COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

NEW EMPLOYEE ORIENTATION

POLICY CERTIFICATION

EMPLOYEE NAME (PRINT):	EMPLOYEE NUMBER:
PAYROLL TITLE:	BUREAU/PROGRAM/CENTER:

The following Board of Supervisors and/or Departmental policies website links have been provided to the employee:

1. **PROFESSIONAL LICENSES – Policy 600.08** http://file.lacounty.gov/SDSInter/dmh/1041794_600_08.pdf

   Employee holds all job-related licenses, registrations, certification, or other documentation required to perform the duties of the position. Such documentation is valid and in force. (Attach a copy of respective job-related license with this form.)

   Professional License/Registration/Certificate Number:_____Expiration: _____

   California Driver's License Number: _____Expiration: _____

2. **SOLICITATION AND CAPPING – Policies 608.3** http://file.lacounty.gov/SDSInter/dmh/1041880_608_03.pdf **and 608.4** http://file.lacounty.gov/SDSInter/dmh/1041881_608_04.pdf

3. **NEPOTISM – Policy 600.6** http://file.lacounty.gov/SDSInter/dmh/1041778_600_06.pdf

4. **OUTSIDE EMPLOYMENT – Policy 608.1** http://file.lacounty.gov/SDSInter/dmh/1041867_608_01.pdf

5. **CONFLICT OF INTEREST – Policy 608.2** http://file.lacounty.gov/SDSInter/dmh/1041325_608_02.pdf

6. **HARASSMENT – Policy 605.2** http://file.lacounty.gov/SDSInter/dmh/1041849_605_02.pdf

7. **VIOLENCE AND THREATS OF VIOLENCE BY DEPARTMENT OF MENTAL HEALTH (DMH) EMPLOYEES - Policy 605.4**
   http://file.lacounty.gov/SDSInter/dmh/1041851_605_04.pdf

8. **AGREEMENT FOR ACCEPTABLE USE AND CONFIDENTIALITY OF COUNTY'S INFORMATION TECHNOLOGY ASSETS, COMPUTERS, NETWORKS, SYSTEMS AND DATA – Board of Supervisors Policy 6.101 and CALIFORNIA PENAL CODE 502(c) "COMPREHENSIVE COMPUTER DATA ACCESS AND FRAUD ACT"**
   https://library.municode.com/ca/la_county__bos/codes/board_policy?nodeId=CH6INTE_6.101USCOINTERE

9. **USE AND DISCLOSURE of PROTECTED HEALTH INFORMATION REQUIRING AUTHORIZATION – Policy 500.01**
   http://file.lacounty.gov/SDSInter/dmh/1041332_500_01.pdf

10. **CLIENTS RIGHT to ACCESS MENTAL HEALTH INFORMATION – Policy 501.01**
    http://file.lacounty.gov/SDSInter/dmh/1041704_501_01.pdf

11. **PRIVACY PRACTICES NOTICE – Policy 502.01** http://file.lacounty.gov/SDSInter/dmh/1041710_502_01.pdf

12. **PRIVACY SANCTIONS – Policy 506.02** http://file.lacounty.gov/SDSInter/dmh/1041689_506_02.pdf

13. **SAFEGUARDS for PROTECTED HEALTH INFORMATION – Policy 508.01**
    http://file.lacounty.gov/SDSInter/dmh/1041447_508_01.pdf

14. **CLIENT RIGHTS to AMEND MENTAL HEALTH INFORMATION – Policy 501.06**
    http://file.lacounty.gov/SDSInter/dmh/1041707_501_06.pdf

15. **SECURITY INCIDENT REPORT and RESPONSE - Policy 552.01**
    http://file.lacounty.gov/SDSInter/dmh/1041728_552_01.pdf

16. **WORKSTATION USE and SECURITY – Policy 551.03** http://file.lacounty.gov/SDSInter/dmh/1041727_551_03.pdf

17. **DMH ACCEPTABLE USE for COUNTY INFORMATION TECHNOLOGY RESOURCES – Policy 556.01**
    http://file.lacounty.gov/SDSInter/dmh/1041695_556_01.pdf

18. **ACCESS to INTEGRATED BEHAVORIAL HEALTH INFORMATION SYSTEM USING AVATAR ELECTRONIC HEALTH RECORD SYSTEM – Policy 550.04** http://file.lacounty.gov/SDSInter/dmh/1041721_550_04.pdf

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19. **APPROPRIATE USE OF EMAIL FOR TRANSMITTING PHI AND/OR CONFIDENTIAL DATA – Policy 557.02**
http://file.lacounty.gov/SDSInter/dmh/1041735_557_02.pdf

20. **SECURITY AND INTEGRITY OF MANAGEMENT INFORMATION SYSTEMS (MIS) DATA – Policy 1200.01**
http://file.lacounty.gov/SDSInter/dmh/1042327_1200_01.pdf

21. **CODE OF ORGANIZATIONAL CONDUCT, ETHICS, AND COMPLIANCE**
http://file.lacounty.gov/SDSInter/dmh/1041453_COOC70110.pdf

22. **EMPLOYEES ABILITY TO PROVIDE GOODS AND SERVICES UNDER FEDERALLY FUNDED HEALTH CARE PROGRAMS – Policy 106.03** http://file.lacounty.gov/SDSInter/dmh/1041475_106_03.pdf
A signed copy of the Statement of Ability to Provide services Under Federally Funded Health Care Programs (112.4 Attachment I) must be attached with this form.

I certify that the website links for the policies listed above have been provided to me as of this date and that I have read this form. Further in accordance with DMH Policy 106.03, I am able to bill Medi-Cal/Medicare to the best of my knowledge and belief, if applicable to my position. I also understand that I must report immediately any change in my licensure status from what is shown above.

EMPLOYEE SIGNATURE:_____ **DATE:** _____