



Abuse Reporting/Confidentiality/Restraint Statements

KAISER PERMANENTE®
Graduate Medical Education
Sacramento Valley

Please Print and Sign

Last Name: _____ First Name: _____ Provider #: _____

MEDICAL RECORDS NOT FOR PERSONAL USE STATEMENT

Patient records may not be requested by Kaiser employees for personal use or the personal use of any person. All employees are subject to the same restrictions as other patients with regard to their own personal medical records.

Employees must follow local procedures established under AB-610 to review and/or copy their own medical records. Medical records, by definition, include laboratory, EKG, X-Ray, and other diagnostic reports (even if the reports are not physically located in the medical record).

Employees are not to secure their own medical records to process any request for their own care or services. Employees must notify their immediate supervisor if their medical records, or the medical records of an immediate family member, are required in the department for which they work.

Any violation of this policy shall constitute grounds for severe disciplinary action, including possible termination of the offending employee.

I have read and understand the significance of this policy

Employee Initials

Date

CHILD ABUSE REPORTING STATEMENT

California law requires that employees hired as medical practitioners or non medical practitioners after January 1, 1985 acknowledge that they understand the reporting requirements of Section 11166 of the California Penal Code: "Section 11166 of the Penal Code requires any child care custodian, medical practitioner, non medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident." Your department chief or supervisor should be notified whenever you believe you may be required to report suspected child abuse.

I acknowledge that I have read and understand the provisions of Section 11166 quoted here and will comply with its provisions.

Employee Initials

Date

ELDER AND DEPENDENT ADULT ABUSE REPORTING STATEMENT

California Welfare and Institutions code Sections 15630-15633.5 and 15610 require that all employees of Kaiser Permanente Medical Center be provided with the following statement. Any mandated reporter or care custodian (any employee) including support and maintenance staff who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse or neglect, (including self-neglect), or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect shall report the known or suspected instance of abuse by telephone

immediately or as soon as practically possible, and by written report (SOC 341) sent within two working days to the appropriate agency. The terms 'elder' and 'dependent adult' include persons aged 18 or over receiving treatment as an inpatient of a hospital. Your department chief or supervisor should be notified whenever you believe you may be required to report suspected abuse.

I certify that I have read and understand this statement and will comply with my obligations under the abuse reporting law.

Employee Initials

Date

DOMESTIC VIOLENCE REPORTING STATEMENT

California State Law (Health and Safety code Section 1259.5) requires that a care provider know how to identify and handle patients whose injuries or illnesses are attributable to spousal or partner abuse by:

- Identifying through routine screening spousal or partner abuse among patients;
- Document patient injuries or illnesses attributable to spousal or partner abuse;
- Advising patients exhibiting signs of crisis intervention services that are available either through the hospital or through community-based intervention and counseling services; and
- Providing patients with information on domestic violence and a referral list of private and public community agencies that provide or arrange for the evaluation and care of persons experiencing spousal or partner abuse, including hot lines, shelters, legal services, and information about temporary restraining orders.

Your department chief or supervisor should be notified whenever you believe you may be required to report suspected domestic violence.

I acknowledge that I have read and understand the provisions of Section 1259.5 quoted above and will comply with its provisions.

Employee Initials

Date

RESTRAINT MANAGEMENT (Direct Patient Care Only)

The policy of Kaiser Permanente Medical Care Program is to consider patient rights and maintenance of patient dignity and well being when considering the use of restraints. Included in this policy is limitation of the use of restraints to situations when they are deemed clinically appropriate and adequately justified. Preventative or alternative methods of working with patients will be encouraged in order to reduce restraint use. A physician order, except in an emergency situation will be obtained for each restraint episode. Patients in restraints must be observed every 15 minutes to assure their safety and must be assessed every 2 hours for restriction of circulation, respiration, skin integrity, toileting, and fluid status.

I acknowledge that I have read and understand the significance of this policy and agree to abide by it.

Employee Initials

Date

EMPLOYEE RIGHT NOT TO PARTICIPATE

All employees have the right to request not to participate in the following aspect(s) of patient care due to a conflict with cultural values, ethics, or religious beliefs (1) Abortion Procedures; (2) Blood Transfusion Procedures; (3) Organ Transplant Procedures; or (4) Withholding Treatment.

I acknowledge that I have read and understand the significance of this policy and agree to abide by it.

Employee Initials

Date