



Checklist of Documents from Student, Resident, or Intern with Preliminary Approval for Placement

*The individual below seeks a placement at Neighborhood Health as part of their clinical training. The individual's academic institution must email the completed, signed Required Attestation from Academic Institution form to administrative.assistant@neighborhoodhealthtn.org. Only at that point should the individual below email administrative.assistant@neighborhoodhealthtn.org for an appointment to (a) hand-deliver copies of **all** the documents itemized below and (b) complete the required training.*

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:
Gender Identity (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):	Email:

- This Checklist
- Completed Emergency Contact Form
- Copy of completed Placement Application (even if submitted electronically)
- Copy of application question responses (even if submitted electronically)
- Copy of resume (even if submitted electronically)
- Proof of current health insurance
- Health and immunization record including:
 - TB skin test within the last calendar year
 - Hepatitis B series (completed) or titer
 - Measles immunization or titer
 - Mumps immunization or titer
 - Rubella immunization or titer
 - Varicella immunization or titer
 - Meningococcal immunization or titer (if the student is less than 22 year of age)
 - TDAP immunization within the past 10 years or proof of booster
 - Flu shot within the previous 12 months
- Copy of driver's license or other government-issued identification
- Copy of ID badge from the academic institution
- Completed IT Form
- Signed and dated Statement of Agreement
- Signed and dated Confidentiality Policy
- Completed Pre-Orientation Quiz
- Completed Required Attestations from Academic Institution form

- ❑ Copy of current affiliation agreement with the institution (this requirement does not apply to medical students and medical residents of Meharry Medical College and Vanderbilt University School of Medicine and counseling students of Lipscomb University).
- ❑ Proof of required malpractice coverage through your institution (this requirement does not apply to medical students and medical residents of Meharry Medical College and Vanderbilt University School of Medicine and counseling students of Lipscomb University).

Note: It is the student's responsibility to provide all hard copies of all documents at the same time: the Administrative Assistant shall **not** accept any incomplete packets under any circumstances. If the student is missing any document or needs to make copies, the Administrative Assistant shall return all information and refer the student to a local FedEx/Kinkos, Staples, or other copy center. Likewise, Neighborhood Health will not provide student with printed copies of the policy booklet; the student is expected to have printed and read the policy booklet and bring it with him or her.



Neighborhood Health

Non-Employee Emergency Contact Form

Date of Update: _____

Name: _____ Job Title: _____

Preferred Name: _____ Home Email: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Alternate Contact Number: _____

Date of Birth: _____ Gender: Female Male

Emergency Contact Information

Name of Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Best Contact Number: _____ Alternate Contact Number: _____

Email: _____

Name of Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Best Contact Number: _____ Alternate Contact Number: _____

Email: _____



Placement Application for Students, Residents, and Interns

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:
Gender Identity (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):	Email:
Race/Ethnicity (optional): <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Latinx/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other		

Institutional Affiliation (no online programs permitted except for Frontier Nursing University)

- | | |
|---|--|
| <input type="checkbox"/> Meharry Medical College:
<input type="checkbox"/> Vanderbilt School of Medicine:
<input type="checkbox"/> TSU Nurse Practitioner student:
<input type="checkbox"/> Vanderbilt Nurse Practitioner student:
<input type="checkbox"/> _____ Nurse Practitioner student:
<input type="checkbox"/> Belmont pharmacy student
<input type="checkbox"/> Lipscomb counseling student
<input type="checkbox"/> _____ behavioral health student:
<input type="checkbox"/> Medical Assistant externship
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Medical Student <input type="checkbox"/> Medical Resident
<input type="checkbox"/> Medical Student <input type="checkbox"/> Medical Resident
<input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych
<input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych
<input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Women <input type="checkbox"/> Psych
<input type="checkbox"/> Seeking LPC <input type="checkbox"/> Seeking LMSW |
|---|--|

Semester

- Fall: _____
 Spring: _____
 Summer: _____
 Other: _____

Days and Times of Proposed Placement

- | | | |
|-------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Saturday: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |

Total hours sought during placement:

Application Questions (does not apply to medical residents)

1. Do you intend to spend at least 5 years of your career after completing your studies working for a community health center or other outpatient provider that primarily serves the uninsured and underserved? Yes No If yes, briefly describe your plans.

2. How would you ensure your placement would materially advance Neighborhood Health's mission in the near-term? Please be as specific as possible.

3. How would you support and advocate for the mission of Neighborhood Health on an ongoing basis after your rotation or internship? Again, please be as specific as possible.

Please attach your responses and resume with this form.

Important Notices to Applicants

By submitting a Placement Application, you understand and agree Neighborhood Health has sole and exclusive discretion to grant and withdraw placement opportunities. You should not assume your application constitutes any approval for any placement. Until Neighborhood Health approves your placement in writing, you should continue to pursue other options.

Further, you understand if Neighborhood Health provides you preliminary or full approval for a placement:

- Neighborhood Health may terminate your placement at any time for any reason and without any advance notice to you or to your institution.
- You will be bound by all of Neighborhood Health's policies and procedures, including but not limited to those described in the "Policy Booklet for Students, Residents, and Interns with Onsite Placements" and Neighborhood Health's "Standards of Conduct." You hereby confirm you have received, read, and understand these documents. Further, you agree you will strictly adhere to these and all of Neighborhood Health's policies and procedures.
- Prior to the start date of your placement you must complete specific trainings on topics including but not limited to:
 - Life Safety: <https://youtu.be/BNTq9WAGhzo>
 - Infection Control: <https://youtu.be/DwpV1VWQANM>
 - HIPAA: <https://youtu.be/ok7BTXhKr50>
 - Title VI: https://www.youtube.com/watch?v=MU_SfdA6E5w
- You are not and will not be an employee, agent, or contractor of Neighborhood Health as a result of a placement. You are not and will not be entitled to monetary compensation or employee benefits, including worker's compensation benefits, during your placement at Neighborhood Health.
- You neither have now nor will have during the placement any expectation of privacy while onsite at Neighborhood Health in your belongings, your vehicle, and your other personal property you bring onsite. Further, you freely consent to any searches that Neighborhood Health in its exclusive discretion may deem necessary.
- You shall indemnify and hold harmless Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney's fees), which directly or indirectly arise out of performance here by Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns.

Your submission of a Placement Application to Neighborhood Health acknowledges your understanding of and express agreement to these conditions.



615 227 3000 | NeighborhoodHealthTN.org

Replace this page with:

Application question responses (even if submitted electronically)



615 227 3000 | NeighborhoodHealthTN.org

Replace this page with:

Copy of resume (even if submitted electronically)



615 227 3000 | NeighborhoodHealthTN.org

Replace this page with:

Proof of Current Health Insurance

Replace this page with:

Health and immunization record including:

- TB skin test within the last calendar year
- Hepatitis B series (completed) or titer
- Measles immunization or titer
- Mumps immunization or titer
- Rubella immunization or titer
- Varicella immunization or titer
- Meningococcal immunization or titer (if the student is less than 22 year of age)
- TDAP immunization within the past 10 years or proof of booster
- Flu shot within the previous 12 months



615 227 3000 | NeighborhoodHealthTN.org

Replace this page with:

**Copy of driver's license or other government-issued
identification**



615 227 3000 | NeighborhoodHealthTN.org

Replace this page with:

Copy of ID badge from the academic institution



NextGen/ IT New User Authorization Form

Last Name: _____ First Name: _____

Title: _____ Location: _____

Start Date: _____ End Date (if student, resident or temporary): _____

Supervisor signature: _____

DEA Number (if applicable): _____ Distribution List(s): _____

Equipment Requested:

Windows/System Access Level:

Laptop _____
Phone _____
Other (Please Specify below) _____

NH Employee _____
Read Only (typically students) _____
ReadWrite (typically residents) _____

Additional Notes: _____

Provider signature for NextGen:

Providers: please sign within one of the boxes below being sure to include your credentials and print your name with credentials underneath. Ensure that you do not sign out of the box or cross over any of the lines, causing the scanned copy to be sloppy. Black gel ink is the most visible when scanned.

Provider Name: (Please Print)	Provider Name: (Please Print)
--	--

NH Network:

Username: _____

Password: _____

Email address: _____

NextGen:

Username: _____

Password: _____

If you have any questions regarding this form, please contact the IT department at 615-227-3000 EXT. 1041, 1751



Statement of Agreement of Student, Resident, or Intern Seeking Onsite Placement at Neighborhood Health

By initialing beside **each** blank and **also** signing and dating this two-page form, I freely and expressly agree that if Neighborhood Health approves and I accept a placement:

_____ Neighborhood Health may terminate my placement at any time for any reason and without any advance notice to me or to my institution.

_____ I am bound by all of Neighborhood Health's policies and procedures, including but not limited to those described in the "Policy Booklet for Students, Residents, and Interns with Onsite Placements" and Neighborhood Health's "Standards of Conduct." I confirm I have received, read, and understand these documents. Further, I will strictly adhere to these and all of Neighborhood Health's policies and procedures.

_____ I state under penalty of law I have watched the required training presentations on:

- Life Safety: <https://youtu.be/BNTq9WAGhzo>
- Infection Control: <https://youtu.be/DwpV1VWQANM>
- HIPAA: <https://youtu.be/ok7BTXhKr50>
- Title VI: https://www.youtube.com/watch?v=MU_SfdA6E5w

_____ I know I must receive a separate, site-specific life safety and infection control orientation at each and every Neighborhood Health location at which I am placed or rotate. The orientation will include information about the physical location of each of the following:

- All exits
- Evacuation route(s)
- Fire extinguisher(s)
- Fire alarm(s)
- AED equipment
- Emergency kit
- Eyewash station(s)
- Emergency Action Plan (EAP)
- SDS

I state under penalty of law I will not begin my placement at any location until I have completed the site-specific orientation for that site.

_____ I am not and will not be an employee, agent, or contractor of Neighborhood Health as a result of this placement. I am not and will not be entitled to monetary compensation or employee benefits, including worker's compensation benefits, during my placement at Neighborhood Health.

_____ I neither have now nor will have during my placement any expectation of privacy while onsite at Neighborhood Health in my belongings, my vehicle, and my other personal

property I bring onsite. Further, I freely consent to any searches that Neighborhood Health in its exclusive discretion may deem necessary.

_____ I indemnify and hold harmless Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns from and against any and all liability, losses, damages, claims, causes of action, costs or expenses (including reasonable attorney's fees), which directly or indirectly arise out of performance here by Neighborhood Health and its directors, officers, employees, agents, successors, and permitted assigns.

X _____
Signature of Student, Resident, or Intern

Printed Name of Student, Resident, or Intern

Date

Policy

It is the policy of UNHS that all personnel and payroll records are treated with strict confidentiality. The confidentiality policies that apply to Information Management and Medical Records extend to employee records as well. This policy applies to employees, contractors, and students. For the purposes of this policy, "student" shall be defined as any student, resident, intern, or other trainee working under an affiliation agreement between Neighborhood Health and an academic institution.

Procedure

The Human Resources offices are locked unless the staff is present. Personnel files are kept in locked cabinets and are not accessible when anyone other than Human Resources staff are in the offices. A staff member may request permission to look at his own file, but may not take the file out of the Human Resources Department.

Medical records are kept locked at night and privacy is subject to all HIPAA guidelines.

GUIDE FOR EMPLOYEES, CONTRACTORS, and STUDENTS

Violation of confidentiality may result in immediate termination. Divulging of patient information without the permission cannot be tolerated. Recognizing that confidentiality is a complex issue and there are degrees of confidentiality.

Ask yourself the following questions each time you discuss a patient with someone else, and you have not received permission from that patient to do so:

1. Is the person you are talking to in a NEED TO KNOW position?
2. Is the information you are discussing necessary for the treatment of the patient?
3. Is there anyone else within hearing distance who is not in a NEED TO KNOW position?
For example, are you discussing a patient at the receptionists' desk while other patients are in the waiting room? Are you discussing a patient in an exam room or while a different patient is awaiting or receiving treatment? If the answer is yes, you are violating confidentiality.
4. Is the discussion taking place outside the health center? If the answer is yes, you are divulging information learned as a result of your employment. Please be aware that unless you are speaking with someone in an absolute NEED TO KNOW position the offense is particularly egregious.

To reiterate ask yourself:

1. Do I have the patient's permission to discuss this?
2. If not, am I talking to someone with A NEED TO KNOW?
3. Is there anyone else within hearing distance?
4. If outside the health center am I discussing patient information learned while at work?

AGREEMENT OF EMPLOYEE, CONTRACTOR, OR STUDENT TO MAINTAIN CONFIDENTIALITY OF ALL INFORMATION WHILE EMPLOYED AT UNITED NEIGHBORHOOD HEALTH SERVICES

I _____ acknowledge that I have received the information regarding confidentiality during the orientation training provided by United Neighborhood Health Services. I have viewed the training films and understand the contents and how it applies to my position. I understand that breach of this policy may lead to disciplinary action, up to and including dismissal from the organization.

Signature of Employee, Contractor, or Student _____

Witness _____

Date _____

Neighborhood Health Standards of Conduct

I. Statement of Purpose.

Neighborhood Health is in a position of trust with respect to many external organizations and agencies, as well as its patients and the community at large. Accordingly, Neighborhood Health, its Board Members, officers, employees, contractors, agents, and students have a responsibility to the Government, other sources of funds, its patients and its community to use such funds prudently, ethically, and for the purposes for which they are designated. Ethical conduct must be at the very foundation of Neighborhood Health.

The primary purposes of these Standards of Conduct are to provide safeguards to prevent employees, contractors, agents, students, officers and members of the Board of Directors of Neighborhood Health from:

1. Using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial or other gain for themselves or others such as those with whom they have family, business or other ties; and,
2. Violating their duty to Neighborhood Health by inappropriately disclosing confidential information about Neighborhood Health.

For the purposes of these Standards of Conduct, “student” shall be defined as any student, resident, intern, or other trainee working under an affiliation agreement between Neighborhood Health and an academic institution.

II. General Responsibilities of Neighborhood Health.

Neighborhood Health recognizes that it must earn and maintain a reputation for integrity that includes, but is not limited to, compliance with applicable Federal, State and local laws and regulations, as well as its contractual obligations. Even the appearance of misconduct or impropriety can be very damaging to Neighborhood Health. Neighborhood Health must strive at all times to maintain the highest standards of ethics, quality and integrity.

A. Individual Responsibility.

Ethics and integrity are the responsibility of each individual. Therefore, every employee, contractor, agent, student, officer and member of the Board of Directors of Neighborhood Health is responsible for ethical conduct consistent with these Standards of Conduct and with Neighborhood Health’s policies.

Neighborhood Health's Board and employees in supervisory positions must assume responsibility for ensuring that their conduct and the conduct of those they supervise (including contractors and students) complies with these Standards of Conduct.

B. Business Activities.

Business activities undertaken on behalf of Neighborhood Health with the public, the Government, and suppliers must reflect the highest standards of honesty, integrity, and fairness. These business activities must be conducted so that they avoid even the appearance of misconduct or impropriety.

III. Private Financial or Other Interests: Prohibition on Conflicts of Interest

A. General Principles Prohibiting Conflicts

No employee, contractor, agent, officer or member of the Board of Directors of Neighborhood Health will participate in the selection, award, or administration of a contract or grant (supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, contractor, agent, officer, or Board member, or any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for the contract or award.

A "financial or other interest" includes not only personal and pecuniary (monetary) advantage, but also situations in which there is a duality or diversity of interests between Neighborhood Health and another organization with which the employee, contractor, agent, officer or Board Member, or relative of any of these individuals, also is associated. In these situations, it is typically not enough for an individual to be aware of the conflict and to attempt to act in Neighborhood Health's best interest despite the conflict. Neighborhood Health requires full disclosure of conflicts of interest consistent with this Policy, as further explained below.

NOTE: For serious, visible, continuing or pervasive conflicts, an individual may be required to withdraw from his or her position with Neighborhood Health or from the outside position that causes the conflict.

B. Conflicts of Interest and Disclosure Requirements

No employee, contractor, agent, student, officer or Board Member will have a direct or indirect financial interest in, or receive any compensation or other benefits as a result of, transactions between Neighborhood Health and any individual or business firm:

1. From which Neighborhood Health purchases supplies, services, materials or property;
2. Which renders any services to Neighborhood Health, including the leasing of office space;

3. To which Neighborhood Health provides any services or materials; or
4. Which has other contractual relationship or business dealing with Neighborhood Health.

except, with the prior written approval of the CEO, upon complete disclosure of the facts and after completion of an arms-length procurement that is consistent with Neighborhood Health's Procurement Policy and OMB Circular A-122 cost principles, and in the best interests of Neighborhood Health. Disclosures by members of the Board of directors must also be made to the Chair. In the event the CEO has a conflict, the CEO will disclose such conflict to the Chair of the Board who will, in turn, be responsible for advising the Board.

As stated in Section III.A., above, no employee, contractor, agent, officer, or member of the Board of Directors may participate in the selection, award, or administration of a contract or grant if:

1. He or she, or
2. His or her immediate family, or
3. His or her partner, or
4. An organization with whom he or she is negotiating or has any arrangement concerning prospective employment,

has a financial or other interest in the firm selected for the contract or award. If an employee, contractor, agent, officer, or member of the Board of Directors believes that one of the aforementioned conflicts actually or potentially exists, he or she must immediately disclose this information in writing to the CEO. Disclosures by members of the Board of Directors must also be made to the Chair of the Board of Directors (and if it is the CEO or the Chair who has such a financial interest, he or she must make disclosure to the Chair or Vice Chair, respectively).

Neighborhood Health requires that all employees, contractors, agents, officers and members of the Board of Directors and candidates for Board membership disclose in writing (and update at least annually):

1. All business and family relationships which create an actual or potential a conflict of interest, and
2. Where applicable, provide a statement suggesting how such conflict could be avoided or mitigated.

In order to facilitate such full disclosure, Neighborhood Health requires employees, contractors, agents, officers and Board Members to complete a Disclosure Form annually (Exhibit A). Completion of a Disclosure Form does not relieve individuals of the obligation to comply with these Standards of Conduct with regard to conflicts that occur after the filing of the Disclosure Form.

The specific threshold amount is to be determined by Neighborhood Health; neither the procurement standards nor the anti-kickback rules specify a permissible amount.

In addition, employees, contractors and agents must disclose to the CEO (and the CEO must disclose to the Chair of the Board), in writing, the specifics of any plans to accept supplemental outside employment so that Neighborhood Health may determine whether such outside employment or consultancy has the potential for conflicting with the interests of Neighborhood Health. Neighborhood Health's prior approval of such outside employment or consultancy is required.

No member of the Board of Directors may vote on any matter which may directly or indirectly result in financial or other gain to that member, or which may conflict with that member's obligations to another organization's Board of Directors or to his or her employer. Provided that the member of the Board of Directors has first disclosed a conflict or potential conflict, and abstains from voting in that regard or participating in discussions.

C. Compensation to Members of the Board of Directors

Within the limits of available funds, Neighborhood Health may reimburse members of the Board of Directors for reasonable expenses actually incurred by reason of their participation in Board activities, e.g. travel expenses, meals and incidentals.

Neighborhood Health will not compensate members of the Board of Directors for services rendered in the ordinary course of service as members of the Board of Directors. However, if a member of the Board of Directors who is not an officer is qualified to perform professional services for Neighborhood Health, Neighborhood Health may consider contracting with that member of the Board of Directors for such professional services, provided that the affected member of the Board of Directors does not participate in discussions (except to the extent other bidders are invited to do so) or vote on his or her selection and the procurement is in all respects an "arms-length" transaction (and, the result of a competitive bid process), consistent with the Neighborhood Health's Procurement Policy and OMB Circular A-122 cost principles, and in the best interests of Neighborhood Health.

D. Prohibition Against Certain Gifts/Gratuities

The employees, contractors, agents, students, officers and members of the Board of Directors of Neighborhood Health may not solicit or accept gifts, gratuities, favors or anything of value from contractors or potential contractors of Neighborhood Health, or from parties or potential parties to sub-agreements (e.g., subcontracts and sub-grants).

A "gift" means anything offered directly by or on behalf of a contractor or potential contractor, other than promotional materials of little or nominal value such as pens, calendars, mugs, and other items intended for wide distribution and not easily resold. Gifts include (but are not limited to): personal gifts, such as sporting goods, household furnishings and liquor; social entertainment or tickets to sporting events; personal loans or privileges to obtain discounted merchandise, and the like.

Any employee, contractor, agent, student, officer or member of the Board of Directors will decline or return any gift and notify the CEO of such gift.

Notwithstanding the foregoing, Neighborhood Health may accept contributions from contractors and potential contractors as part of its ongoing fundraising efforts. In addition, Neighborhood Health and its employees may participate in consultative projects, webinars, trainings, meetings, or conferences and accept the sponsorship of a contractor or potential contractor for the associated trainings, consultations, travel, lodging, meals, etc. if the CEO approves (in advance and in writing) such participation and sponsorship. The CEO shall approve these requests only when the intention and reality of such support from contractors or potential contractors is to improve organizational performance rather than individual staff benefit. The CEO shall disclose all such support and sponsorships to the Board of Directors in writing.

E. Prohibition Against Bribery

Neighborhood Health will immediately dismiss any employee or student, remove any officer or member of the Board of Directors, and terminate the contract of any contractor/agent found to have offered or accepted a bribe to secure funding from Neighborhood Health.

IV. Procurement Standards.

Neighborhood Health has developed Procurement Standards that are separately set forth and govern the conduct of Neighborhood Health's procurements. As those Procurement Standards state, it is the policy of Neighborhood Health to conduct all procurement transactions in a manner to provide, to the maximum extent practical, open and free competition. Other important procurement considerations include the following:

Neighborhood Health will be sensitive to, and seek to avoid, organizational conflicts of interest or non-competitive practices among contractors. Consultants who want to bid for a contract from Neighborhood Health are prohibited from drafting the contract's specifications, request for proposals and the like.

Awards will be made to the bidder whose bid is responsive to the solicitation and most advantageous to Neighborhood Health, in terms of price, quality and other factors. Neighborhood Health retains the right to reject any and all bids or offers when it is in Neighborhood Health's interest to do so.

V. Confidential Information.

A. General Principles.

Employees, agents, students, contractors, officers, and members of the Board of Directors of Neighborhood Health may acquire confidential information by virtue of their affiliation with Neighborhood Health. It is Neighborhood Health's policy that information (including paper and electronic documents containing such information) that Neighborhood Health deems to be confidential may not be intentionally disclosed outside of Neighborhood Health. In addition, employees, contractors, agents, students, officers, and members of the Board of Directors will not disclose information that is not designated as confidential in instances where the individual should reasonably know that Neighborhood Health would not wish to have the information released to a third party, and should exercise reasonable care to avoid the inadvertent disclosure of confidential information.

B. Covered Information.

It is the policy of Neighborhood Health that all information communicated at executive sessions or other closed sessions of the Board of Directors is confidential information. In addition, the Board of Directors or CEO may determine that other information is confidential on a case-by-case basis taking into account Neighborhood Health's best interests. Information may be designated as confidential in various ways. Documents may be marked confidential (e.g., confidential minutes of executive sessions, financial reports, documents that contain attorney-client communications or an attorney's legal opinion or factual research, which may be designated "attorney work product". Information that is communicated orally also may be designated as confidential information either prior to or immediately after it is communicated.

C. Policy.

Employees, contractors, agents, students, officers and Board members of Neighborhood Health are required to sign an appropriate Confidentiality Agreement that specifically limits the context in which, and persons to whom, confidential information may be communicated. The form of such agreement is attached hereto as Exhibit B.

Employees, contractors, agents, students, officers and members of the Board of Directors may not communicate the Neighborhood Health confidential information to anyone who is not an employee, contractor, agent, student, officer, or member of the Board of Directors without the explicit authorization of the Board of Directors. The Board of Directors will have discretion on a case-by-case basis to limit access to certain confidential information only to members of the Board of Directors and officers. No employee, contractor, agent, student, officer, or member of the Board of Directors of Neighborhood Health will make use of or disclose confidential information learned as a result of his or her affiliation with Neighborhood Health for personal or any other persons' gain. Employees, contractors, agents, students, officers and members of the Board of Directors will at all times exercise reasonable care to avoid the inadvertent disclosure of Neighborhood Health's confidential information and will be bound by (and required to comply with) the confidentiality provisions contained in agreements executed between Neighborhood Health and other organizations.

Employees, contractors, agents, students, officers and Board Members are required to maintain the confidentiality of Neighborhood Health's information, consistent with this Confidentiality Policy, for an indefinite period of time after their term of employment, contract, office or other affiliation with Neighborhood Health ends.

VI. Political Activities and Lobbying.

A. Political Activities.

No employee, contractor, agent, or student of Neighborhood Health may engage in political or political campaign activities (typically involving election for public office) during business hours, unless on leave. No employee, contractor, agent, student, officer or member of the Board of Directors may use Neighborhood Health's name, facility, or resources in connection with political or campaign activities.

Employees, contractors, agents, students, officers and members of the Board of Directors may not solicit political support in any manner that might suggest that Neighborhood Health supports any political party or candidate. No employee, contractor, agent, student, officer or member of the Board of Directors will, in any manner, solicit financial assistance or subscription for any political party, candidate, fund, publication, or for any other political purpose from Neighborhood Health employees in the workplace or otherwise in an employment-related setting.

B. Lobbying.

No Federal grant or related funds may be used to support the costs, if any are incurred, of prohibited lobbying activities as defined variously in OMB Circular A-122, Department of Health and Human Services ("DHHS") rules implementing the Byrd Amendment and DHHS appropriations riders. Lobbying is generally defined as a communication (written or oral) that is an attempt to influence (for or against) specific legislation. No lobbying activities will be conducted by employees, contractors, agents, students, officers and/or members of the Board of Directors, on behalf of Neighborhood Health or onsite of Neighborhood Health, without the prior written approval of the CEO (or, if such person is the CEO, the Chair of the Board of Directors).

VII. Violations of Standards of Conduct.

A. Reporting of Suspected Violations.

1. Employees.

Employees should promptly report suspected violations of applicable laws, regulations, government contract and grant requirements or these Standards of Conduct. This reporting

should normally be made initially through standard management channels, beginning with the immediate supervisor. Alternatively, employees may go to the Compliance Officer.

Such reports may be made confidentially, and even anonymously; however, Neighborhood Health cannot guarantee anonymity. Raising such concerns is a service to Neighborhood Health and will not jeopardize the employment of the reporting individual.

All employees should cooperate fully in the investigation of any alleged misconduct.

2. Others.

Other individuals should promptly report suspected violations of applicable laws, regulations, government contract and grant requirements or these Standards of Conduct to the CEO or Compliance Officer. If an individual has reason to believe that the CEO has violated the standards, notice must be given to the Chair of the Board of Directors.

B. Consequences of Violations.

Employees, contractors, agents, or students who violate these standards may, depending on the severity of the violation, be subject to oral admonishment, written reprimand, reassignment, demotion, suspension or separation, in addition to legal penalties that may apply.

Officers and members of the Board of Directors who violate these standards may, depending on the severity of the violation, be subject to oral admonishment or removal from the Board, in addition to legal penalties that may apply.

**Exhibit B:
CONFIDENTIALITY AGREEMENT**

I have reviewed the Neighborhood Health's Confidentiality Policy and agree to comply with the policies stated therein.

Signature

Date

Printed Name

Position with Neighborhood Health



Pre-Orientation Quiz for Students, Residents, and Interns

Student or Resident Full Name (First, Middle, Last):		Student or Resident Telephone #:
Gender Identity (optional): <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy):	Email:

Mission of Neighborhood Health	
1. Neighborhood Health serves patients with insurance, including private coverage, TennCare, CoverKids, and Medicare.	<input type="checkbox"/> True <input type="checkbox"/> False
2. Neighborhood Health serves patients without regard to their insurance status or ability to pay.	<input type="checkbox"/> True <input type="checkbox"/> False
3. Neighborhood Health serves roughly 31,000 patients each year, including more than 5,000 patient experiencing homelessness.	<input type="checkbox"/> True <input type="checkbox"/> False
4. Neighborhood Health helps patients sign up for pharmacy assistance, health coverage, and other public programs including CoverRx , TennCare, CoverKids, the Medicare Savings Program, and SNAP/Food Stamps.	<input type="checkbox"/> True <input type="checkbox"/> False
5. Neighborhood Health can serve patients living in any county, even patients from Cheatham, Sumner, Macon, Smith, and Rutherford Counties in which Neighborhood Health does not currently have a health center location.	<input type="checkbox"/> True <input type="checkbox"/> False
6. Women who do not want to get pregnant can get free long-acting reversible contraception through Neighborhood Health.	<input type="checkbox"/> True <input type="checkbox"/> False
7. Neighborhood Health provides the identical medical, dental, and behavioral health care services at all locations.	<input type="checkbox"/> True <input type="checkbox"/> False
8. A student, resident, or intern can refer friends and family members to Neighborhood Health to get medical, dental, or behavioral health care services.	<input type="checkbox"/> True <input type="checkbox"/> False
Neighborhood Health Policies and Procedures	
1. Students, residents, and interns can use apps on their personal phones to look up reference information when caring for patients.	<input type="checkbox"/> True <input type="checkbox"/> False
2. Students, residents, and interns can help with the treatment of patients whom they may know outside of Neighborhood Health.	<input type="checkbox"/> True <input type="checkbox"/> False

3. Students, residents, and interns have access to the lab areas at Neighborhood Health clinics.	<input type="checkbox"/> True	<input type="checkbox"/> False
4. Students, residents, and interns must sign in and sign out as visitor when arriving and leaving their assigned health center each day.	<input type="checkbox"/> True	<input type="checkbox"/> False
5. Students, residents, and interns do not need to wash their hands after a patient encounter if they were wearing latex gloves.	<input type="checkbox"/> True	<input type="checkbox"/> False
6. The "SDS" provide key safety information about products we use in health centers, and SDS information is available online	<input type="checkbox"/> True	<input type="checkbox"/> False
7. Students, residents, and interns may draw blood from patients for labs or administer vaccinations as ordered by providers.	<input type="checkbox"/> True	<input type="checkbox"/> False
8. Students, residents, and interns should always confirm a patient using two patient identifiers at the beginning of each encounter.	<input type="checkbox"/> True	<input type="checkbox"/> False
9. Students, residents, and interns may try to persuade reluctant patient to consent to having the student, resident, or intern provide services.	<input type="checkbox"/> True	<input type="checkbox"/> False
10. If a provider begins to discuss a patient's information with a student, resident, or intern in a publicly accessible hallway in the patient care area, the student, resident, or intern can engage in the conversation.	<input type="checkbox"/> True	<input type="checkbox"/> False
11. Students, residents, and interns can use a personal cell phone to take a picture of a patient's rash or other condition if the purpose relates to patient care.	<input type="checkbox"/> True	<input type="checkbox"/> False
12. Students, residents, and interns can email or text their preceptor about a patient as long as they do not include any identifiers in the email or text	<input type="checkbox"/> True	<input type="checkbox"/> False
13. Students, residents, or interns may publish findings or observations as long as it is part of their coursework.	<input type="checkbox"/> True	<input type="checkbox"/> False
14. Students, residents, or interns may take home a Neighborhood Health-provided laptop or device if their precepting provider gives them permission.	<input type="checkbox"/> True	<input type="checkbox"/> False
15. Students, residents, or interns may insert a thumb drive into a Neighborhood Health laptop as long as they conduct a virus scan prior to insertion.	<input type="checkbox"/> True	<input type="checkbox"/> False
16. Students, residents, or interns may access their academic email accounts using a Neighborhood Health-provided laptop as long as they do so using a public wifi network	<input type="checkbox"/> True	<input type="checkbox"/> False

17. In order to work at Neighborhood Health, students, residents, or interns need to feel comfortable enough to walk unescorted to their vehicles even during daylight	<input type="checkbox"/> True	<input type="checkbox"/> False
18. Students, residents, and interns should notify their precepting providers about concerns that may warrant incident reports and entrust them to complete the incident reporting.	<input type="checkbox"/> True	<input type="checkbox"/> False
19. A resident who is fluent in Arabic may conduct a patient exam and converse with a patient in that language if the patient either does not speak English or is more comfortable speaking in Arabic.	<input type="checkbox"/> True	<input type="checkbox"/> False
20. A student, resident, or intern can access the electronic health record of a patient for whom they are not involved in the treatment.	<input type="checkbox"/> True	<input type="checkbox"/> False
Public Benefits Eligibility		
1. All Tennesseans under 138% of the federal poverty level (FPL) are generally eligible for TennCare, Tennessee's Medicaid program	<input type="checkbox"/> True	<input type="checkbox"/> False
2. Individuals who live in public housing or who get SNAP/Food Stamps benefits automatically get TennCare.	<input type="checkbox"/> True	<input type="checkbox"/> False
3. Undocumented immigrants are ineligible for all public programs in Tennessee.	<input type="checkbox"/> True	<input type="checkbox"/> False
4. Tennesseans under the poverty level may be eligible for pharmacy assistance programs.	<input type="checkbox"/> True	<input type="checkbox"/> False
5. Uninsured residents of Nashville/Davidson County can get free or low-cost radiology, specialty care, and inpatient services at Nashville General Hospitals.	<input type="checkbox"/> True	<input type="checkbox"/> False
6. Tennesseans can enroll in marketplace health plans via www.healthcare.gov if they get sick or begin to need coverage and are not eligible for TennCare, CoverKids, or CoverRx .	<input type="checkbox"/> True	<input type="checkbox"/> False
7. Medicare enrollees may qualify to for special help to pay for their monthly premiums, deductibles, and other cost sharing.	<input type="checkbox"/> True	<input type="checkbox"/> False



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Replace this page with:

**Completed “Required Attestations from Academic Institution
Seeking Placement for Student, Resident, or Intern”**



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Replace this page with:

Copy of current affiliation agreement with the institution

(This requirement does not apply to medical students and medical residents of Meharry Medical College and Vanderbilt University School of Medicine and counseling students of Lipscomb University).



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Replace this page with:

Proof of required malpractice coverage through your institution

(This requirement does not apply to medical students and medical residents of Meharry Medical College and Vanderbilt University School of Medicine and counseling students of Lipscomb University).