Health Services
LOS ANGELES COUNTY

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313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

DATE: _____

TO: _____

FROM: _____

NON-COUNTY ASSIGNMENT - BACKGROUND INVESTIGATION AND MEDICAL EXAMINATION

This is to advise you that your offer of an assignment with the Department of Health Services is contingent upon your successful completion of a background investigation and a health clearance.

Once these clearances are obtained, you will receive a start date for your assignment.

Acknowledgment:

My signature below certifies that I was advised of and understand the above requirements.

_____ _____
Signature Date

MH

c: Personnel File

www.dhs.lacounty.gov

County of Los Angeles - Department of Health Services
Human Resources

BACKGROUND INVESTIGATION POLICY

As part of its background review, the County of Los Angeles fingerprints all new hires, current County employees who transfer or promote to sensitive positions, and non-County personnel who work in sensitive positions. We receive criminal history information from the State of California Department of Justice (DOJ) Bureau of Criminal Identification and Information and the Federal Bureau of Investigation (FBI).

In addition, the Department of Health Services will not knowingly employ, contract with, retain, or purchase services or products from individuals or entities that are excluded or suspended from participating in federally-funded or State health care programs (e.g., Medicare, Medicaid, or Medi-Cal), nor can we allow staff who opt out of billing Medicare for services to provide services to DHS patients. DHS screens all staff upon hire and monthly against the exclusion/sanction databases as part of the background investigation process.

Failure to disclose criminal history information on the employment application or Information Sheet or willful non-disclosure of information related to exclusion or sanction from participating in federally-funded or State health care programs may constitute grounds for appropriate corrective action, up to and including, discharge or dismissal from County service or assignment.

Please be aware that throughout your employment/assignment with DHS, a criminal conviction, exclusion or suspension from a federally-funded or State health care program or opting out of Medicare will also constitute grounds for appropriate corrective action, up to and including, discharge or dismissal from County service or assignment.

Prospective Workforce Member Signature_____

Print Name _____

Date _____

02/02/16

STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev.

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

DEPARTMENT OF HEALTH SERVICES
Agency Authorized to Receive Criminal Record Information

06096
Mail Code (five-digit code assigned by DOJ)

5555 FERGUSON DRIVE
Street Address or P.O. Box

GLORIA ALVAREZ
Contact Name (mandatory for all school submissions)

COMMERCE — City
CA — State
90022 — ZIP Code

(323) 869-8242
Contact Telephone Number

Applicant Information:

Last Name

First Name — Middle Initial — Suffi

Other Name (AKA or Alias) Last

First — Suffi

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height — Weight — Eye Color — Hair Color

Billing Number
(Agency Billing

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City — State — ZIP Code

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City — State — ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency — LSID — ATI Number — Amount Collected/Billed

ORIGINAL - Live Scan Operator — SECOND COPY - Applicant — THIRD COPY (if needed) - Requesting Agency

COUNTY OF LOS ANGELES
Candidate Conviction History Questionnaire

Position Applying for: (Exact Title)			
Last Name Other Name(s) Used:		First Name	Middle Initial
Street Address		Apt. No.	Home Telephone Number
City	State	Zip Code	Alternate Telephone Number
E-mail Address			
Social Security Number:		Driver's License Number:	

IMPORTANT: You will be asked to submit a copy of this form each time you are being considered for a position. Please retain a copy for your records.

CONVICTIONS

Have you ever been convicted of any crime by any court, including a military court, except as provided in the box below? □**YES** □**NO**

If you responded NO, please sign and date the Certification of Applicant below.
If you responded YES, please read the following information, complete page 2, then sign and date the Certification of Applicant below.

The following convictions need not be disclosed:

Judicially Dismissed & Diversion

A. Any conviction that was judicially dismissed under Penal Code Section 1203.4
B. Any record regarding a referral to, or participation in, any pre-trial or post-trial diversion program
C. Any conviction where you have successfully completed a *"deferred entry of judgment"* program; if you are currently participating in a *"deferred entry of judgment"* program, you must disclose that conviction
D. A conviction where the Court has ordered the record sealed or dismissed

Juvenile Offenses

Any conviction while a juvenile (under 18 years old), unless the job announcement identifies particular convictions that must be disclosed for that particular classification or position, *regardless of age* when convicted. However, you must disclose convictions while a juvenile if tried or convicted as an adult.

Traffic Offenses

A conviction for a traffic offense that was less than $390.

Miscellaneous Offenses

Any conviction that is more than two years old and is for one of the following violations:

A. Health & Safety Code Section 11357(b) or (c) (possession of marijuana), or any statutory predecessor to that section
B. Health & Safety Code Section 11360(c) (transportation of marijuana), or any statutory predecessor to that section
C. Health & Safety Code Section 11364 (possession of drug paraphernalia), Section 11365 (presence in a place where a controlled substance is being used), and Section 11550 (use of a controlled substance) as they relate to marijuana prior to January 1, 1976, or any statutory predecessors to those sections

CERTIFICATION OF APPLICANT (please read carefully): I hereby certify that all statements made in this Candidate Conviction History Questionnaire are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement, regardless of when discovered, may result in my disqualification or dismissal from employment with the County of Los Angeles.

Date:_____ **Signature of Candidate:**_____

Please attach additional pages if necessary:

OFFENSE OR CASE NAME (Provide Penal Code or other code section if known)	***CONVICTION DATE (on or about)***	***WHERE VIOLATION OCCURRED (City, County, State)***	***SENTENCE & STATUS***

c: Official Personnel File

CRIMINAL HISTORY DISCLOSURE

FREQUENTLY ASKED QUESTIONS

1. **Q: Why am I being asked to report my conviction history?**

   A: Los Angeles County asks about a candidate's conviction history to decide whether it is compatible with the duties of the desired position and it helps the County determine each candidate's qualifications for employment.

2. **Q: What is considered a conviction?**

   A: A conviction includes a plea, verdict or other finding of guilt by a court, including a military court, even if no sentence was imposed.

3. **Q: If I have a past conviction, does that automatically prevent County employment?**

   A: In most circumstances, a conviction history does not automatically prevent County employment. Whether a conviction will prevent employment in a specific job depends on both the type of conviction and the job for which you applied. For some County jobs, depending on the type of work and the duties of the position, candidates with certain convictions may be prevented from working in those jobs. For example, if you have a DUI conviction you may be disqualified for a position that requires you to drive as part of the job, but that would not prevent you from qualifying for a position that does not require you to drive. However, please note that any candidate for County employment who has been convicted of workers' compensation fraud is barred from employment with the County of Los Angeles (County Code Section 5.12.110).

4. **Q: How does the County determine whether my conviction disqualifies me from the job?**

   A: Los Angeles County looks at conviction history on a case-by-case basis and evaluates several factors related to the conviction in determining whether the conviction would prevent someone from being hired. Those factors include, but are not limited to:

   - The nature and seriousness of the offense
   - The degree to which the conviction is related to the duties and responsibilities of the job
   - Age when convicted
   - How long ago was the conviction
   - Evidence of rehabilitation
   - Any other mitigating circumstances

5. **Q. What convictions must I disclose?**

   A. You must disclose all convictions by any criminal or military court, even if pardoned under California Penal Code Section 4852.16. However, there are certain exceptions listed in Question 6 below.

   Please Note: Candidates for positions as peace officers or for positions with a criminal justice agency (as defined in Penal Code Section 13101) are subject to different disclosure requirements. If you are a candidate for one of those positions, please consult with the designated Human Resources office.

6. **Q. Are there any convictions that I do not need to disclose?**

   A. It is not necessary to disclose the following information related to convictions:

   Expunged records
   It is not necessary to disclose any convictions that was expunged by a valid court order or that was judicially dismissed.

   An expungement of records occurs when a court orders the destruction/removal of arrest records or other court proceedings. A Penal Code, 1203.4 / 1203.4 (a) dismissal withdraws a previous verdict or plea of guilt or nolo contendere. The court then dismisses the charges against the person, and the person "shall thereafter be released from all penalties and disabilities resulting from the offense of which he or she was convicted."

   Diversion Programs
   It is not necessary to disclose information concerning a referral to and/or participation in any pretrial or post-trial diversion program.

   A diversion program is a program offered to certain offenders who qualify for participation as an alternative to prosecution. Participants receive coordinated assistance in personal and group counseling, drug and alcohol rehabilitation and other community agencies appropriate to their needs. Examples of this would be alcohol or drug counseling programs, or some other rehabilitative program like anger management counseling for domestic abuse situations.

   Juvenile Offenses
   It is not necessary to disclose any conviction while a juvenile (under 18 years old), unless the job announcement identifies particular convictions that must be disclosed for that particular classification or position, regardless of age when convicted.

Traffic Offenses
It is not necessary to disclose a conviction for a traffic offense that was less than $390.

Miscellaneous Offenses
It is not necessary to disclose any conviction for one of the following violations that is more than two years old:

A. Health & Safety Code Section 11357(b) or (c) (possession of marijuana), or any statutory predecessor to that section;

B. Health & Safety Code Section 11360(c) (transportation of marijuana), or any statutory predecessor to that section;

C. Health & Safety Code Section 11364 (possession of drug paraphernalia), Section 11365 (presence in a place where a controlled substance is being used), and Section 11550 (use of a controlled substance) as they relate to marijuana prior to January 1, 1976, or any statutory predecessors to those sections.

7. **Q. Does the County do a background check?**

A. All candidates placed in sensitive positions are fingerprinted and their prints submitted to the California Department of Justice and the Federal Bureau of Investigation. For some County jobs, a more extensive background check may be conducted.

8. **Q. How will the County use my conviction information?**

A. If you are made a contingent job offer, you will be asked to complete the Candidate Conviction History Questionnaire. As part of the background process, you will also be fingerprinted and your fingerprints will be submitted to the California Department of Justice and the Federal Bureau of Investigation who will provide information about your conviction history.

Once the County receives information about your conviction history, it is reviewed to determine whether the information you provided is consistent with what was obtained from the California Department of Justice and the Federal Bureau of Investigation. The County will also evaluate the information to determine whether there is a connection between any conviction and the job for which you are being considered. Each situation is evaluated on a case-by-case basis to determine if your conviction disqualifies you for the position sought. The factors considered in this evaluation are listed in the response to question 4 above.

9. **Q. What is a Live Scan?**

   A. Live Scan is the digitally-scanned fingerprinting process the County uses to obtain your fingerprints. Live Scan allows digitally scanned fingerprints and related information to be submitted electronically to the California Department of Justice and the Federal Bureau of Investigation.

10. **Q. What if I don't disclose a conviction that I am required to report?**

    A. Failure to include convictions on the Candidate Conviction History Questionnaire that you are required to disclose may be considered falsification and may cause the County not to select you for the job. If you are already appointed, failure to disclose convictions may lead to termination of your employment. Depending on the circumstances, it may also result in restrictions on future employment with the County.

Health Services
LOS ANGELES COUNTY

TO: Workforce Members (County/Non-County)

FROM: Human Resources Manager

SUBJECT: Photo Identification (ID) Badge

Please read the following procedures carefully, as specified in DHS Policy 940:

1. Your ID badge must be prominently displayed at all times while on duty on County premises. Personnel failing to display their ID badges shall identify themselves upon request to any employee.

2. It is your responsibility to report a lost/stolen ID badge within five (5) business days to the law enforcement agency having jurisdiction where the loss/theft occurred. You must sign an affidavit attesting to the fact that the ID badge was lost/stolen, and provide Human Resources with a copy of the police report along with the replacement cost of the ID badge. Copies of all documents will be filed in your official personnel file.

3. You are required to pay for the replacement of your ID badge if it is not returned or is lost, damaged, or destroyed due to personal negligence. Replacement fees for ID badge are as follows:

First Identification badge replacement:	$25.00
Second identification badge replacement:	$50.00
Third identification badge replacement:	$100.00

4. Your ID badge must be returned to your supervisor upon termination of employment/assignment. If it is not returned because it is lost/stolen, you must submit a copy of the police report and affidavit. If you do not submit either of the above, the payment of your accrued benefits may be withheld up to three (3) months.

   If you state that you have the ID badge but refuse to return it, the payment of your accrued benefits will not be issued until such time as the ID badge is returned.

5. Unauthorized use of your ID badge will be cause for severe disciplinary action which could include discharge from County service.

I have read the above procedures and agree to comply with them.

Print name: _____ Title: _____

Signature: _____ Emp# (if applicable): _____

Division/Agency/School: _____

Photographer's initials: _____ Date: _____

Orig: Employee Personnel File

ACKNOWLEDGMENT OF RECEIPT

PRIVACY AND SECURITY SURVIVAL TRAINING: PROTECTING PATIENT INFORMATION HANDBOOK

My signature on this form below confirms my receipt of this handbook, the DHS Notice of Privacy Practices (NPP) and the following DHS policies:

- 361.10, "Disciplinary Actions for Failure to Comply with Privacy Policies and Procedures;
- 361.23, "Safeguards for Protected Health Information (PHI);" and
- 935.20, "Acceptable Use Policy for County Information Technology Resources"

I acknowledge that I have read and been informed about the content, requirements and expectations of me as a DHS workforce member regarding confidential information.

I understand that if I have questions, at any time, regarding the access, use and/or disclosure of confidential information, I may consult with my immediate supervisor, the facility Privacy (or Information Security) Coordinator or DHS Privacy Officer or the DHS Information Security Officer.

I also acknowledge that I will complete the following online trainings: "Compliance Awareness Training" and "Privacy and Security Survival Training: Protecting Patient Information" within 60 days of my hire or assignment.

_____	_____	_____
Workforce Member Name (Print)	Workforce Member ID/Emp#	Date

_____

Workforce Member Signature

COUNTY OF LOS ANGELES
AGREEMENT FOR ACCEPTABLE USE AND CONFIDENTIALITY OF COUNTY'S INFORMATION TECHNOLOGY ASSETS, COMPUTERS, NETWORKS, SYSTEMS AND DATA

As a Los Angeles County, employee, contractor, vendor, or other authorized employee of County Information Technology (IT) assets including computers, networks, systems and data, I understand that I occupy a position of trust. I will use County IT assets for County management approved business purposes only and maintain the confidentiality of County's business and Citizen's private data. As an user of County's IT assets, I agree to the following:

1. Computer Crimes: I am aware of California Penal Code 502(c) – Comprehensive Computer Data Access and Fraud Act (attached). I will immediately report any suspected computer misuse or crimes to my Management.

2. Security Access Controls: I will not subvert or bypass any security measure or system which has been implemented to control or restrict access to computers, networks, systems or data. I will not share my computer identification codes (log-in ID, computer access codes, account codes, ID's, etc.) or passwords.

3. Approved Business Purposes: I will use the County's Information Technology (IT) assets including computers, networks, systems and data for County management approved business purposes only.

4. Online Web-based Document Sharing Services
   I will not use Online Web-based Document Sharing Services to collaborate with workforce members; to store and/or share DHS owned data.

5. Unauthorized Application or Software
   I will not download, install, or use any non-DHS approved application or software, such as Instant Messaging, Streaming Media, and Remote Access Services (e.g., LogMeIn, GoToMyPC).

6. Confidentiality: I will **not view, access, use or disclose** any County program code, data, information or documentation to any individual or organization unless specifically authorized to do so by the recognized information owner.

7. Computer virus and malicious code: I will not intentionally introduce any computer virus, worms or malicious code into any County computer, network, system or data. I will not disable or delete computer virus detection and eradication software on County computers, servers and other computing devices I am responsible for.

8. Offensive materials: I will not access or send any offensive materials, e.g., sexually explicit, racial, harmful or insensitive text or images, over County owned, leased or managed local or wide area networks, including the public Internet and other electronic mail systems, unless it is in the performance of my assigned job duties, e.g., law enforcement. I will report to my supervisor any offensive materials observed by me or sent to me on County systems.

Initial _____

9. Public Internet: I understand that the Public Internet is uncensored and contains many sites that may be considered offensive in both text and images. I will use County Internet services for approved County business purposes only, e.g., as a research tool or for electronic communication. I understand that the County's Internet services may be filtered but in my use of them I may be exposed to offensive materials. I agree to hold the County harmless should I be exposed to such offensive materials. I understand that my Internet activities may be logged, are a public record, and are subject to audit and review by authorized individuals.

10. Electronic mail and other electronic data: I understand that County electronic mail (e-mail), and data, in either electronic or other forms, are a public record and subject to audit and review by authorized individuals. I will comply with County and DHS e-mail use policy and use proper business etiquette when communicating over e-mail systems.

11. Copyrighted materials: I will not copy any licensed software or documentation except as permitted by the license agreement.

12. Passwords: **I understand that I am responsible for safeguarding my passwords for access to County information technology resources and am responsible for all transactions made using my password. I will not share my passwords or provide access to another individual using my password.**

12. Disciplinary action for non-compliance: I understand that my non-compliance with any portion of this Agreement may result in disciplinary action including my suspension, discharge, denial of service, and cancellation of contracts or both civil and criminal penalties.

CALIFORNIA PENAL CODE 502(c)
"COMPREHENSIVE COMPUTER DATA ACCESS AND FRAUD ACT"

Below is a section of the "Comprehensive Computer Data Access and Fraud Act" as it pertains specifically to this Agreement. California Penal Code 502(c) is incorporated in its entirety into this Agreement by reference and all provisions of Penal Code 502(c) apply. For a complete copy, consult the Code directly at website www.leginfo.ca.gov/.

502. (c) Any person who commits any of the following acts is guilty of a public offense:

(1) Knowingly accesses and without permission alters, damages, deletes, destroys, or otherwise uses any data, computer, computer system, or computer network in order to either (A) devise or execute any scheme or artifice to defraud, deceive, or extort, or (B) wrongfully control or obtain money, property, or data.

(2) Knowingly accesses and without permission takes, copies, or makes use of any data from a computer, computer system, or computer network, or takes or copies supporting documentation, whether existing or residing internal or external to a computer, computer system, or computer network.

(3) Knowingly and without permission uses or causes to be used computer services.

 Initial _____

(4) Knowingly accesses and without permission adds, alters, damages, deletes, or destroys any data, computer software, or computer programs which reside or exist internal or external to a computer, computer system, or computer network.

(5) Knowingly and without permission disrupts or causes the disruption of computer services or denies or causes the denial of computer services to an authorized user of a computer, computer system, or computer network.

(6) Knowingly and without permission provides or assists in providing a means of accessing a computer, computer system, or computer network in violation of this section.

(7) Knowingly and without permission accesses or causes to be accessed any computer, computer system, or computer network.

(8) Knowingly introduces any computer contaminant into any computer, computer system, or computer network.

(9) Knowingly and without permission uses the Internet domain name of another individual, corporation, or entity in connection with the sending of one or more electronic mail messages, and thereby damages or causes damage to a computer, computer system or computer network.

ACKNOWLEDGMENT:

I acknowledge that I have received and read the Department of Health Services' Policy No. 935.20, DHS Acceptable Use Policy for County Information Technology Resources and the County of Los Angeles Agreement of Acceptable Use and Confidentiality of County's Information Technology Assets, Computers, Networks, Systems and Data. I agree to abide by the provisions of the policy and the agreement. If I fail to comply with the policy and agreement, I will be subject to disciplinary action, up to and including discharge or release from assignment.

If I have any questions concerning the policy or agreement, I will discuss them with my supervisor.

Name (print):	Employee/Contractor ID No.:	Date:
Signature:	Job Title:	Department No.:
Supervisor Name (print)	Supervisor Signature:	Date:

DHS Policy No. 935.20 Rev 7/6/12

Initial _____

EMPLOYEE ACKNOWLEDGEMENT AND RECEIPT OF COUNTY POLICY OF EQUITY

I, _____, _____
Employee Name **Payroll Title**

acknowledge that I am expected to read, understand and adhere to the County Policy of Equity and have received a copy.

DATE: _____

DEPT: _____

EMPLOYEE SIGNATURE: _____

EMPLOYEE NUMBER: _____

Distribution:

1.) Original to Official Personnel File
2.) Record in Countywide Learning Management System (LMS)

Health Services
LOS ANGELES COUNTY

NEPOTISM POLICY ACKNOWLEDGMENT

THE DEPARTMENT OF HEALTH SERVICES' (DHS') POLICY NO. 708, NEPOTISM, REQUIRES ALL WORKFORCE MEMBERS TO KEEP THE DEPARTMENT APPRISED OF ANY PERSON WHO IS AN IMMEDIATE RELATIVE OR IN WHICH THE EMPLOYEE HAS A PERSONAL RELATIONSHIP THAT IS EMPLOYED BY THE COUNTY AND ASSIGNED TO DHS OR OTHERWISE HAS A CONTRACTUAL RELATIONSHIP WITH DHS. A WORKFORCE MEMBER MAY NOT SUPERVISE AN IMMEDIATE RELATIVE OR INDIVIDUAL WHO HAS A PERSONAL RELATIONSHIP WITH THE SUPERVISOR EITHER AS AN IMMEDIATE SUPERVISOR OR AS A HIGHER-LEVEL SUPERVISOR, EXCEPT AS OTHERWISE PROVIDED IN THIS POLICY.

THE WORKFORCE MEMBER COMPLETING THIS FORM ACKNOWLEDGES RECEIPT OF DHS POLICY NO. 708 AND HAS READ AND UNDERSTANDS THE DEFINITIONS OF IMMEDIATE RELATIVE AND PERSONAL RELATIONSHIPS AS SET FORTH THEREIN.

DO YOU HAVE IMMEDIATE RELATIVE(S) WORKING FOR THE DEPARTMENT OF HEALTH SERVICES? (Please √ one box).

☐ No If no, sign and date below.

☐ Yes If yes, complete the following information, sign and date below. (List all immediate relatives employed by/assigned to DHS).

NAME (Please Print – Last Name, First Name)	RELATIONSHIP	FACILITY AND UNIT/AREA

NOTE: **If more than two (2) relatives are employed/assigned to DHS, continue listing the information on the back of the form.**

I acknowledge that I have read the above policy and have provided the information to the best of my knowledge.

Print Your Name _____ Employee Number _____ Department Number _____

Signature _____ Date _____ Work Telephone Number _____

Manager/Supervisor Signature _____ Date _____

Distribution: Original-Human Resources, Copies: Employee and Area Files