

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. Most applicants are asked to complete this form after a tentative offer of employment has been made; however, depending on your position, you may be asked to complete this form earlier during the hiring process. Follow instructions that the agency provides. Before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

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General Information

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)



2. SOCIAL SECURITY NUMBER



3a. PLACE OF BIRTH (Include city and state or country)



3b. ARE YOU A U.S. CITIZEN?

YES NO (If "NO", provide country of citizenship) ◆

4. DATE OF BIRTH (MM / DD / YYYY)



5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)



6. PHONE NUMBERS (Include area codes)

Day ◆

Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below)

NO

If your only active duty was training in the Reserves or National Guard, answer "NO."

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

| Branch | From (MM/DD/YYYY) | To (MM/DD/YYYY) | Type of Discharge |
|--------|-------------------|-----------------|-------------------|
| | | | |
| | | | |
| | | | |

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* YES NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* YES NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved.* YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* YES NO

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Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relativeworks.* YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date: _____
(MM / DD / YYYY)

17b. Appointee's Signature: _____ Date: _____
(MM / DD / YYYY)

| |
|---|
| Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY |
|---|

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? _____ Date: _____
(MM / DD / YYYY)

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

Columbia VA Health Care System
Employee Occupational Health Clinic

EMPLOYEE DATA SHEET

PLEASE PRINT CLEARLY

Last Name: _____

First Name: _____

Middle Name: _____

Full Social Security Number: _____ Date of Birth: _____ Sex: _____

Mother's Maiden Name: _____ City of Birth: _____ State of Birth: _____

Home Number: _____ Cell Number: _____

Current Street Address: _____

Veteran: Yes No Marital Status: _____ E-Mail: _____

EMERGENCY CONTACT (Last, First): _____

Relationship: _____

Address: (If not the same) _____

Phone Number: _____

Tuberculosis Evaluation Questionnaire

Name: _____

Date of Birth: _____ Last 4: _____ Phone Number: _____

JOB CATEGORY: _____ Applicant _____ Volunteer _____ Employee _____ Other _____

1) What position are you hired for? _____

2) Have you ever tested positive for tuberculosis? Yes No Unsure

a. If yes, when? _____

b. Date of Chest X-ray _____

3) Do you currently have any of the following symptoms?

a. Any unexplained change in your respiratory status such as cough, shortness of breath, or sputum production? Yes No Unsure

b. unexplained weigh loss? Yes No Unsure

c. Unexplained fatigue? Yes No Unsure

d. Unexplained fever? Yes No Unsure

e. Night Sweats? Yes No Unsure

f. Any other unexplained change in personal health status?

Explain:

4) Have you ever been treated for TB in the past? Yes No Unsure

a. If yes, please provide name of drug(s) _____

b. Length of treatment i.e., months _____

c. Did you complete your treatment? Yes No Date _____

Baseline Individual TB Risk Assessment

Temporary or permanent residence of ≥ 1 month in a country with a high TB rate Yes No
Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe

Current or planned immunosuppression Yes No
Including human immunodeficiency virus (HIV) infection, organ transplant recipient treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent or prednisone ≥ 1 month) or other immunosuppressive medication

Close contact with someone who has had infectious TB disease since the last TB test Yes No

Applicant Signature

Date

Employee Occupational Health Provider Signature

Date

Privacy and HIPAA-Focused Training

Welcome and Introduction



Welcome and Introduction

Welcome to the **Privacy and HIPAA Focused Training**. This course is designed to be finished in 50-60 minutes.

If you experience technical problems or need assistance while you are going through the training, contact the Enterprise Service Desk (ESD) (1-855-673-4357 - available 24/7/365) or VA Employees may use the YourIT icon on their equipment's desktop to enter a support ticket.

Audience

All staff with direct access to protected health information (PHI) or access to PHI through VHA computer systems is required to complete this training annually.

All new employees with direct access to PHI or access to PHI through VHA computer systems are required to take this training within 30 days of hire or prior to the employee being allowed access to PHI in any format.

A team of subject matter experts from the VHA Privacy Office have created this training.

Goal Statement and Audience



The goal of this training is to provide knowledge of:

- **Module 1** — Basic Privacy Statutes and Employee Responsibilities
- **Module 2** — Veteran's Rights
- **Module 3** — Introduction to Uses and Disclosures of Information
- **Module 4** — Authorization Requirements and Privacy of photographs, digital images, video, and audio recordings
- **Module 5** — Special Privacy Topics
- **Module 6** — Freedom of Information Act (FOIA)

Basic Privacy Statutes and Employee Responsibility



Lesson Objectives

In this module, you will learn about the background and scope of applicable privacy and confidentiality statutes and regulations.

Specifically, you will learn the following:

- Seven statutes that govern the collection, maintenance, and release of information from Veterans Health Administration (VHA) records,
- Employee responsibility in the use and disclosure of information,
- Unauthorized Use, Access or Disclosure of Personally Identifiable or Protected Health Information, and
- Functional Categories and Minimum Necessary Standard

Basic Privacy Statutes

VHA health care facilities should comply with all applicable federal confidentiality or privacy statutes simultaneously so that the result will be the application of the most stringent provision for all uses and/or disclosures of data and the exercise of the greatest rights for the individual.

VHA Directive 1605.01 is the policy that combines the requirements of the below statutes and regulations.

The Privacy Act (PA), 5 U.S.C. 552a

"The Privacy Act of 1974, 5 U.S.C. §552a" establishes a code of fair information practices that governs the collection, maintenance, use, and dissemination of information about individuals that is maintained in systems of records by federal agencies.

Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulation the HIPAA Privacy Rule

Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information.

At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

Health Information Technology for Economic and Clinical Health (HITECH) Act

Addresses the privacy and security concerns associated with the electronic transmission of health information.

38 U.S.C. §5701 Confidentiality Nature of Claims

38 U.S.C. Section 5701 makes VA benefits records and the names and home addresses of present and former armed forces personnel and their dependents confidential.

38 U.S.C. §5705 Confidentiality of Healthcare Quality Assurance Review Records

38 U.S.C. 5705 Confidentiality of Healthcare Quality Assurance Review Records makes information and records generated by VA's medical quality assurance program confidential and privileged and exempt from disclosure under the FOIA.

38 U.S.C. §7332 Confidentiality of Certain Medical Records

38 U.S.C. Section 7332 makes strictly confidential all VA records that contain the identity, diagnosis, prognosis or treatment of VA patients or subjects for drug abuse, alcoholism or alcohol abuse, infection with human immunodeficiency virus (HIV/AIDS), or Sickle Cell Anemia.

Disclosures can only be made with patient authorization or as explicitly authorized by the Act. On June 6, 2018, Title 38 U.S.C 7332 was amended to allow for the release of this information for treatment and billing purposes without a specific authorization.

All other purposes still require a specific authorization.

The Freedom of Information Act (FOIA), 5 U.S.C. 552

The FOIA requires Federal departments and agencies, such as VA, to release their records unless FOIA specifically exempts the information or record from disclosure.

Employee Responsibility in the Use and Disclosure of Information



VHA employees must comply with all Federal laws and regulations, VA regulations and policies, and VHA policies regarding the confidentiality and privacy of Veteran and employee records. See VHA Directive 1605.01.

All VA employees are responsible for reporting all actual or suspected breaches of privacy in a timely and complete manner to the appropriate privacy official, according to established policy.

In addition, all VHA employees must conduct themselves in accordance with the rules of ethical conduct.

- Personally identifiable information (PII) and protected health information (PHI) on Veterans and employees should only be collected, accessed or viewed by VHA employees with a need for that information in the performance of their official VA duties for payment, treatment, health care operations or as permitted in VHA Directive 1605.01. However, VA employees **are prohibited** from accessing or viewing the PII/PHI of their coworkers or Veterans for non-health care-related reasons, for employment-related purposes or personal reasons.
- Verbal permission from a coworker or Veteran to access their PII/PHI is not acceptable authority if the purpose of access violates the above guidance.

- Supervisors **may not** view the Veteran health records of their employees to look at their clinic appointments or other health information for employment-related purposes without the signed, written authorization of the employee. If an employee signs a written authorization, the disclosure must be made through Release of Information and the record not accessed directly by the supervisor using their CPRS access. These unauthorized accesses will be considered privacy violations and disciplinary action will be taken.
- Supervisors may not obtain an employee's records from Employee Occupational Health for employment-related purposes without the employee's signed, written authorization.
- VA employees who collect, access or view PII/PHI on Veterans or employees for purposes other than those for official VA duties, including curiosity, are subject to disciplinary action. Even if the VA employee had good intentions in accessing or viewing the Veteran or employee information, such as to look up a home address to send a sympathy card, it is a privacy violation and disciplinary action may result.
- A VA employee may only access the health record of a Veteran in the performance of their official VA job duties. A Veteran may not give verbal or written authorization for their family member, who is also a VA employee, to access their health record for personal reasons. If a VA employee is officially part of the treatment team of a family member your facility should have a local policy (e.g., ethics, HR or include in the privacy policy) to addresses instances where there may be no other staff member to complete the job function related to the Veteran family members' care.

Unauthorized Use, Access or Disclosure of Personally Identifiable or Protected Health Information

The following are examples of unauthorized use and/or access that will result in appropriate disciplinary action:

- Accessing information outside the scope of your functional category.
- Checking your own health record for a purpose unrelated to your official VA duties. To obtain copies of your health records you must go through the Release of Information (ROI) office.
- Checking a co-worker's health record for employment-related purposes or for another purpose unrelated to your official VA duties even upon request of the co-worker.
- Checking a Veterans' health record, including family members' health records, even upon their request for personal reasons or a purpose unrelated to your official VA duties. This includes accessing the health record of a patient or family member who you are the personal representative of (i.e., caregiver).
- Checking Veteran's or employee's health records out of curiosity or at the request of your supervisor or others.
- Supervisors cannot access their employee Veterans' health records under the Privacy Act 5 USC 552a(b)(1), "need to know" for employment-related purposes or personal reasons.
- Removing PII/PHI from the facility without permission from supervisor/facility director.
- Repeating information to VA employees outside of your job responsibilities is a privacy violation. Examples include co-workers, unions, family members, and friends.

The following are potential disciplinary actions that may be taken by the supervisor with guidance from Human Resources:

- Reprimand being placed in personnel file,
- Suspension from job,
- Demotion, or job loss,

- Reporting to Department of Justice (DOJ) for civil or criminal prosecution, or
- Reporting to DOJ or Health and Human Services Office for Civil Rights (HHS)(OCR) for fines or imprisonment.

Functional Categories and Minimum Necessary Standard

| Department of Veterans Affairs | | Assignment of Functional Categories | |
|--|--|---|--|
| Employee's Name: | | Job Title: | |
| Department/Service Assigned: | | | |
| <p>If employee falls into more than one functional category listed below, access should be granted based on the less restrictive category to meet the need of an intended purpose.</p> <p>This table shows access or non access to PHI in regards to functional category, it does not show if a user needs access to their own System of Records in order to complete their job functions.</p> <p>Immediate Supervisor: Check off functional category, review with employee, obtain signatures, and maintain copy in the Supervisor's Personnel Files (RCS 10-1, 05-3) for the individual employee.</p> <p><input type="checkbox"/> Access or use of Protected Health Information (PHI) not required (EMS, Veterans Canteen Service, Mailroom Employees, etc.)</p> | | | |
| Functional Categories (Class of Persons) | Type of Protected Health Information Accessible | Allowable Systems of Records for Limited Access | Conditions for Access to Information |
| <input type="checkbox"/> Direct Care Providers | Entire Medical Record | | Treatment of Individuals |
| <input type="checkbox"/> Department of Veterans Affairs (VA) Researchers | Entire Medical Record including research records | | Activities as approved by an Institutional Review Board or Privacy Board; reparatory to research |
| <input type="checkbox"/> Indirect Care Providers | Entire Medical Record | | In support of treatment of individuals |
| <input type="checkbox"/> Business Office Administrative | Entire Medical Record | | In support of payment of individuals care |
| <input type="checkbox"/> Health Information Support Services | Entire Medical Record | | Assign diagnostic codes to transcribe, file, release information, and provide or input registry data |

VHA Directive 1605.02, Minimum Necessary Standard for Access, Use Disclosure, and Requests for Protected Health Information discusses the requirement for assignment of functional categories. HIPAA Privacy Rule mandates that VHA identify the persons, or classes of persons, who need access to PHI to carry out their duties, the types of PHI accessible, the allowable Systems of Records Notices for limited access and the primary conditions for access to PHI.

VHA personnel must be assigned a functional category by their supervisor upon initial hire, position change, and annually thereafter to review the applicability of access to PHI for their official job duties. Every employee is responsible for knowing and adhering to their functional category. **VA Form 10-0539, Assignment of Functional Categories** must be used to document the assignment of functional categories.

Employees and supervisors must sign and date the form annually.



APPLICATION FOR VOLUNTARY SERVICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The form is used to assist personnel of both voluntary organizations, which recruit volunteers from their membership, and the VA in the selection, screening and placement of volunteers in the nationwide VA Voluntary Service program. The volunteer program supplements the medical care and treatment of Veteran patients in all VA facilities.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under the authority of 38 U.S.C. 7405(a)(1)(D) and will be used in the selection and placement of potential volunteers in the VA Voluntary Service Program. The information you supply may be disclosed outside VA as permitted by law; possible disclosures include those described in the 'routine uses' identified in the VA system of records 57VA135 Voluntary Service Records-VA, published in the Federal Register in accordance with the Privacy Act of 1974. The routine uses include disclosures: in response to court subpoenas, to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities, to service organizations, employers and Unemployment Compensation Offices to confirm volunteer service, and to congressional offices at the request of the volunteer. Disclosure of the information is voluntary, however, failure to furnish the information will hamper our ability to arrange the most satisfactory assignment for you and the Department of Veterans Affairs.

NAME (Last, First, Middle Initial)

ADDRESS (Street, City, State and Zip Code)

DATE

TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

ORGANIZATION MEMBERSHIP(S) (Unit, Post, Chapter, if Affiliated)

ASSIGNMENT PREFERENCES

1. 2. 3.

SEX M F

EXPERIENCE AND TRAINING (Special Skills/Abilities)

RESTRICTIONS, LIMITATIONS OF SERVICE (Health Concerns, Medications, Allergies, etc.)

AVAILABILITY (Days and Times)

IN CASE OF EMERGENCY, PLEASE CONTACT (Name, Relationship, Phone Number)

Monetary Waiver: I hereby waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period. I understand that this waiver applies only to remuneration (compensation) for specific services rendered in the VA Voluntary Service (VAVS) Program and is not related to any other VA services or benefits to which I may be entitled. (NOTE: VA has entered into this agreement by the authority of 38 U.S.C. 7405(a)(1)(D). This agreement may be canceled by either party upon written notice.) I hereby accept the volunteer appointment(s) as outlined above.

Volunteer Signature

Date

I hereby appoint this applicant as a VA without-compensation employee subject to the provisions on this application. The above individual has been provided basic and assignment specific orientations which have been documented in the official volunteer folder located in the VA Voluntary Service Office.

VAVS Program Manager - Appointing Official Signature

Date

OFFICE USE ONLY

1. SUPERVISOR

2. SUPERVISOR PHONE NUMBER

3. ORIENTATIONS

4. UNIFORM

COMMENTS

NAME AND TITLE OF REVIEWER

DATE

NOTE TO STUDENTS AND PARENTS: The VA medical center is a federal building, and, as such, must be open to the public. Our employees, patients, and volunteers come from diverse backgrounds. Eligible Veterans are entitled to services offered by VA, even if they have had problematic incidents in their past - unless the law specifically disqualifies them. Our job is to provide care to Veterans and to protect our employees, patients, and volunteers as that care is provided.

STUDENT VOLUNTEER: If accepted, I agree to adhere to the policies and procedures of this VA healthcare facility and to respect the confidentiality of information pertaining to the patients and their treatment. If a patient, staff member, volunteer, and/or visitor is abusive, makes inappropriate gestures, advances, or conversation, that is in a manner which makes me feel uncomfortable, I will immediately inform my supervisor or a VAVS staff member.

Signature _____

Date _____

PARENT/GUARDIAN: The above named student has my consent as parent/guardian to serve as a Student Volunteer in this VA healthcare system. I have read the above agreement as signed by my student and understand their obligation to the program if they are accepted into the VAVS Student Volunteer Program. I also grant permission for my child to receive emergency medical treatment if injured while volunteering.

Signature _____

Date _____

NOTE: Completion of this application does not guarantee acceptance into this program.

Veteran's Rights



Lesson Objectives

In this module, you will learn about the rights granted to Veterans by the Privacy Act and the HIPAA Privacy Rule. When the Privacy Act and the HIPAA Privacy Rule are in conflict, the regulation that grants the Veteran the most rights is used.

VHA Directive 1605.01 Privacy and Release of Information is the policy that combines the requirements of the Privacy Act and HIPAA Privacy Rule and the other VA statutes in one place so that disclosures can be made with the appropriate legal authority.

Specifically, you will learn about the Veteran's right to:

- A Notice of Privacy Practices (NoPP),
- A copy of their own Protected Health Information (PHI),
- Request an amendment to health records,
- Request an Accounting of Disclosures,
- Request and receive confidential communications,
- Request restriction of use or disclosure of records, and
- File a privacy complaint.

These rights extend to the personal representative of a deceased individual (e.g. Executor of the Estate, Next of Kin). Employees must protect PHI about a deceased individual in the same manner and to the same extent as that of living individuals for as long as the records are maintained.

Notice of Privacy Practices (NoPP)



Department of Veterans Affairs
Veterans Health Administration
NOTICE OF PRIVACY PRACTICES

Effective Date September 30, 2022

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
OR DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION.
PLEASE REVIEW IT CAREFULLY**

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices. VHA may use or disclose your health information without your permission for treatment, payment and health care operations, and when otherwise required or permitted by law. This Notice outlines the ways in which VHA may use and disclose your health information without your permission as required or permitted by law. For VHA to use or disclose your information for any other purposes, we are required to get your permission in the form of a signed, written authorization. VHA is required to maintain the privacy of your health information as outlined in this Notice and its privacy policies. Please read through this Notice carefully to understand your privacy rights and VHA's obligations.

YOUR PRIVACY RIGHTS

Right to Review and Obtain a Copy of Health Information. You have the right to review and obtain a copy of your health information in our records. You must submit a written request to the facility Privacy Officer at the VHA health care facility that provided or paid for your care. The VHA Privacy Office at Central Office in Washington, D.C. does not maintain VHA health records, nor past military service health records. For a copy of your military service health records, please contact the National Personnel Records Center at (314) 901-0900. The Web site is <http://www.archives.gov/veterans/military-service-records/medical-records.html>.

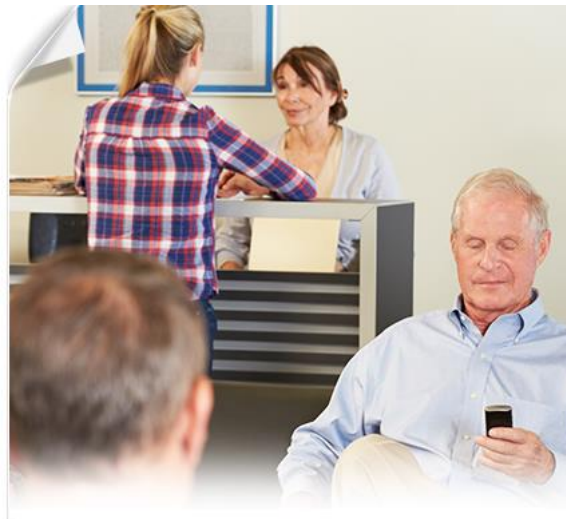
A Veteran or Non-Veteran receiving treatment has the right to receive a copy of the **VHA Notice of Privacy Practices (NoPP)**. All newly registered Veterans are mailed a Notice of Privacy Practices by the Health Eligibility Center (HEC). The VHA Privacy Office is responsible for updating the NoPP and ensuring Veterans are provided the NoPP every three years or when there is a significant change.

This notice includes the uses and disclosures of PHI by VHA, as well as, the Veteran's rights and VHA's legal responsibilities with respect to PHI. There is one NoPP for all of VHA.

A copy of the NoPP, as well as answers to questions about the NoPP, can be obtained from the Privacy Officer or at the following website:

<http://vaww.va.gov/vhapublications/publications.cfm?Pub=8>.

Right of Access



Veterans have a right to obtain a copy of their own health record or review their computerized health record in the VA Electronic Health Record system. A Veteran must **submit a signed written request** to the VHA health care facility where the records are maintained.

VA employees may not access their family members health records UNLESS it is in the performance of their official job duties. However, prior to accessing your family members health record or other records for official VA job responsibilities, VHA employees should consider having another VA employee with the same official VA job responsibility complete the task. (e.g., processing billing or coding your relative's record.)

VA employees should not be accessing their own Veteran health record in the VA Electronic Health Record system and should either obtain copies through the Release of Information (ROI) Office or through a MyHealtheVet or My VA Health account.

VHA employees should refer all requests from Veterans for copies of their records to the Release of Information (ROI) Office or to another appropriate office that has a mechanism in place to track those disclosures. Veterans requesting copies of their health records must always provide sufficient information to verify their identity (e.g., driver's license or other picture identification, sufficient identifiers with handwritten or electronic signature, if accepted), to ensure appropriate disclosure.

Clinical providers may provide a copy of health information to the patient at the Point of Care, without a written request, if it is for patient education purposes or discharge planning. If the Veteran is requesting their health information for any other purpose, they must submit a signed written request and be referred to the facility Release of Information (ROI) office.

VA employees should NOT be accessing their own Veteran health record.

Right to Request an Amendment



The Veteran has the right to request an amendment (i.e., correction, deletion, addition, replacement) to any information in their health record. The request must be in writing and adequately describe the specific information the Veteran believes to be inaccurate, incomplete, irrelevant, or untimely, and the reason for this belief.

The **written request** should be mailed or delivered to the VHA facility that maintains the record. Requests for amendments to health records should be directed to the facility Privacy Officer or Chief of Health Information Management Service (HIMS). Other VA employees, including health care providers, who authored or wrote the note in question may NOT process a Veteran's amendment request. This is due to legal requirements under both the Privacy Act and HIPAA.

The facility Privacy Officer or Chief, HIMS will contact the Authors of the record for the requested amendments from the Veteran and will work with the Authors so that a timely and legally compliant response is given.

The Veteran has the right to request an amendment to any information in their health record.

Right to an Accounting of Disclosures

Department of Veterans Affairs
COUNTING OF RECORDS/INFORMATION DISCLOSURE
UNDER PRIVACY ACT

| | |
|---|---|
| 1. FILE RECORD NO. (if applicable) | |
| 2. DATE OF DISCLOSURE | |
| 3. NATURE OF DISCLOSURE (include brief description of each type of disclosure and disclosure) | |
| 4. PURPOSE OF DISCLOSURE | |
| 5. NAME AND ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSURE IS MADE | 6. AUTHORITY FOR RELEASE OF INFORMATION (your authority or other authority) |
| 7. NAME AND TITLE OF VA EMPLOYEE MAKING THE DISCLOSURE | |

VA FORM 5672
JUN 2004
Addendum/Change

A Veteran may request a list of all written disclosures of information from their records. VHA facilities and program offices are required to keep an accurate accounting for each disclosure made to a party external to VHA. All requests for copies of health records **MUST** go through the Release of Information (ROI) Office as they use software that generates the mandatory accounting of disclosures. Requests for images, videos or X-ray films that are part of the health record may be processed by other areas within the facility, as long as the accounting of the disclosures is maintained.

An accounting **is not** required to be maintained in certain circumstances, including when the record is provided to VA/VHA employees who have a need for the information in the performance of their official VA duties, if the release is to the individual to whom the record pertains, or the release of information is pursuant to a FOIA request.

Entry of a Veteran by name or other identifier into a State Prescription Drug Monitoring program (SPDMP) is considered a disclosure that must be accounted for. The VA employee making the disclosure **must do** the accounting of disclosures; this can be done through creating a note in the VA Electronic Health Record system. Work with your VHA facility Privacy Officer or Chief of HIMS for additional guidance.

Electronic batch reporting by the IT system will capture the information needed to generate the accounting of disclosures retrospectively when requested.

Right to Confidential Communications



The Veteran has the right to request and receive communications confidentially from VHA by an alternative means or at an alternative location. VHA considers an alternative means to be an in-person request, and an alternative location to be an address other than the individual's permanent address.

VHA shall accommodate reasonable requests from the individual to receive communications at an alternative address entered in the Veterans Health Information System and Technology Architecture (VistA), a site for any of the five correspondence types below:

- Eligibility or enrollment,
- Appointment or scheduling,
- Co-payments or Veteran billing,
- Health records, and
- All other

Requests to send documents or correspondence to multiple addresses will be considered unreasonable and therefore denied (all or none to one address).

For Cerner Millennium sites, VHA shall accommodate reasonable requests from individuals to receive medications at an alternate mailing address.

Requests for confidential communications, in person or in writing, shall be referred to the appropriate office, such as eligibility or enrollment, for processing.

Right to Request a Restriction



The Veteran has the right to request VHA to restrict the use or disclosure of PHI to carry out treatment, payment, or health care operations. The Veteran also has the right to request VHA to restrict the disclosure of PHI to the next of kin, family, or significant others involved in the individual's care. This request must be in writing and signed by the Veteran.

A verbal request to a VA provider by a Veteran to restrict sharing of PHI is not a valid restriction request. In addition, documenting the request in the VA Electronic Health Record system, such as in a progress note, does not constitute a valid restriction request. However, if the Veteran is informing the VA provider that a family member is no longer involved in their care, a progress note would be appropriate to document the fact for informing other VA providers.

Notification to VA that a family member is no longer involved in the patient's care is not a restriction request, but rather a clarification that information should not be shared with the named family member outside the presence of the patient. For more information contact your facility Privacy Officer.

VHA **is not required** to agree to such restrictions, but if it does, VHA must adhere to the restrictions to which it has agreed unless VHA terminates the restriction.

VHA may terminate a restriction if VHA informs the individual, in writing, that it is terminating its agreement to a restriction and that such termination is only effective with respect to protected health information created or received after VHA has so informed the individual.

A request for restriction should be delivered to the facility Privacy Officer or designee for processing. Veterans should be notified in writing of the VHA facility's decision regarding the Veteran's restriction request.

The Veteran has the right to request VHA to restrict the disclosure of PHI to the next of kin, family, or significant others involved in the individual's care.

This request must be in writing and signed by the Veteran.

Right to Opt-Out of Facility Directory



A Veteran has the right to opt-out of the facility directory. The facility directory is used to provide information on the location and general status of a Veteran. Veterans must be in an inpatient setting in order to opt-out and thus it does not apply to the emergency room or other outpatient settings. If the Veteran opts out of the facility directory, no information will be given to a member of the public from the directory unless required by law. The Veteran will not receive mail or flowers. If the Veteran has opted out of the directory, visitors will only be directed to the Veteran's room if they already know the room number.

If the Veteran is admitted emergently and medically cannot give their opt-out preference, the provider will use their professional judgment and make the determination for the Veteran. This determination may be based on previous admissions, or by a family member who is involved in the care of the Veteran. When the Veteran becomes able to make a decision, staff is required to ask the individual their preference about opting out of the facility directory and change the opt-out decision, if necessary.

Right to File a Complaint



Patients have a right to file a complaint if they believe that VHA has violated their (or someone else's) health information, privacy rights or committed another violation of the Privacy or Security Rule.

A complaint can be filed by contacting one or more of the following:

- The VHA health care facility's Privacy Officer, where they are receiving care,
- The VHA Privacy Office,
- VA Office of Inspector General, or
- The U.S. Department of Health and Human Services, Office for Civil Rights

Uses and Disclosures of Information



Lesson Objectives

In this module, you will learn about the use and disclosure purposes for release of PHI within VA that do not require a written authorization from the Veteran.

Specifically, you will learn:

- Using or disclosing PHI for treatment, payment and/or health care operations (TPO),
- Disclosure of PHI without an authorization for other than TPO,
- Non-VA Law Enforcement
- Incidental Disclosures, and
- Systems of Records

Using or Disclosing PHI for treatment, payment, and/or health care operations (TPO)



VHA employees may use PHI on a need to know basis for their official job duties for purposes of **treatment, payment and/or health care operations**.

"Treatment" generally means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another.

"Payment" encompasses the various activities of health care providers to obtain payment or be reimbursed for their services and of a health plan to obtain premiums, to fulfill their coverage responsibilities and provide benefits under the plan, and to obtain or provide reimbursement for the provision of health care.

"Health care operations" are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment.

Use or Disclosure of PHI without an Authorization for other than treatment, payment, or health care operations



VHA may use PHI internally, without an authorization, in a number of situations for purposes other than treatment, payment, or health care operations (TPO), including quality improvement activities and gathering information for public health or abuse reporting. **VHA Directive 1605.01** outlines policy on how VHA may use PHI for purposes other than TPO.

For the purpose of determining a Veteran's eligibility, entitlement, and/or provision of benefits, VHA may disclose Veteran PHI to the following groups:

- Veterans Benefits Administration (VBA)
- National Cemetery Administration (NCA)
- Board of Veterans Appeals (BVA)
- VA contractors (as long as there is a business associate agreement in place)

Disclosure of PHI without an Authorization for other than treatment, payment, or health care options



There are also a number of situations where VHA may disclose information, without an authorization, for other than treatment, payment, or health care operations.

Examples of some of these include:

- Public Health Activities (e.g., giving information about certain diseases to government agencies)
- When Required by Law
- Quality Improvement Activities
- Abuse Reporting (e.g., giving information about suspected abuse of elders or children to government agencies)
- Law Enforcement
- Querying State Prescription Drug Monitoring Program (SPDMP)

For additional information and guidance, contact your Privacy Officer.



VHA may disclose individually-identifiable health information — **excluding 38 U.S.C. 7332 protected information** — to Federal, State, county, local, or Tribal law enforcement entities, agencies, authorities, or officials without individual authorization in the following cases.

- **Routine Reporting to Law Enforcement Entities.** Pursuant to Standing Written Request Letters, 38 U.S.C. 5701(f) and corresponding published routine use in VA Privacy Act system of records.
- **Specific Criminal Activity, 5 U.S.C. 552a (b) (7).** Disclosure is contingent upon a valid written request received from a law enforcement agency (e.g., Federal Bureau of Investigation, local Police Department) when such a request is for information needed in the pursuit of a focused (individual specific or incident specific) activity such as a civil or criminal law enforcement investigation authorized by law. The request must state that de-identified data cannot be used for the investigation.
- **Identification and Location of Individuals.** Disclosure may be made in response to a written request that meets the requirements of a specific criminal activity request discussed above.
- **Identification and Location of Missing Patients for Health and Safety Reasons.** Information would include name, height, weight, hair color, clothing when last seen, and a Veteran Health Identification Card (VHIC) photograph or other photograph, if available. Limited additional information may be disclosed where necessary to convey the urgency of the situation or to assist in handling the patient when located.
- **Serious and Imminent Threat to Individual or the Public.** The law enforcement agency must be reasonably able to prevent or lessen the serious and imminent threat and notification to the last known address of the individual to whom the information pertains is required.
- **Drug Enforcement Administration.** For the purpose of inspecting, copying, and verifying the correctness of records, reports, or other documents required to be kept or made,

the Drug Enforcement Administration (DEA) is authorized to enter controlled premises and to conduct administrative inspections.

An accounting of disclosure is required for all disclosures to any VA law enforcement entity unless there is an ongoing investigation and then the accounting is not required to be kept until the investigation is closed. For additional guidance, contact your facility or administrative Privacy Officer.

Incidental Disclosures



Many routine health care communications and practices play an essential role in ensuring that Veterans receive prompt and effective health care. Due to the nature of these communications and practices, as well as the various environments in which Veterans receive health care or other services from VHA, the potential exists for a Veteran's health information to be disclosed incidentally. For example:

- A hospital visitor may overhear a provider's confidential conversation with another provider or a patient.
- A patient may see limited information on sign-in sheets.
- A Veteran may hear another Veteran's name being called out for an appointment.
- A Veteran may see limited information on bingo boards or white boards.

These rights extend to the personal representative of a deceased individual (e.g. Executor of the Estate, Next of Kin). Employees must protect PHI about a deceased individual in the same manner and to the same extent as that of living individuals for as long as the records are maintained.

Many health care facilities providers and professionals have long made it a practice to ensure reasonable safeguards are in place for Veterans PHI. For instance:

- Speaking quietly when discussing a patient's condition with family members in a waiting room or other public area,
- Limiting the patient information or identifiers displayed on white boards in clinical treatment areas to the minimum information required for the treatment function.

- Avoiding using patients' names in public hallways and elevators, and posting signs to remind employees to protect patient confidentiality,
- Using Veterans Health Identification Cards (VHIC) when checking in the patient instead of asking for their SSN.
- Displaying information in treatment areas that are not viewable by the public, the following data elements can be displayed:
 - location (room/bed/department),
 - patient last name,
 - complaint,
 - comment,
 - provider/resident/nurse initials,
 - acuity (a number from 1-5),
 - number of unverified orders,
 - number of active orders/numbers of completed orders, and
 - elapsed minutes.

Patient name can be posted outside of the patient's room. Other data elements may be included if determined to be clinically relevant and limited to the minimum extent possible after consulting with the Facility Privacy Officer.

System of Records



A **Privacy Act System of Records (SOR)** is a group of records under the control of the agency from which information about an individual may be retrieved by the name of the individual or by some other unique identifier, such as full SSN, or unique symbol.

- An advance public notice known as the System of Records Notice (SORN) must be published prior to an agency collecting information for a new SOR.
- Publication in the Federal Register is required to provide an opportunity for interested persons to comment.
- One SORN that is familiar in VHA is 24VA10P2 — Patient Medical Records — VA.
- Within the SORN, there is a section describing routine use disclosure statements (RU), which is a term that is unique to the Privacy Act and means the disclosure of a record outside of VA for a reason compatible with the purpose for which the record was collected.
- Under the Privacy Act a "routine use" gives authority to allow for disclosure of a record outside of VA without a signed, written authorization from the record subject. A "Routine Use" has nothing to do with the internal use of records within VA.
- For additional information on a System of Records, contact your administration or VHA facility Privacy Officer.

NOTE: The VHA Privacy Office handles the creation of SORNs within VHA for publication.

For a list of all VHA systems of records, go to

<https://dvagov.sharepoint.com/sites/vacovetsprivacy/vhapo/Pages/SystemofRecords.aspx>. You

will only be able to access this address through the VA Intranet.

Authorization Requirements and Privacy of photographs, digital images, video and audio recordings, and Microsoft Office Applications



Lesson Objectives

In this module, will discuss the rules regarding authorizations, recordings and Microsoft Office Applications.

Specifically, you will learn about:

- Authorization Requirements,
- Privacy of photographs, digital images and video and audio recordings, and
- Use of Individually Identifiable Information in Microsoft Office Applications.

Definition of Authorization

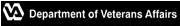
| Department of Veterans Affairs | | REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION | | | | | |
|--|--|---|---------------|---------------------------------------|--|------------|---------------|
| <p>PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of sections 2507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts, and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.</p> <p>The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 18 U.S.C. 5703 and 7132 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as "VA(1)02; Patient Medical Record - VA", "08VA05; Employee Medical File System Records (Title 38) VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify veterans and process (claiming or receiving) VA benefits and their records, and for other purposes authorized or required by law.</p> | | | | | | | |
| TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility) | | | | | | | |
| <table border="1"> <tr> <td colspan="2">LAST NAME- FIRST NAME- MIDDLE INITIAL</td> <td>LAST 4 SSN</td> <td>DATE OF BIRTH</td> </tr> </table> | | | | LAST NAME- FIRST NAME- MIDDLE INITIAL | | LAST 4 SSN | DATE OF BIRTH |
| LAST NAME- FIRST NAME- MIDDLE INITIAL | | LAST 4 SSN | DATE OF BIRTH | | | | |
| NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED | | | | | | | |
| <p>PURPOSE(S) OR NEED: Information is to be used by the individual for:</p> <p> <input type="checkbox"/> TREATMENT <input type="checkbox"/> BENEFITS <input type="checkbox"/> LEGAL <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> OTHER (Please specify) _____ </p> | | | | | | | |

An authorization as defined by the HIPAA Privacy Rule is **an individual's written permission for a covered entity to use and disclose protected health information (PHI).**

A written authorization signed by the individual to whom the information or record pertains is required when:

- VHA needs to use PHI for a purpose other than treatment, payment, or health care operations and other legal authority to use the PHI does not exist,
- VHA needs to disclose PHI for any purpose for which other legal authority does not exist, or
- VHA wants to conduct marketing.

Authorization Requirements

|  REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION | |
|--|-------------------------------|
| <small> PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of sections 2507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts, and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below. </small> | |
| <small> The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5703 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records identified as "VA/1897: Patient Medical Record - VA," 68VA02; "Employee Medical File System Records (Title 38) VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify veterans and process (claiming or receiving) VA benefits and their records, and for other purposes authorized or required by law. </small> | |
| TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Address of VA Health Care Facility) | |
| <input type="text"/> | |
| LAST NAME- FIRST NAME- MIDDLE INITIAL | LAST 4 SSN DATE OF BIRTH |
| <input type="text"/> | <input type="text"/> |
| NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED | |
| <input type="text"/> | |
| <small> PURPOSE(S) OR NEED: Information is to be used by the individual for: </small> | |
| <input type="checkbox"/> TREATMENT <input type="checkbox"/> BENEFITS <input type="checkbox"/> LEGAL <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> OTHER (Please specify) | |

If VA employees receive a request for PHI that is accompanied by a valid signed written authorization, disclosure should be made in accordance with the authorization. When an individual submits a valid signed written authorization every attempt to provide the disclosure should be made.

When a signed written authorization of the individual is required for use or disclosure of PHI, the authorization must contain each of the following elements to be valid:

- Be in writing,
- Identify the individual to whom the requested information pertains to,
- Identify the permitted recipient or category of recipients (e.g., health care providers) or user,
- Describe the information requested,
- Describe the purpose of the requested use or disclosure,
- Contain the signature of the individual whose records will be used or disclosed,
- Contain an expiration date, condition (e.g., satisfaction of a need) or an event,
- Include a statement that the patient may revoke the authorization in writing, except to the extent the facility has already acted in reliance on it, and a description of how the individual may revoke the authorization,
- Include a statement that treatment, payment, enrollment, or eligibility for benefits cannot be conditioned on the individual completing an authorization, and
- Include a statement that the information may no longer be protected from re-disclosure.

If any of the authorization requirements listed above have not been satisfied the authorization will be considered invalid. See VHA Directive 1605.01 for details on authorization content requirements.

There are some cases when a written authorization is not required such as when:

- PHI is used for treatment, payment, and/or health care operations (TPO), or
- Other legal authority exists.

If there are questions from VA employees on legal authority to make disclosures, your Privacy Officer should be contacted prior to making the disclosure.

Privacy of photographs, digital images, and video and audio recordings



VHA facilities must post obvious signage at each entrance of the facility clearly stating the local policy regarding photography, digital imagery, or video/audio recording in public areas.

VA Form 10-3203, Consent for Production and use of Verbal or Written Statements, Photographs, Digital Images, and/or Audio Recordings

- VA is not required to obtain consent on VA Form 10-3203 when a **personally identifiable** image, likeness, or recording is taken as part of the individual's treatment. VA must obtain consent when a personally identifiable image, likeness, or recording of a member of the VHA workforce is produced or used by VHA for official VA purposes. Some examples of activities for official purposes include but are not limited to certain education activities (e.g., development of educational brochures, face-to-face or virtual training videos and materials); biographies on web sites; communication; outreach, including promoting services using a patient or group photograph in facility newsletters, facility outreach programs, or social media; or preparation of publications. No personally identifiable image, likeness, or recording of members of the VHA workforce can be used by VHA unless the person gives written consent. **Except in the following circumstances:**
 - VA Form 10-3203 is not needed when staff communications using teleconferencing, video-conferencing, or other similar platforms are used for official purposes. However, if a teleconference or videoconference will be audio-recorded, notice should be provided at the beginning of the meeting. Consent is implied by the staff through their use of the capabilities and participation in the meeting.

- Participants of office functions, staff meetings or holiday parties should be told they may be subject to photography, imaging, or recording. A written consent form is not required.

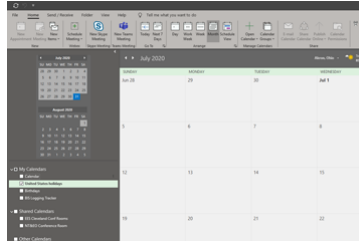
VA employees may not secretly take pictures or record conversations of anyone (e.g., Veterans, visitors, or coworkers) without consent from the other party.

VA Form 10-3203a, Informed Consent and Authorization for Third Parties to Produce or Record Statements, Photographs, Digital Images, or Video or Audio Recordings:

- Is required when a staff member or a Veteran is going to be interviewed by a third party, such as the Media.

See VHA Directive 1078, "Privacy of Persons Regarding Photographs, Digital Images, and Video or Audio Recordings" for additional guidance.

Use of Individually Identifiable Information in Microsoft Office Applications



Here are some common questions regarding Microsoft products.

Is patient-provider communication that contains PHI or PII acceptable over email?

The VHA Program Office makes the determination to allow communication between patient and provider using Azure RMS. Please reach out to the VHA Program Office to ensure patient provider communication is acceptable.

NOTE: For more information on Azure RMS, please contact your facility or administration.

Can VA employees' text a Veteran with appointment information?

- Generally, no. Text messaging is not secure. Therefore, no PII/PHI may be sent to a Veteran via text. However, if the Veteran has electronically agreed to participate in the VA texting program, VEText, it is permissible. Consult your Privacy Officer and ISSO with questions on texting.

Can VA employees email PHI to their personal email accounts?

- No, even with supervisory approval to use, process, transport, transmit, download, or store electronic VA sensitive information remotely outside of VA, it is a security and privacy violation when employees email PHI to their own personal email accounts (e.g., Gmail, yahoo) as this information is not considered secured when it leaves VHA even if sent encrypted using Azure RMS.

Is it acceptable to include PHI in the Outlook Calendar?

- No. MS Outlook Calendar controls were not designed to secure Personally Identifiable information or Protected Health Information (PII/PHI). The security controls provided with Outlook calendars only allow for items that you do not wish to be displayed to other users through a shared Outlook calendar to be marked as "Private" (using Microsoft Outlook "options" functionality setting).

However, you cannot rely on the Private feature to prevent others from accessing the details of the calendar items. Therefore, Veteran PII/PHI should not be placed in MS Outlook Calendar invites. A Veteran's last name or their last initial with the last 4 of their SSN on a Calendar for a clinical appointment is PHI.

Never use public electronic calendars, such as Google, MSN, AOL or Yahoo calendars, for VA business. Public electronic calendars are not VA-approved.

Can we share PHI in MS Teams?

- VA employees may utilize MS Teams meeting in the performance of their official VA job duties knowing that there is a guaranteed end-to-end encryption, including the sharing of sensitive information (PII/PHI), if allowed by their organizational policy. Only discuss or display PII/PHI via MS Teams with VA employees, contractors or other individuals who have authority to view or receive PII/PHI.

MS Teams group chats, individual chats, and video meetings are saved and will become official agency records covered by official record retention requirements. If users delete chat conversations or videos from MS Teams, that data is still maintained within Microsoft Office 365, and this data is all subject to discovery. It is important that you apply the same level of discretion to MS Teams content as you do to regular email per VA's Rules of Behavior.

Special Privacy Topics



Lesson Objectives

In this module, you will learn about several special privacy topics that have not been discussed in previous modules.

Specifically, you will learn about:

- Release of 38 U.S.C. §7332 Information
- Compensated Work Therapy (CWT)
- Subpoenas
- Logbooks
- Patient Wristbands
- Whistleblower
- Compliance
- Veteran Health Information Exchange (VHIE)
- Social Media and Privacy Considerations

Release of 38 U.S.C §7332 Protected Health Information

38 U.S.C. Section 7332 makes strictly confidential all VA records that contain the identity, diagnosis, prognosis or treatment of VA patients or subjects for drug abuse, alcoholism or alcohol abuse, infection with human immunodeficiency virus (HIV/AIDS), or Sickle Cell Anemia. This statute applies to information whether or not it is recorded in a document or a Department record. This statute continues to protect the information even after death of the VA patient or Veteran.

On June 6, 2018, 38 U.S.C. §7332 was amended to add paragraph (b)(2)(H)(i) and (I), which permits disclosure of treatment records regarding drug or alcohol abuse, HIV, or sickle cell anemia:

- (H)(i) To a non-Department entity (including private entities and other Federal agencies) for purposes of providing health care, including hospital care, medical services, and extended care services, to patients or performing other health care-related activities or functions.
- * * * (I) To a third party in order to recover or collect reasonable charges for care furnished to, or paid on behalf of, a patient in connection with a non-service connected disability as permitted by section 1729 of this title or for a condition for which recovery is authorized or with respect to which the United States is deemed to be a third party beneficiary . . .

This amendment alters how VHA may disclose 38 U.S.C. 7332-protected information for treatment and billing purposes. Treatment is the provision, coordination, or management of health care or related services by one or more health care providers (for example, physical examinations, diagnostic testing, prescribing, and filling medications). This includes the coordination of health care by a health care provider with a third-party, consultation between health providers relating to a patient and the referral of a patient for health care from one health care provider to another. See VHA Directive 1605.01, Paragraph 3. Definitions.

As a result of this amendment, disclosures of 38 U.S.C. 7332-protected information may be made to:

1. **Non-VA entities, including non-VA health care providers**, for the purpose of providing health care or treatment to patients without a signed, written authorization from the patient, and
2. **Third parties for reimbursement for costs of VA care**. With this amendment, there is now legal authority to make these disclosures pursuant to 38 U.S.C. § 7332(b)(2)(H)(i) and (I).

An authorization from the patient to disclose 38 U.S.C. 7332-protected information to a non-VA entity for treatment purposes is NOT necessary. However, an accounting of the disclosure is still required.

Release of 38 U.S.C §7332 Protected Health Information, continued

The following is a list of examples when 38 U.S.C. §7332-protected information cannot be disclosed without specific authorization such as a signed written authorization from the patient:

CANNOT BE DISCLOSED without specific authorization

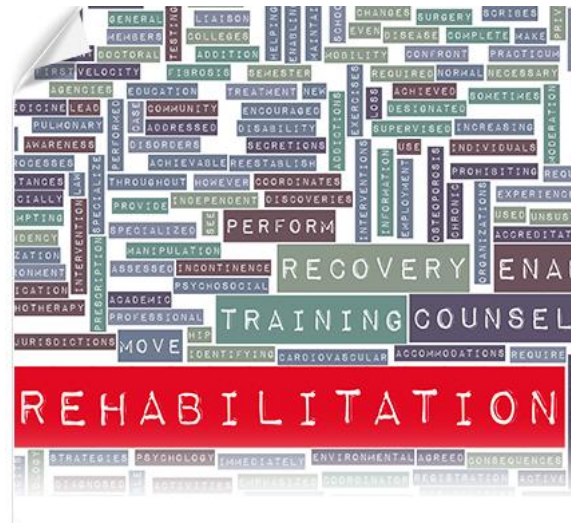
- Pursuant to a Subpoena - a subpoena cannot require VHA to disclose Privacy Act-protected records, unless the subpoena is signed by a judge making it a court order.
- In court orders, if there is 38 U.S.C. § 7332-protected information in the health record, a very specific court order will be required. Please consult your Chief Counsel.
- To officials of any criminal or civil law enforcement governmental agency charged under applicable law with the protection of public health or safety in response to a standing written request letter.
- To Federal, State, and/or local public health authorities, charged with the protection of the public health or safety pursuant to a standing written request letter or other applicable legal authority with the exception of HIV Reporting. Please consult your Privacy Officer.

The following is a list of situations where 38 U.S.C. §7332-protected information may be used or disclosed without a signed written authorization:

MAY BE DISCLOSED without a signed written authorization

- To VA employees in the performance of their official duties related to treatment, payment, health care operations or as legally authorized. See VHA Directive 1605.01.
- For health care oversight activities, a signed written request is not required and VHA may only disclose 38 U.S.C. § 7332-protected information to the VA OIG for health care oversight activities.
- VHA may disclose any PHI to non-VA medical personnel to the extent necessary to meet a bona fide medical emergency.
- To non-VA health care providers (e.g. physicians, hospitals, clinics, and nursing homes) for treatment purposes.
- For the purpose of health care referrals, to resident care homes, assisted living facilities, and home health services.
- To an insurance company for billing purposes.
- To a public health authority for HIV Reporting pursuant to a standing written request letter.
- To Organ Procurement Organization for organ donation purposes.
- To State Prescription Drug Monitoring Databases to report information on VA prescribed medications.

Compensated Work Therapy (CWT)



Compensated work therapy (CWT) program members are considered patients – **NOT EMPLOYEES** – therefore they cannot be given access to Veteran or patient PII/PHI. This includes computer systems and verbal or written access to PII/PHI. Appropriate placement for individuals enrolled in the CWT program should be in positions with no access to PII/PHI, which may include such areas as engineering, Acquisitions Material Management (AMM&S), groundskeeper, canteen/limited food service, and mail room as mail sorters.

If signed, written authorization is obtained from the Veteran or patient to permit sharing of PII/PHI with a CWT worker to perform a VA duty, then such Veteran or patient PII/PHI may be provided or accessed by the CWT worker. Without such authorization, VA employees should never share PII/PHI with CWT workers.

Subpoenas



A subpoena is a document issued by or under the auspices of a court seeking a release of records or requesting an individual give testimony before a court of law. Subpoenas may be signed by attorneys, clerks of the court or judges. Subpoenas are generally not sufficient to permit disclosure of VA records under the Privacy Act, 5 U.S.C. 552a.

A subpoena must be signed by a judge for it to have the weight of a Court Order to permit VHA to disclose Privacy Act protected records. VHA cannot accept subpoenas signed by an attorney or Clerk of the Court to authorize disclosure of VA records.

Your Privacy Officer and Chief Counsel must be notified in all cases where any personnel receive a court order to produce records, a subpoena for records or for their appearance in court.

Logbooks



Paper Logbooks contain a written list of patients with specific identifiers which is maintained over time. Employees should never keep paper logbooks. VHA Directive 1605.01, Privacy and Release of Information prohibits the use of physical (paper) logbooks **unless there is a specific law or regulation** that requires a paper logbook. Paper logbooks that are required by a law or regulation should be appropriately safeguarded, e.g., locked up when not in use, and converted to electronic once possible.

Electronic Logbooks should always be saved on the VA network.

- Use VA systems in an electronic format that can be encrypted, if possible.
- Use the least amount of VA sensitive information (PII/PHI) necessary in any log.

Patient Wristbands



Patient Wristbands should exclude information that changes or is no longer needed during treatment, including but not limited to clinical warnings, do not resuscitate (DNR) status, unit and room number.

VA medical facility staff members who are responsible for patient discharge must remove the patient wristband with blunt-tipped or safety scissors and destroy it at the time the patient is discharged or during the discharge process. A discharge note should be included stating that the patient wristband was removed or that the patient refused to have it removed.

For additional information about patient wrist bands please review VHA Directive 1605.06, Safeguarding and Disposing Patient Wristbands in VA Medical Facilities.

Whistleblower

In order to have legal authority for disclosure of protected health information and not violate any federal privacy law or regulation, a whistleblower, which is a member of the VA workforce or VHA business associate, who reasonably believes that VHA has engaged in conduct that is unlawful or otherwise violates professional or clinical standards or that the care, services, or conditions provided by VHA potentially endangers one or more patients, workers, or the public, may always disclose protected health information (PHI) to:

- A health oversight agency, such as VA OIG, Congressional Committees (e.g., House Veterans Affairs Committee and Senate Veterans Affairs Committee) and the Office of Special Counsel, authorized by law to investigate or otherwise oversee the relevant conduct or conditions of VHA,
- A public health authority authorized by law to investigate or otherwise oversee the relevant conduct or conditions of VHA; or
- An appropriate health care accreditation organization, such as The Joint Commission, for the purpose of reporting the allegation of failure to meet professional standards or misconduct by VHA.

An employee who is a whistleblower that discloses PHI to an entity other than those listed above will be considered to have made an unauthorized disclosure in violation of the Privacy Act, HIPAA Privacy Rule and VHA policy. Whistleblowers may never disclose information containing PHI to the media, a veterans' service organization, or any other member of the public. Such unauthorized disclosure can result in disciplinary action. For additional guidance contact your facility or administrative Privacy Officer.

Compliance



All VA employees shall comply with all Federal laws, regulations, VA and VHA policies. Employees shall conduct themselves in accordance with the Rules of Behavior that is signed on an annual basis, concerning the disclosure or use of information. The VA Rules of Behavior are delineated in VA Handbook 6500, "Risk Management Framework for VA Information Systems-Tier 3: VA Information Security Program," Appendix D.

Employees who have access to VHA records or VHA computer systems are instructed on an ongoing basis about the requirements of Federal privacy and information laws, regulations, VA and VHA policy. Employees' access or use of PHI is limited to the minimum necessary standard of information needed to perform their official job duties. See VHA Handbook 1605.02, "Minimum Necessary Standards for Protected Health Information" for additional guidance.

Furthermore, a VA employee who knowingly and willfully violates the provisions of 5 U.S.C. 552a (i) is guilty of a misdemeanor and can be fined not more than \$5,000 when the employee:

1. Knows that disclosure of records which contains individually identifiable information is prohibited and willfully discloses the information in any manner to any person or agency not entitled to receive it,
2. Willfully maintains records concerning identifiable individuals that have not met the Privacy Act notice requirements, or
3. Knowingly and willfully requests or obtains any record concerning an individual from VA under false pretenses. NOTE: This requirement only applies to persons who are not VA employees.

Violation of 38 U.S.C. 7332

Any person who violates any provision of 38 U.S.C. 7332 can be fined not more than \$5,000 in the case of a first offense, and not more than \$20,000 in any subsequent offense (38 U.S.C. 7332(g)).

Violation of HIPAA (42 U.S.C. 1320d-6)

Any person who knowingly violates the provisions of HIPAA by using a unique health identifier such as a social security number to obtain individually-identifiable information or discloses individually-identifiable health information to another person can be fined not more than \$50,000, imprisoned not more than 1 year, or both, unless:

1. The offense is committed using false pretenses, then the person can be fined not more than \$100,000, imprisoned not more than 5 years, or both; and
2. The offense is committed with the intent to sell, transfer, or use individually-identifiable health information for commercial advantage, personal gain, or malicious harm, then the person can be fined not more than \$250,000, imprisoned not more than 10 years, or both.

Disciplinary Actions

Disciplinary adverse actions (e.g., admonishment, reprimand, or termination) will be taken against employees who violate the Privacy Act, 38 U.S.C. 7332, and HIPAA Privacy Rule statutory provisions. Disciplinary actions will be instituted in compliance with VA Handbook 5021 Employee/ Management Relations. For more information please contact your Human Resources Service at your facility or at your Administration.

| | |
|--------------------------|--|
| NATURE OF OFFENSE | Violation of the Privacy Act, HIPAA or other laws, regulation and/or policy pertaining to information disclosure |
| 1st OFFENSE | REPRIMAND - REMOVAL |
| 2nd OFFENSE | 14 DAYS REMOVAL |
| 3rd OFFENSE | REMOVAL |

Veteran Health Information Exchange (VHIE)



Health information exchanges (HIEs) are a common tool used across the health care industry to improve continuity of care, reduce duplicative tests, and avoid clinical error when patients see health care providers from different practices or networks. The Veteran Health Information Exchange (VHIE) secure system eliminates the need to send paper medical records by mail, or for Veterans to carry records to appointments with non-VA or community providers.

VA seamlessly and securely shares Veteran health information with non-VA or community providers who are a part of the Veteran's care team. As of the passage of the MISSION Act of 2018, VHIE moved to an "informed Opt-Out Model" of electronic health information; where all Veterans were automatically opted-in for sharing their electronic health information unless they choose to opt-out. The VHIE Portal was then implemented to replace the Veterans Authorizations and Preferences (VAP) Portal and began sharing VA health information with DoD health information through Cerner via the "Joint Health Information Exchange (HIE)".

Veterans may opt-out of sharing by filing VAF 10-10164, Opt-Out of Sharing Protected Health Information Through Health Information Exchanges, or opt-back-in by completing VAF 10-10163, Request For and Permission to Participate in Sharing Protected Health Information Through Health Information Exchanges on paper or electronically through My HealtheVet at any time.

Choosing to opt out will not impact a Veteran's ability to access community care, and they can opt back in at any time.

Seamless, secure sharing via VHIE means a Veteran's care team will be able to:

- Better understand the Veteran's health history and be able to focus more time on what is important to the Veteran.
- Develop safe, more effective treatment plans.
- Work together to keep the Veteran safe and improve overall health.

For more information on VHIE visit <https://www.va.gov/vhie/>

Social Media and Privacy Considerations

VA endorses the secure use of Web-based collaboration tools to enhance communication, collaboration, information exchange, and citizen engagement; streamline processes; and foster productivity improvements, when it is done in accordance with applicable laws, regulations, and policies.

VA employees are not permitted to use or disclose information on Veterans, patients or their families that was gained in the performance of official VA duties for personal purposes or any purpose other than their official VA duties such as treatment, payment, health care operations and research.

Therefore, a VA employee may not look up a Veteran on Facebook or any other social media, as such actions may result in disciplinary action even if the only information disclosed or used was the name of the Veteran, patient or their family member.

When it becomes necessary to officially contact a Veteran, patient or their family member, VA employees generally shall not use social media outlets, e.g., Facebook, as an official mechanism for contacting these individuals.

Employee Names in Social Media

Names of VA employees are not private and are considered publicly available information. Therefore, if a VA employee looks up another VA employee using name only on Facebook or any other social media outlet it is not a privacy violation.

If a VA employee learns of other employees' home address, home phone number, personal email address, SSN and other information from VA employment records, such as the OPF, or VA health records and uses the information to look up the employee on Facebook or any other social media outlet, it is a privacy violation and may result in disciplinary action.

See VA Directive 6515, Use of Web-Based Collaboration Technologies and contact your local HR Officer for additional questions regarding employees.

Freedom of Information Act (FOIA)



Lesson Objectives

In this module you will learn about the elements of the Freedom of Information Act (FOIA). Specifically, you will learn about:

- Elements of the FOIA
- Agency Records
- Employee Responsibilities
- Who Can Make A FOIA Request?

Freedom of Information Act (FOIA)



The basic purpose of the Freedom of Information Act (FOIA) is "to ensure an informed citizenry, vital to the functioning of a democratic society, needed to check against corruption and to hold governors accountable to the governed." The FOIA establishes a presumption that records in the possession of agencies and departments of the executive branch of the U.S. Government are accessible to the people.

- FOIA is concerned with affording the **most disclosure** of information under law.
- The FOIA sets standards for determining which records must be disclosed and which records may be withheld.
- The law also provides administrative and judicial remedies for those denied access to records.



A FOIA request is a request for the production of documents and a valid FOIA request must be in writing and may be received by mail, by email, by hand or fax. Phone call for information are not FOIA requests. Requests made under the FOIA must reasonably describe the records being requested. If VA employees receive FOIA requests for any type of agency records they should be forwarded to the VHA facility's FOIA Officer.

Agency Records Are...

- Either **created** or **obtained** by an agency; **and**
- Under agency **control** at the time of the FOIA request.

Four factors for determining if an agency has "control" of the records:

- The intent of the record's creator to retain or relinquish control over the record.
- The ability of the agency to use and dispose of the record as it sees fit;
- The extent to which agency personnel have read or relied upon the record; and,
- The degree to which the record was integrated into the agency's records systems or files.

Employee Responsibility



The FOIA Officer will make all determinations regarding release of the requested records and employees must fully cooperate with the FOIA Officer in the handling of these requests.

Specific VA employee responsibilities include:

- Searching for agency records at the direction of the FOIA Officer
- Fully documenting the FOIA search efforts to include time spent searching, search terms utilized, and identification of systems or files searched
- Providing responsive records to the FOIA Officer in a timely manner. You cannot refuse to provide records to the FOIA Officer.
- Being accessible to the FOIA Officer for questions/clarifications
- Compiling fee estimates at the direction of the FOIA Officer

Employees should not contact a FOIA requestor. All communications with a FOIA requestor must be made by the VHACO or facility FOIA Officer.

You may find the appropriate FOIA Officer using the FOIA Officer Contact roster on the VA FOIA Homepage at <https://www.va.gov/foia/>.

Who Can Make a FOIA Request?



Virtually **ANYONE**, including:

- Private citizens
- Members of the media
- Members of Congress
- Corporations, associations, partnerships
- Foreign and domestic governments
- Unions
- Other federal employees, except when made in the official performance of their VA duties

Exceptions:

- Federal agencies may not use the FOIA as a means of obtaining information from other federal agencies
- Congressional oversight committees may not be denied information on the basis of a FOIA exemption
- Fugitives from justice when the requested records relate to the requestor's fugitive status

Exemptions



There are nine (9) exemptions that permit withholding of certain information from disclosure. It is the general policy of VA to disclose information from Department records to the maximum extent permitted by law.

There are circumstances, however, when a record should not or cannot be disclosed in response to a FOIA request. When such an occasion arises, the FOIA permits records or information, or portions that may be segregated to be withheld under one or more of the exemptions.

Summary



Congratulations! You have completed all six modules.



HIPAA Course Conclusion

This concludes the Privacy and HIPAA Focused Training for FY 2024.

For more information on Privacy and Release of Information, contact your facility Privacy Officer or Administration Privacy Officer.

For a copy of the text version of the training, please refer to the Supplemental Materials folder within the course page in TMS.

Thank you for your participation.

I Certify that I have completed 100% of the Privacy and HIPAA Focused Training.

Print Name

Signature

Date

FINGERPRINT REQUEST FORM

Bring with you two (2) original IDs (Identity Source Documents) from the list below
<https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>
 Complete all fields on this form to the best of your ability

Applicant Category: Check One

| | | | | | |
|--------------------------|-----------|--------------------------|------------|--------------------------|---|
| <input type="checkbox"/> | EMPLOYEE | <input type="checkbox"/> | CONTRACTOR | <input type="checkbox"/> | HEALTH PROFESSIONS TRAINEE (VHA intern, resident, fellow, student) |
| <input type="checkbox"/> | AFFILIATE | <input type="checkbox"/> | VOLUNTEER | <input type="checkbox"/> | OTHER: |

ENTER YOUR NAME EXACTLY AS IT APPEARS ON IDs

| | | | |
|---|---|-----------------------------------|--|
| <u>Name: (Last, First, Middle)</u> | | <u>Other Last Names Used</u> | |
| <u>SSN</u> (use of pseudo number is not permitted) | <u>Position Title</u> | <u>Telephone #</u> | |
| <u>Date of Birth: (mm/dd/yyyy)</u> | <u>City/State and Country of Birth</u> | | |
| <u>E-Mail Address</u> | <u>Country of Citizenship</u> | <u>Dual Citizen?</u> | |
| <u>VA Work Location</u> | <u>Organization (VHA, VBA, NCA, VACO, etc.)</u> | <u>Start Date</u> | |
| <u>Contractors Only: Company Name</u> | | <u>Company Address/Work Email</u> | |
| <u>Health Professions Trainees Only: School Name</u> | | <u>Training Program</u> | |

| | | | | | |
|-----------------------------|------------------------|--------------------------------------|-------------------|---|-----------------------|
| <u>FINGERPRINT LOCATION</u> | | <u>FINGERPRINT DATE (mm/dd/yyyy)</u> | | <u>PREVIOUS VA PIV CARD HOLDER (Yes/No)</u> | |
| <u>GENDER (M/F)</u> | <u>HEIGHT (inches)</u> | <u>WEIGHT (US pounds)</u> | <u>HAIR COLOR</u> | <u>EYE COLOR</u> | <u>RACE/ETHNICITY</u> |

Courtesy Prints for another Facility:
 Facility: Columbia SC VA Health Care System
 SOI# VAJ7
 SON# 1721

Fingerprint Results Cleared: YES NO (Circle One)
 Date/Initials of Clearance: _____

VA Center for Development & Civic Engagement (CDCE) Integrity and Compliance Awareness for Volunteers

The Importance of Compliance

- All VHA employees are required to act with integrity, understand and comply with the standards that apply to their work, and report suspected noncompliance, fraud, waste, abuse, and integrity concerns.
- Integrity is more than complying with the laws and regulations. It's being honest, genuine, and complying with the spirit, as well as the letter of the law.
- Acting with integrity and compliance helps build and protect Veteran's trust. This is important because the Veterans we serve fought hard for our freedom and deserve the best care available when they come home.

The Role of your Compliance Officer

- Help VA staff and leadership identify and manage compliance risks. They also help address issues such as non-compliant activity including fraud, waste and abuse, and unethical behavior.
- A trusted resource to guide and support compliance activities, clarify rules, regulations and laws and identify risk at all levels of the organization.
- Someone to call when you see something is wrong, non-compliant or unethical.
- Promote a culture of Integrity by maintaining ethical behavior in any situation and educating staff on how to do the same.

Supervisors are responsible for emphasizing the importance of integrity and compliance to the organization. They set the tone at the top and foster a safe environment in which employees can speak up to voice concerns without fear of retaliation.

- **Fraud** is intentionally misrepresenting a situation for personal gain.
- **Waste** is unintentionally misusing money or resources.
- **Abuse** is behaving improperly or unreasonably or misusing one's position or authority for gain.

Remember, no concern is too small, if you see something that seems wrong, here are some ways to **report it**:

- Discuss your concern with your supervisor.
- If you are not comfortable discussing the issue with your supervisor, contact a higher-level manager.
- Contact your organization's Compliance Officer.
- Call the Compliance Helpline toll free at **(866) VHA-HELP / (866) 842-4357**.

VHA's Code of Integrity is a resource centered around VA's ICARE values of Integrity, Commitment, Advocacy, Respect and Excellence and provides high-level guidance regarding a range of ethical conduct and concerns. It's not a new policy, it simply brings together several existing resources into one document.

By reviewing this content as part of my volunteer training within the Center for Development & Civic Engagement (CDCE), I certify that I understand that by serving as a Department of Veterans Affairs volunteer, I am responsible for adhering to and upholding laws, regulations, and agency policies.

| | | |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|



Building Legend

| | | | |
|----|---|------|-----------------------------------|
| 5 | Auditorium | 100 | Main Hospital, Medical & Surgical |
| 6 | Human Resources/ Home Based Primary Care | 100A | Women's Health |
| 7 | Warehouse | 103 | Community Living Center |
| 9 | Research VA | 103A | Community Living Center |
| 10 | Primary Care (Red) | 106 | Behavioral Health |
| 20 | Engineering Offices/Shops | 114 | MRI Building |
| 21 | Boiler Plant | 120 | OFF/OIF Freedom Health Center |
| 22 | Administration | 122 | Pain Clinic |