

Service Provider Registration

Contact Information

Name: _____

Work Cell Phone: _____

Cell Phone: _____

Company Name: _____

Email: _____ (email address required to inform you of your background check status)

As a service provider for Oregon State Hospital (OSH), it is important to understand and remember that OSH is a secure psychiatric facility subject to many federal and state laws. OSH strives to keep all patients and visitors safe. Ensuring that you work within the scope outlined in your service contract will help OSH continue to focus on safety, treatment and recovery for the people we serve. You will be asked to wear an identification badge while you are on our campus. You will also be escorted by a staff person the entire length of your service.

I have read and understand the above conditions of service: _____

Signature

Date _____

Oregon State Hospital
Confidentiality Agreement

I understand that Oregon State Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Oregon State Hospital must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information").

In the course of my visit to Oregon State Hospital, I understand that I may inadvertently become aware of Confidential Information

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
2. I will not access or view any Confidential Information, or utilize any Oregon State Hospital equipment.
3. I will not make inquiries about Confidential Information for or from people who do not have proper authorization to access such Confidential Information.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in Oregon State Hospital's computer system.
5. I understand that violation of this Agreement may result in legal liability.

By signing this document I understand and agree to the following: I have read this entire agreement and agree to comply with all its terms.

Signature: _____

Print Name: _____

Date: _____



SHARED SERVICES
Background Check Unit



301 HRC

Background Check Request

Use for department contractors

Section 1 — To be completed by the hiring unit.
Please give instruction sheets separately so the subject individual can keep them.

Name of subject individual: _____
(Last) (First) (Middle)

Title of position: _____ Work site: _____
 DHS Program: CW SSP OVRS APD DO Shared Services Central Services
 OHA Program: AMH DMAP DO OCCS OPHP OSH PEBB/OEBB PH
 Shared Services Central Services

Subject individual is: New to agency Current employee Current volunteer

Employee mgt. coach for division/program: _____ Phone: _____

Requires direct contact with: Children Adults Elderly
 Confidential information Secure facilities
 Finances/financial records Information technology systems

Requires driving to conduct state business? Yes No

Point of contact: _____ Phone: _____

Point of contact worksite: _____
(Office) (City) (District)

Interview coordinator: _____ Phone: _____

I have verified the identity of the subject individual.

Current/valid government-issued photo ID checked:
 Name Date of birth Address Photo

ID not available/current/valid. Explain: _____

(Signature of interview coordinator) (Date)

Date position offered: _____

Date 301 HR sent to BCU: _____

Preliminary hire allowed? Yes No
By: _____ Date: _____

Date prints requested: _____ By: _____ Date to OSP: _____
 Residency Identity Disclosed OOS DL Disclosed OOS criminal history MSO

Results
Potentially disqualifying crimes? Yes No
ODL: Valid Suspended ID only None Concealed handgun license
Completed by BCU staff: _____ Date: _____

Final fitness determination: Approved Restricted approval Denied Closed
Final FD made by: BCU HR _____
(Signature) (Date)

Notice of Fitness Determination (MSC 300 HR) must be issued to SI and a copy maintained.
Background Check Unit – Serving the Department of Human Services and the Oregon Health Authority.

Section 2: To be completed by the subject individual. **Please read instructions first.**

Name: _____ Date of birth: _____
 (Last) (First) (Middle) (Month/day/year)

All other names used: _____ SSN or INS number (voluntary): _____

Sex: Male Female Driver's license ID number: _____ State: _____

Street/mailling address: _____ City: _____

State: _____ ZIP: _____ Daytime or message phone: _____

If additional space is needed for any of the following questions, attach additional pages.

If you disclose criminal history, attach your responses to "Questions to Answer." (See instructions)

During the last five years, have you been outside of Oregon for 60 days or more in a row? Yes No
 If yes, list the locations and dates.

City/state/country:	From (month/year):	To (month/year):

Have you ever been charged, arrested and/or convicted of a crime? Yes No
 If yes, complete the information requested below and attach answers to "Questions to Answer." (See instructions)

Date (or estimate):	Charge, arrest or conviction:	County:	State:	Outcome:

I have read and understand the instructions for completing this form. I understand that a criminal records check will be completed on me and the information will be shared with the DHS or OHA, Office of Human Resources, resulting in a fitness determination. My signature authorizes DHS or OHA to request and receive any police reports needed to complete this criminal records check. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, I may be denied. I understand the check may be repeated during the time I contract for this service. If a new check is requested, I will be required to complete a new background check request form in order for a fitness determination to be completed.

 (Signature of subject individual) (Date)

Background Check Request

301 HRC

Instructions for subject individual

Read all the instructions before completing the form

Subject individual: The “**subject individual**” is the person whose history is being checked. **You, the subject individual, must complete page 2.**

Listing your social security number (SSN) is optional. If you do not provide your SSN, fingerprints may be required. If you do not have an SSN but do have an INS number, write in your INS number. The department requests the SSN or INS number solely for the purpose of positively identifying you during the criminal records check process.

Disclose all criminal history: You must accurately and completely disclose **all** history requested. This includes **all** criminal history (*felonies, misdemeanors, probation violations and failures to appear*). If you fail to list any part of your criminal history, you may be denied. Serious traffic offenses, such as Reckless Driving, Driving Under the Influence of Intoxicants (*DUII*) and Driving While Suspended (*DWS*) **must** be listed. Failure to Appear, even for a minor traffic violation, **must** be listed. If you are not sure if something should be listed, you should list it. For each arrest, charge or conviction, include the date, location and the outcome. Minor traffic, moving and non-moving violations are **not** required to be listed.

Questions to answer: If you have criminal history which is potentially disqualifying, the department will determine whether you are fit for the position for which you are applying by conducting a weighing test.

If you have any criminal history, you should provide the following information:

- What happened leading up to the arrest, charge or conviction?
- List any requirements resulting from each arrest, charge or conviction.
- Describe any treatment, education and training specifically related to criminal history.
- How is your criminal history relevant to your job or position?
- Explain why your history does not pose a risk to the department, its clients or vulnerable individuals?
- How has your life changed since the criminal history?
- List any other information you believe would be helpful for the department in its weighing test.
- Attach documentation to support the information provided.

<p>Outcome of background check (you will be given a notice of fitness determination)</p>	<p>Denial: Denials may occur for some convictions, unresolved arrests, probation violations, warrants, sex offender status, false statement about criminal history or founded/substantiated abuse. A weighing test will be conducted. If you are denied you may not provide the service for which you are contracting and your work must end immediately. This decision may be appealed for DHS or OHA employment or JOBS Plus positions; for other positions, see your notice of fitness determination.</p> <p>Approved: You will be approved if you have no criminal history or abuse history or after a weighing test determined that more likely than not you pose no risk to the agency, its clients or vulnerable individuals. An approved fitness determination does not guarantee employment or volunteer placement.</p> <p>Restricted approval: If you have potentially disqualifying criminal history, you might be approved with restrictions to a specific client, specific work site or set of duties. This decision may be appealed for DHS or OHA employment or JOBS Plus positions, for other positions, see notice of fitness determination.</p> <p>Case closed: If you do not cooperate with this background check process, your request may be closed without a fitness determination. There are <u>no</u> appeal rights.</p>
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Instructions for subject individuals continued

Authority: The Department of Human Services (DHS) and Oregon Health Authority (OHA) are authorized by state law (ORS 181.534, 181.537) to complete criminal records checks for DHS and OHA program administration. These checks are to determine whether or not you, the subject individual, more likely than not pose a risk to the department, its clients or vulnerable individuals. For complete information, including potentially disqualifying crimes and conditions, how fitness determinations are conducted and the appeals process, see Oregon administrative rules

407-007-0000 to 407-009-0100, 407-007-0400 to 407-007-0460 and 943-007-0000 to 943-007-0500. Checks are processed by the Background Check Unit (BCU).

Results: Results from this request shall be returned to the Office of Human Resources.

Sources checked: In doing this check, DHS or OHA may use information from the Driver and Motor Vehicle Services Division; Department of Corrections; Oregon State Police; Federal Bureau of Investigation; local, state and federal courts. DHS may use information from other criminal justice, corrections and law-enforcement agencies and other state and local government agencies. Fingerprints may be requested by DHS or OHA. In addition, DHS or OHA may check current and previous employers.

Challenging criminal information: If you want to obtain a copy of the criminal record or challenge information in it, the subject individual must contact the Oregon State Police, 503-378-3070, extension 330 (*for Oregon criminal history*); or local courts or the Federal Bureau of Investigation, 304-625-3878 (*for national criminal history*). You may request a copy of the national FBI report from the Background Check Unit. Depending on your previous contacts with law enforcement and courts, you may need to contact several sources to find your complete criminal history.

Rechecks: This background check process may be repeated by DHS or OHA at any time while you work or otherwise continue to provide services. If a new check is requested, you will be required to complete a new background check request form.

You must notify DHS or OHA within 5 days if you are arrested or convicted for any misdemeanor or felony.

This document can be provided upon request in alternate formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact Background Check Unit (*toll free*) 1-888-272-5545 or 503-378-5470 or 711 for TTY.