

FLACRA STAFF QUESTIONNAIRE

(This information will be kept confidential. It is used only for census and report data and names are not disclosed with reports. Emergency information will be used only as necessary.)

Name _____ SS# _____

Employee Home Address _____

Home Phone # _____ Birth Date _____

Alternate Phone # _____

Person(s) to contact in case of an emergency:

Name _____

Relationship _____

Phone # Home _____ Work _____

Name _____

Relationship _____

Phone # Home _____ Work _____

Personal Information: (Please circle one from each group)

Gender: Male Female

EEO Status: White Black Hispanic Asian/Pacific Islander

American Indian/Alaskan National Other

Marital Status: Single Married

Veteran: Yes No If "Yes", what Branch _____

Have you ever worked for FLACRA before: Yes No

FLACRA

Confidentiality Statement

I understand and agree that in the performance of my duties as an employee, intern, volunteer or contracted provider of services, I must hold information regarding clients and their condition in confidence. Conversations about clients within hearing distance of outsiders, carelessness with charts, non-adherence to Medical Records Procedures, or divulging information to anyone without the client's specific consent, are serious infractions of the confidentiality to which the client is entitled. I am familiar with and will adhere to the Clinics Confidentiality Policy and Release of Information Policy.

Signature of Employee, Volunteer, Intern, etc.

Date

Signature of Witness (FLACRA Employee)

Date

ETHICAL PRINCIPLES FOR STAFF AT FLACRA

1. To believe in the dignity and worth of all human beings. Pledge to provide service for the welfare and betterment of all members of society.
2. To recognize the right to humane treatment of the suffering directly or the indirectly from alcoholism and substance abuse.
3. To promote and assist in the recovery of all persons served by providing the highest quality of care.
4. To maintain professional relationships with all persons served, assisting them to help themselves and referring them promptly to the other programs or individuals, when this is the person's best interest.
5. To adhere strictly to the established rules of confidentiality of all records, materials and the knowledge concerning persons served in accordance with all current government regulations.
6. To respect the rights, views and positions of other alcoholism/substance abuse counselors and allied professionals.
7. To respect institutional policies and procedures, consistent with professional standards, to cooperate with agency management in the organization with which I am associated.
8. To contribute my ideas and findings to the general body of knowledge concerning alcoholism/substance abuse counseling and to circulate those ideas and findings through appropriate professional channels.
9. To regularly evaluate my own professional strengths, limitations, biases and levels of effectiveness, striving for self-improvement and seeking professional development through further education and training.
10. To respect the unique characteristics of the counseling relationship which demand that sound, non-exploitive interpersonal transactions between myself and persons served are essential to efficacious treatment.
11. To refrain from undertaking any activity where my personal conduct, including the abuse of alcohol and other mood-altering drugs is likely to result in inferior professional services, denigrate the profession in general, or constitute a violation of law.
12. To avoid claiming directly, or implying, professional qualification that exceed those I have actually obtained, accepting that professional competency in one field should not be used as an implication of competency in an unrelated field.
13. To follow the Corporate Compliance Plan. To report to my Supervisor, Executive Staff, or the Corporate Compliance officer any violations of which I become aware.

Personal Statement

As an employee of FLACRA, I shall strive at all times to maintain the highest standards in all the services I provide, valuing competency and integrity over expediency or temporary services. I shall recognize the limits of my ability, providing services only in those areas where my training and experiences meet recognized professional standards. I shall always recognize that I have assumed a serious social and professional responsibility due to the intimate nature of my work which significantly touches upon the lives of other human beings. I HAVE READ THIS ENTIRE CANON OF ETHICAL PRINCIPLES DOCUMENT AND I AGREE TO ABIDE BY ALL THE STATED PRINCIPLES THEREIN.

PRINT FULL NAME

SIGNATURE

DATE _____

These principles should be considered to be in effect six (6) months beyond the termination of employment with FLACRA and/or the conclusion of a therapeutic relationship with the clients where applicable. Maintaining confidentiality is indefinite as part of your professional obligation.

EMPLOYEE ATTESTATION—HANDLING PERSONAL HIV-RELATED INFORMATION

INSTRUCTIONS: Please read the following information, then complete this form and return it. The original completed form will be sent to the Human Resources Coordinator for inclusion into your personnel file. A copy of the form will be provided to you.

An employee of the Finger Lakes Alcoholism Counseling and Referral Agency may be authorized to access personal HIV-related information when he/she is directly responsible for a client's clinical and/or medical treatment or when it is necessary in order for the employee to perform the official functions and duties of their position.

Employee authorized to access personal HIV-related information in the case records of protected individuals shall not:

- examine documents or computer data containing HIV-related information unless required to in the course of their official duties and responsibilities;
- remove or copy any such documents or computer data unless they are acting within the scope of their assigned duties;
- discuss the content of any such documents or computer data with any person unless that person also has authorized access to such documents or data;
- disclose the alcoholism client status of the client unless necessary and in compliance with applicable Federal Confidentiality Regulations, when HIV-related information is properly disclosed pursuant to 14 NYCRR Part 309;
- disclosed HIV-related information unless necessary and in compliance with 14 NYCRR Part 309, when alcoholism treatment information is properly disclosed;
- discriminate, abuse or take any adverse action toward a person to whom HIV-related information applies.

I have read the above and in order to better understand my responsibilities in maintain the confidentiality of personal HIV-related information; I also agree to attend in-service training regarding the policies, procedures and protocols for handing personal HIV-related information. I understand that these policies, procedures and protocols are based on:

NYS Public Health Law Article 27-F;
NYS OASES Regulation, Part 309;
42 CFR Part 2

I UNDERSTAND THAT VIOLATION OF CONFIDENTIALITY STATUES OR RULES MAY LEAD TO DISCIPLINARY ACTION, INCLUDING SUSPENSION OR DISMISSAL AND THAT A VIOLATION MAY BE AGAINST NEW YORK STATE LAW AND MAY LEAD TO ATTEST AND CRIMINAL PROSECUTION.

I UNDERSTAND THAT MY SIGNATURE VERIFIES THAT I HAVE ATTENEDED A STAFF INSERVICE TRAINING SESSION AND AS PART OF MY ORIENTATION AND ANNUALLY, THEREAFTER, THAT INCLUDED:

1. Information regarding legal prohibitions against unauthorized disclosure;
2. Instruction in the use of protective equipment and procedure passed on universal precautions; and,
3. Information on facility policies and procedures based on Part 309.
4. Information and review of Part 309.
5. Information on facility policies based on 309.8(2) and (3).

Staff Signature

Title

Hiring Date / /
 mo. d. yr.
Orientation Date / /
 mo. d. yr.
In-service Date / /
 mo. d. yr.



www.flacra.org

28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-6400

Media Consent Form

I authorize FLACRA to use my photograph and/or testimonial materials in the Agency's public relations related materials. It is my understanding that this authorization does not expire until which time I revoke it in writing. I also understand that materials already distributed are not able to be changed or altered.

Name: _____

Print

Signature: _____

Date: _____

Decline: _____



**Justice Center for the
Protection of People
with Special Needs**

Andrew M. Cuomo, Governor

Memorandum

To: SOA Commissioners and Counsel
From: Robin A. Forshaw, General Counsel
Date: February 11, 2016
Subject: Revised Code of Conduct

As of January 21, 2016, the Code of Conduct required by Executive Law § 554 has been revised as part of the settlement of an improper practices (IP) charge brought by PEF. A copy of the revised Code of Conduct is attached to the Memorandum. Even though the IP involved only PEF employees, in order to maintain consistency, the Justice Center has decided to issue a revised Code of Conduct for all persons who are required to sign the Code of Conduct.

Under section 554, the Code of Conduct applies to all "custodians," as defined by Social Services Law § 488(2), who have or will have regular and direct contact with service recipients who reside in facilities and provider agencies under the Justice Center's jurisdiction. Such custodians must be provided with a copy of the Code of Conduct at the time of their initial employment, and at least annually thereafter, and are required to acknowledge that they have read and understand the Code of Conduct.

The revisions to the Code of Conduct are generally non-substantive, but help to clarify custodians' obligations under the Code of Conduct. (See attached document comparing provisions of old and revised Code of Conduct.) Therefore, the Justice Center has decided to let each SOA determine how to implement the revised Code of Conduct. There are two methods to do so, and each SOA should select the procedure that will work best for custodians in its own programs and in programs licensed and/or certified by the SOA:

1. An SOA may require each custodian who is required to sign the Code of Conduct to execute the revised Code of Conduct by a date certain; or
2. An SOA may allow custodians to execute the revised Code of Conduct on the next occasion when the custodian must sign and acknowledge his or her understanding of the Code of Conduct.

As with the original Code of Conduct, the newly-executed Code of Conduct should be maintained in a place where it is accessible to investigators and/or SOA auditors.

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

Revised January 21, 2016

Introduction

The Code of Conduct, as set forth in the Code of Conduct itself, sets forth a framework intended to assist impacted employees to help people with special needs "live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm," in addition to the specific guidance provided by the agency's policies and training.

Similarly, the Notice to Mandated Reporters contains guidance designed to assist mandated reporters, and is intended to provide a summary of reporting obligations for mandated reporters. It is not intended to supplement or in any way add to the reporting obligations provided by law, rule, or regulation.

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the *Justice Center Act* must sign that they have read and understand the Code of Conduct.

The framework provides:

1. Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, their right to assume risk in a safe manner, and recognizing each person's potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever consistent with agency policy, I will work to support the individual's preferences and interests.

2. Physical, Emotional and Personal Well-being

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm to others and themselves.

3. Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

4. Self-Determination

I will help people receiving supports and services realize their rights and responsibilities, and, as consistent with agency policy, make informed decisions and understand their options related to their physical health and emotional well-being.

5. Relationships

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy.

6. Advocacy

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as consistent with agency policy. I will promote justice, fairness and equality, and respect their human, civil and legal rights.

7. Personal Health Information and Confidentiality

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law, rule, or regulation.

8. Non-Discrimination

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

9. Integrity, Responsibility and Professional Competency

I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

10. Reporting Requirement

As a mandated reporter, I acknowledge my legal obligation under *Social Services Law* § 491, as may be amended from time to time or superseded, to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.

CODE OF CONDUCT¹ ACKNOWLEDGMENT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

I pledge to prevent abuse, neglect, or harm toward any person with special needs, consistent with agency policy. In addition, to the extent I am required to report abuse, neglect, or harm of any person with special needs by law, rule, or regulation, I agree to abide by the law, rule, or regulation. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance, notify emergency personnel, including 9-1-1, and inform the management of this organization, consistent with agency policy.

I acknowledge that I have read and that I understand the Code of Conduct.

Signature

Print Name

Date

Program:

Department:

Facility/Provider Organization:

¹ No aspect of this Code of Conduct is in any way intended to interfere, abridge, or infringe upon the rights provided by the *Taylor Law*.