

## THE QUEEN'S HEALTH SYSTEMS

### SANCTION / EXCLUSION CERTIFICATION (Individual)

I, \_\_\_\_\_, hereby certify under penalty of perjury, that:

1. I have never been convicted of any criminal offense related to the delivery of an item or service under Medicare, Medicaid, TRICARE, or any other government health care program.
2. I have never had a civil money penalty assessed against me pursuant to 42 U.S.C. § 1320a-7a or 42 U.S.C. § 1320a-8.
3. I have never been excluded from participation in Medicare, Medicaid, TRICARE, or any other governmental health care program.
4. I will notify the QHS or Unit Compliance Officer or the Chief Executive Officer of The Queen's Health Systems immediately if I am charged with an offense that may be related to the provision of items or services under Medicare, Medicaid, TRICARE, or any other governmental health care program, or to controlled substances.
5. I will notify the QHS or Unit Compliance Officer or the Chief Executive Officer of The Queen's Health Systems immediately if I receive notice by any means (written or oral) that:
  - A. I am proposed for exclusion or sanction by the Office of Inspector General of the United States Department of Health and Human Services (OIG) or any governmental health care program; or
  - B. I am under investigation by the OIG or any law enforcement agency with respect to the provision of items or services under Medicare, Medicaid, TRICARE, or any other governmental health care program.

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

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

Title: \_\_\_\_\_

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

## THE QUEEN'S HEALTH SYSTEMS

### QHS Workforce Confidentiality Statement

The Queen's Health System (QHS) has a legal and ethical responsibility to protect the privacy and security of patient health information. QHS also must protect the privacy and security of its business information and resources. As an employee/volunteer/temporary worker at The Queen's Health System (QHS), I may have access to confidential patient and/or business information. By signing this agreement, I agree to the following:

- A. Confidential information includes the following information, whether in written, verbal or electronic form:
- Patient care information (medical, billing and demographic)
  - Employee/volunteer/physician information (pay rates, personnel records, disciplinary actions, peer review, etc.)
  - QHS business information (financial and statistical records, strategic plans, internal reports, memos or contracts, proprietary computer programs and technology, etc.)
  - Third party information (client, business associate, vendor proprietary information and technology)
- B. I will access/use confidential information only to the extent needed to perform my job or duty.
- C. I will not disclose or discuss any confidential information with others, including family, friends or other employees, who do not have a need to know. I understand that confidential information may only be released to individuals outside the hospital by authorized QHS employees.
- D. I will guard confidential information appropriately. This includes, but is not limited to, keeping the information secure, private, and out of public viewing, not sharing my passwords or access cards, logging off when leaving a work station, not discussing patient-specific issues in public areas such as elevators, and using appropriate disposal methods for confidential information, etc.
- E. I will report activities of any person that I suspect may not be keeping the privacy or security of confidential information. I understand that such reports can be made to my manager or supervisor, or anonymously to the Queen's Compliance Hotline at 1-800-246-2768.
- F. I understand that my obligations under this agreement continue even after I leave QHS.
- G. I understand that if I allow or participate in the inappropriate access/use or release of confidential information I may be subject to disciplinary actions which may include, but is not limited to, suspension or termination of my employment and/or relationship with QHS. I understand that I, my employer, and/or QHS, could be sanctioned both with civil monetary penalties and possible criminal charges for such violations.
- H. I agree to comply with all state and federal laws and QHS policies and procedures applicable to the access/use/release of confidential information.

My signature below indicates that I have read, understand and agree to abide by the terms of this statement.

Signature: \_\_\_\_\_ EE# \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Dept: \_\_\_\_\_