Latino   | (M) _____ American Indian or Alaskan Native Female, Not Hispanic or Latino   |
| (H) _____ Two or more races, Male, Not Hispanic or Latino                  | (N) _____ Two or more races, Female, Not Hispanic or Latino                  |

(Check one)

- Disabled Veterans
- Other Protected Veterans
- Armed Forces Service Medal Veterans
- Recently Separated Veterans
- Not a Veteran

Do you have a disability?    YES    NO

**Debit Repayment Agreement**

I understand St. Luke's Hospital reserves the right to collect, through payroll deduction for any unpaid balances for services rendered. This would include the purchase of goods, medical services, or other services offered by St. Luke's for which balances are due and payable.

I hereby authorize and agree should I owe St. Luke's Hospital any money at the time of my termination that full amount will be deducted from my paycheck.

Employee Signature

(checking the box above is equivalent to a handwritten signature)

**City Earnings Tax**

Employees living in the City of St. Louis are subject to a City Earnings Tax deduction of 1% of their gross wages. St. Luke's Hospital will deduct this amount each biweekly pay period.

**Please indicate whether or not you reside inside the city limits of St. Louis, Missouri.**

\_\_\_\_\_ I do not live in the City of St. Louis.

\_\_\_\_\_ I do live in the City of St. Louis and hereby authorize St. Luke's Hospital to deduct the 1% tax from my bi-weekly gross wages.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**DISCLOSURE AND AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

St. Luke's may obtain from **Sterling** Infosystems, Inc., 1 State Street, New York NY 10004, (877) 424-2457, [www.sterlinginfosystems.com](http://www.sterlinginfosystems.com), a consumer report and/or an investigative consumer report that contains background information about you in connection with your employment or employment application. If you are hired, to the extent permitted by law, St. Luke's may obtain from **Sterling** further reports throughout your employment for an employment purpose without providing further disclosure or obtaining additional consent.

The report may contain information about your character, general reputation, personal characteristics and mode of living. The report may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. The information may be obtained from public record or private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer report is obtained, in addition to the description above, the nature and scope of any such report will be employment verifications and references, or personal references.

I have read the Disclosure Regarding Employment Background Report provided by **St. Luke's Hospital** and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by **Sterling** Infosystems, Inc., a consumer reporting agency located at 1 State Street, New York NY 10004, (877) 424-2457, [www.sterlinginfosystems.com](http://www.sterlinginfosystems.com), of background reports regarding me and the release of such reports to **St. Luke's Hospital** and its designated representatives, to assist **St. Luke's Hospital** in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state of federal law enforcement agency or court, educational institution, motor vehicle agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to **Sterling** and/or **St. Luke's Hospital** itself, and authorize **Sterling** to provide such information to **St. Luke's Hospital**. I agree that facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.**

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

Printed Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Other names you have used or are also known as: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Mo./Yr. / Mo./Yr

Current Address: \_\_\_\_\_ /  
 Street Apt.# City State Zip Code From / To?

Former Address: \_\_\_\_\_ /  
 Street Apt.# City State Zip Code From / To?

Former Address: \_\_\_\_\_ /  
 Street Apt.# City State Zip Code From / To?

Former Address: \_\_\_\_\_ /  
 Street Apt.# City State Zip Code From / To?

## **Below is a summary of your rights under the Fair Credit Reporting Act.**

Please read and scroll to the bottom of the page to sign this document.

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System members banks(except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Saving associations and federally chartered saving banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act. 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

**As part of the criminal background check, we are required to verify education as well.**

**Please list your education history.**

<b>Name of School Attended</b>	<b>Degree (H.S. Diploma, G.E.D., Assoc., Bachelors, Masters, etc.)</b>	<b>Date of Graduation (ex. 06/2006)</b>	<b>Your name at time of graduation</b>	<b>Location of School (City, State)</b>

## EMPLOYEE PAYMENT SELECTION FORM

**SECTION A – EMPLOYEE INFORMATION**

EMPLOYEE NUMBER	Last Name	First Name	Middle Initial
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**SECTION B – EMPLOYEE PAYMENT SELECTION – SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS**

<input style="width: 40px; height: 20px;" type="checkbox"/>  _____ <b>Initials</b>	<b>OPTION ONE:</b> Receive a portion and /or all of your pay via Direct Deposit to a United States bank. Your pay or a portion of your pay may be deposited in up to 5 different bank accounts.
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CHECKING ACCOUNT: Amount to deposit \$ _____	OR	100% of remaining net pay <input type="checkbox"/>
SAVINGS ACCOUNT: Amount to deposit \$ _____	OR	100% of remaining net pay <input type="checkbox"/>

ROUTING NUMBER (MUST BE 9 DIGITS)	ACCOUNT NUMBER (AS FINANCIAL INSTITUTION REQUIRES FOR ACH)
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FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION TELEPHONE NUMBER (optional)
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**ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT OR A DEPOSIT SLIP FOR A SAVINGS ACCOUNT.**

<input style="width: 40px; height: 20px;" type="checkbox"/>  _____ <b>Initials</b>	<b>OPTION TWO:</b> Receive your pay via the <b>Money Network® Service</b> - I select to use either of the following options. (Employee will receive both a Personalized Money Network Visa Branded Debit Card as well as a supply of Money Network Checks.)
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**Money Network™ Check.** The Money Network Check (“Check”) is a paycheck that I can easily complete on or after each payday morning wherever I am, eliminating the need to pick up my personal bank account or cashed for free at Money Network check-cashing partners. There is no fee for using Money Network Checks.

**Money Network® Payroll Debit Card.** The Money Network Payroll Debit Card (“Card”) provides a dependable, safe, optional and convenient way to receive and access my pay on and after each payday morning with the following features (i) eliminates the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed; (ii) immediate, worldwide access wherever the logos displayed on your Card are accepted for ATM cash withdrawals, bank-branch withdrawals, and store purchases (including “cash back”); (iii) money transfers to a personal or joint checking account; and (iv) free balance inquires by phone. I am automatically eligible for the Card and there is no application or approval process. There is no monthly service charge for the Card as long as I am employed by St. Luke’s. Many Card transactions are free, but there are fees for other transactions, and Money Network Checks can be used to access funds free of charge. All of the transaction fees are listed in the Welcome Packet.

I authorize St. Luke’s to disburse my pay by direct deposit or Money Network Service (“Service”) according to the selection I initialed above. If I don’t make a selection by submitting the completed Employee Pay Selection Form, (i) within three (3) business days of receiving notice to provide a voided check to qualify for personal direct deposit, or (ii) within three (3) business days of my first days of employments, whichever date comes later, I agree that my pay will be disbursed using the Service; however, I understand that I can change my pay selection at any time in the future by submitting a Direct Deposit Change request via the Lawson employee self service system (subject to the time it takes for St. Luke’s to implement the change). I authorize St. Luke’s to share my name, address date of birth, Social Security Number, and related personal information with the issuing bank and/or Program Manager to facilitate payment of my wages using the Service, as provided in the Terms and Condition of the Service.

**SECTION C – EMPLOYEE CERTIFICATION AND SIGNATURE**

This authorization is to remain in force until St. Luke’s receives a written or electronic notice of change/cancellation from me. The notice/cancellation must be received at least thirty (30) days prior to the effective date, and in such a manner as to afford St. Luke’s reasonable opportunity to process it, and in no event shall it be effective with respect to entries proceed by St. Luke’s prior to the receipt of the written or electronic notice of change/cancellation. I further authorize St. Luke’s to initiate credit/debit entries to said bank account(s) as may be necessary to correct any erroneous credit/debit entries previously initiated thereto and I authorize the financial institution to accept and credit or debit the amount of such entries to my account. All entries initiated hereunder to any designated bank account are to be governed in all respects by the rules of the Mid-America Payment Exchange as now or hereafter in effect.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 Digits of SSN \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

## **St. Luke's Hospital Confidentiality Statement**

St. Luke's Hospital employees shall maintain patient and all other confidential information in compliance with applicable legal and ethical standards. St. Luke's Hospital employees possess and have access to confidential, sensitive and proprietary information. Every employee has an obligation to protect and safeguard confidential, sensitive and all other St. Luke's information to prevent its unauthorized disclosure. All St. Luke's Hospital employees shall conduct themselves in accordance with the principle of maintaining the confidentiality of patient information and in compliance with all applicable laws and regulations. Therefore, St. Luke's requires all employees to read and agree to the following confidentiality procedures:

- I understand that patient care information, whether in written, verbal, or electronic form, may be accessed only by authorized St. Luke's employees and other authorized individuals.
- I understand that I am the caretaker of private patient information and must guard it appropriately.
- Reasonable safeguards include, but are not limited to, keeping patient information secure, private, and out of public viewing, protecting computerized data by logging off when leaving a work station, and not discussing patient-specific issues in public areas.
- I understand that all data and information, whether on computer, non-computer systems or media, is the property of St. Luke's Hospital.
- I understand that all St. Luke's information is to be maintained in strictest confidence and is not to be discussed with any one other than the appropriate personnel, and may not be shared with others outside the workplace, during my employment or post-employment.
- I understand that if I have questions with respect to specific instances of release or discussion of confidential information, I will direct them to my immediate supervisor.
- I agree to comply with all policies (fax, e-mail, etc.) regarding the release and disclosure of protected health information (PHI).
- I understand that violations of confidentiality will result in disciplinary action, up to and including discharge.

## **St. Luke's Hospital Information Services End-User Agreement**

St. Luke's Hospital has several safeguards in place for the security of information. Any person maintaining, using, or disseminating information should safeguard the data integrity, confidentiality, and availability of information. St. Luke's requires all employees to read and agree to the following:

- My assigned computer login and password are my own individual, personal identification for gaining access to St. Luke's Hospital Network.
- I understand the use of electronic authentication is privileged and should not be used by anyone other than those employees specifically designated by St. Luke's Hospital. I understand that my electronic authentication will be automatically applied to each entry that I make based on the user ID/password. My access to systems is limited to only the information that I have been authorized to use in order to perform my assigned work responsibilities.
- I am accountable for all and any activity that is performed under my user ID and password and am responsible for keeping my user ID and password confidential.

- The information that I access through St. Luke’s Hospital Network is confidential and is to be used only in the performance of my job-related activities.
- I am responsible for notifying my immediate supervisor in the event my user ID and password have been lost, or their confidentiality has been breached.
- I am responsible for notifying my immediate supervisor should I change my name, department, or classification in order that my user ID can be kept accurate at all times.
- I understand that all information stored on the St. Luke’s Hospital Network is the property of St. Luke’s Hospital.
- I understand that St. Luke’s Hospital does retain the right to audit all use of my user ID and any unauthorized or inappropriate use of the network could result in loss of network privileges.
- The consequences of violating the confidentiality of patient, employee, user login and password, or the unauthorized use of a login and password assigned to another user, or failure to comply with the items identified above, may be subject to disciplinary action up to and including termination and/or cancellation of any contracts. Violation of confidentiality may also create civil and criminal liabilities.
- I agree that St. Luke’s Hospital may seek any legal recourse if I breach, or attempt to breach, this agreement.
- I have read and understand the above policy.

The consequences of violating the confidentiality of patient, employee, user login and password, or the unauthorized use of a login and password assigned to another user, or failure to comply with the items identified above, may be subject to disciplinary action up to and including termination and/or cancellation of any contracts. Violation of confidentiality may also create civil and criminal liabilities. I agree that St. Luke’s Hospital may seek any legal recourse if I breach, or attempt to breach, this agreement.

My signature acknowledges that I have read and understand the above and agree to abide by this End User Agreement and the Confidentiality Statement. Additionally, my signature on the annual evaluation acknowledges that I have reviewed and understand the above and agree to abide by this agreement.

\_\_\_\_\_  
EMPLOYEE NAME (PLEASE PRINT)

\_\_\_\_\_  
EMPLOYEE SIGNATURE OF AGREEMENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS (PLEASE PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
TITLE



**NEW HIRE INFORMATION ON BENEFIT  
PROGRAMS & FLEXIBLE SPENDING ACCOUNTS**

PLEASE READ CAREFULLY

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

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

Date of Hire (If Known): \_\_\_\_\_

**ELIGIBILITY:** Full-time employees who are budgeted and working at least 72 hours per pay period and part-time employees who are budgeted and working at least 32 hours per pay period may enroll for benefits programs or flexible spending accounts. PRN and per diem employees are not eligible for medical, dental, vision, life, and LTD benefit programs or flexible spending accounts.

**ENROLLMENT:** In order to enroll in the benefit programs or flexible spending accounts, **you must enroll within the first 30 days of employment.** Coverage becomes effective on your date of hire, and all pre-existing conditions will be covered. If you do not enroll during this 30 day period, the next available time for you to enroll is at the annual re-enrollment, unless you have a qualifying event that meets the family status change according to IRS Section 125 regulations (see below for list of qualifying events).

**COSTS:** Premium payments and deductions are made on a pre-tax basis. Social Security benefits may be slightly reduced since Social Security taxes are not paid on those specific pre-tax deductions.

**CANCELLATIONS:** The only time you can cancel your insurance coverage or flexible spending account is at the end of the plan year which runs from January to December, unless a qualifying event occurs (see below for list of qualifying events).

I have read the qualifying events listed at the end of this form. I understand that I cannot change or modify in any way the selections which I have made for insurance coverage or the flexible spending accounts, except if I experience a qualifying event. I further understand that the health, dental, vision, and flexible spending account deductions which I have selected will be taken on a pre-tax basis. For further explanation of pre-tax deductions refer to your benefits summary booklet.

If currently not eligible for benefits, I also understand that if I become benefit eligible that I must enroll within 30 days of my change in status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**QUALIFYING EVENTS**

- MARRIAGE OR DIVORCE
- DEATH OF A SPOUSE OR DEPENDENT
- BIRTH OR ADOPTION OF A CHILD
- CHILD IS NO LONGER AN ELIGIBLE DEPENDENT
- BEGINNING OR ENDING OF A SPOUSE'S EMPLOYMENT
- YOU OR YOUR SPOUSE TAKE AN UNPAID LEAVE OF ABSENCE
- YOUR EMPLOYMENT STATUS CHANGES FROM BENEFIT ELIGIBLE TO NON BENEFIT ELIGIBLE
- YOUR EMPLOYMENT STATUS CHANGES FROM NON BENEFIT ELIGIBLE TO BENEFIT ELIGIBLE



**REQUEST FOR CASHLESS SYSTEM  
PAYROLL DEDUCTION**

**Full Name:** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_

I hereby authorize the St. Luke's Payroll Department to deduct from my paycheck charges occurring as a result of retail purchases through the cashless system.

- My St. Luke's identification badge is to be used only by myself and is not transferable.
- I am responsible for any charges made with my identification badge and hereby authorize those charges to be deducted from my paycheck each pay period. It is my responsibility to keep receipts from purchases for comparison with my pay stub. Questions should be directed to departments where the charges occurred within 30 days.
- It is my responsibility to ensure that my charges do not exceed the amount that I will be paid within the pay period. I agree to pay any outstanding balance at the time of the occurrence, each pay period. If an outstanding balance remains, it will be carried forward and deducted from future checks.
- It is my responsibility to ensure the security of my identification badge at all times, and I am aware that I am responsible for all charges made with the badge. If my identification badge is lost or stolen, it will be reported immediately to Human Resources. When Human Resources is closed, specific departments utilizing the cashless payroll deduction system must be notified.
- I understand that future deductions will not occur until the balance is fully paid. Further, my privilege to use the cashless system may be revoked if my outstanding balance is persistently carried forward.
- I understand there will be no cash refunds. Instead, coupons will be used if a refund is appropriate.
- I agree that any outstanding balances will be deducted from my final paycheck upon termination and/or payment of any outstanding balances will be made directly to St. Luke's Hospital.
- I understand that, for initialization or reactivation of deduction, I may not use the system until Human Resources notifies me by letter that the activation process is complete.

I have read, understand and agree to all of the above.

\_\_\_\_\_  
Employee Signature Required

\_\_\_\_\_  
Date

- **Please retain a copy of the signed form for your records**

Revised: 2/17/06



## CONFIDENTIALITY AND PRIVACY TIPS FOR NEW ST. LUKE'S EMPLOYEES

**As part of your new employee orientation to St. Luke's Hospital you will receive full training with regard to privacy and security of patient information. Until you attend your orientation session...here are a few points you need to know:**

**Purpose:** Any person maintaining, accessing, using or disseminating patient information should safeguard the data integrity, confidentiality and availability of that information. A patient's health information is protected by Federal and State privacy laws.

**Access:** St. Luke's controls access to patient records, both computerized and paper, by limiting access to those who have a need to know and individuals who have proper authorization from the patient or the patient's legal guardian.

Access to St. Luke's information systems is granted based on a "need to know" and associated job function. Information can be accessed only with proper login name and password. Login names and passwords are maintained by Information Services. Upon hire you should have been asked by Human Resources to sign our Confidentiality Statement.

St. Luke's has instituted a written organizational process prohibiting the disclosure of sharing passwords, access codes or other user identifiers as outlined in the *St. Luke's Hospital Information Services Logon/Termination Form*.

Information on laptop and desktop computers are password protected, so it cannot be easily accessed if the equipment is stolen/removed from the premises.

Printed reports containing protected health information are disposed of in appropriate shredding receptacles that are located throughout the campuses.

Verbal conversations regarding a patient's health information are also protected by Federal privacy laws. Determine entitlement of person requesting patient information. If they are entitled as members of that patient's healthcare team then only share minimally necessary information in order for that person to do their job.

### **Computer Security Measures:**

- Secure physical access to your computer. If you need to leave the computer for any period of time when logged in to a clinical system secure the computer by either logging out of the clinical system or use Ctrl-Alt-Del to lock the computer.
- Any flash drive that is used to store protected health information/hospital data should be encrypted prior to use. Hospital-approved encrypted flash drives can be purchased through the Information Systems Department.
- All portable data that is being actively used/stored on a flash drives/optical disks needs to be encrypted.

- Do not leave disks or flash drives containing patient information unattended and out of your control. When not in use they should be safely stored/locked away.
- Keep passwords confidential. All users are required to change network passwords every 180 days. Passwords can be changed more frequently if needed.
- Verify printer location prior to sending a document. Pick up all copies promptly
- ‘Curiosity surfing’ of patient information is prohibited.
- Safeguard computer against viruses. Use anti-virus software to scan for viruses on all new software. Don’t use illegal copies of programs.

**Other Information Security Measures:**

- Secure confidential information behind locked door or in locked cabinets when the department is left unattended.
- Encode patient or physician specific information in QA studies and committee minutes
- Use white boards as a tracking tool. Refer to hospital *White Board Policy*
- Shred or dispose of sensitive information in accordance with office procedures.

Contact Person: Bonnie Lehmann, Privacy Officer: 314.205.6883 or x6883

Reviewed and Revised: November 2014