



North Cypress Medical Center

Thank you for your interest in the Volunteer Services Program of North Cypress Medical Center. We are excited that you are willing to dedicate your time to help make our hospital a medical facility to be proud of.

There are four steps to become a NCMC volunteer and this usually takes place over a two week period.

- Application
- Initial Interview/Drug Screen/Background Check
- Orientation/TB Injection/Titer Test
- Volunteer Assignment/Jacket/Name Badge

Before you decide that you want to become a volunteer, please be sure that this is a commitment you are willing and able to make. We pledge to make your experience pleasurable, gratifying and worthwhile. You will meet many new friends and experience busy rewarding days. We do ask that you fulfill your commitment to us by giving us a minimum of four hours a week and be able to make commitment of at least six months. We do not offer Saturdays, Sundays or after 5:00pm shifts.

We do not participate in various college programs that request you have 20 hours in a certain area. If you do not complete your six months we will not report your hours or present you with any type of certificate. We understand there will be vacations, situations involving family, friends and illnesses that may prevent you from coming in on your assigned day. All we ask is that you keep us informed by calling the Volunteer Coordinator or your assigned supervisor to apprise them of your situation. In order to become a volunteer, you must submit to a drug screen and background check. After this information has cleared, you will be contacted by email to come in to complete the orientation process. If you do not have email you will receive a call.

Your TB test will be given on the day of your orientation and you will be required to return with 72 hours to have it checked. If you do not return within that time frame, you will have to retake the test. North Cypress has a two-step TB test process and you will be required to take the second TB test after the first has been cleared. For volunteer that cannot produce a shot record additional test may be required. Employee Health will discuss this with you.

Your volunteer uniform consists of a green volunteer jacket, khaki pants and a white shirt. There will be no charge for the jacket. The pants and white shirt will be provided by you. Shoes must be a tennis shoe or any type of "sports" shoe. No open toe or sandals are permitted.

Your name badge will allow you to receive a free meal in the cafeteria on the day you volunteer. If your shift is from 1-5pm, you may want to come in early as the cafeteria closes at 2:00pm. The Cypress Café is not included in the free meal plan.

It is our goal to make volunteer service an enriching experience for you.

We want you to take pride in being a.....NORTH CYPRESS MEDICAL CENTER VOLUNTEER.....

Glenda Salter
 Volunteer Coordinator
 832-912-3842
glenda.salter@ncmc-hospital
 21214 Northwest Freeway
 Cypress, Tx 77429

"Together we shine"

North Cypress Medical Center is a
 Doctor owned, Patient Centered
 Healthcare Institution.



Volunteer Services
21214 Northwest Freeway
Cypress, Tx 77429
832-912-3842 phone
832-912-3838 fax
Glenda.salter@ncmc-hospital.com

Volunteer Application

(non-paid employee)

Name			
_____	_____	_____	_____
(Last name)	(Frist)	(MI)	(First Name for Badge)
Other Name (if applicable) _____		DOB	_____
Address _____	City _____	Zip	_____
Social Security # (must include) _____		Home Phone	_____
Email _____	Cell Phone	_____	

Employment Information

Current Employer (if applicable) _____

Address _____ City _____ St _____ Zip _____

Phone _____ Position _____ Hours _____

Business Experience

Have you ever interviewed for a paid position at North Cypress _____

What Department _____

Education

High School _____ Dates _____

Trade School _____ Dates _____

College _____ Dates _____

Graduate School _____ Dates _____

Major/Field of Interest _____

Prior Volunteer Experience _____

Where did you hear about our program?

Personal Data

Special Skills, talents, hobbies and interests _____

Languages _____

Why do you want to volunteer at North Cypress Medical Center?

Please List Two Local Personal References (Other than family members)

Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Have you ever been convicted of or been on deferred adjudication for or are you now awaiting trial for a felony or misdemeanor? Yes _____ No _____

If yes, describe, including dates and location _____

Conviction will not necessarily bar volunteer service.

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide information concerning your character, reputation and personal characteristics, and mode of living. You may obtain a copy of this information upon written request.

I hereby certify that the information I supplied in this application is true, complete and correct to the best of my knowledge and I understand that any information I withheld or falsely provided in connection with the foregoing shall be cause for rejection of this application or termination of volunteer status. I hereby authorize North Cypress Medical Center, without liability, to contact prior employers or present employers, schools or references I have given and authorize said employers, schools, or references to make full response to any inquiries by North Cypress Medical Center in connection with this application for volunteer service.

I HAVE READ AND UNDERSTAND, AND AGREE TO THE FOREGOING PARAGRAPHS.

Applicant Signature

Date

IF ACCEPTED AS A NORTH CYPRESS VOLUNTEER, I AGREE THAT:

- My services are donated to the hospital, and given for humanitarian, religious, or charitable reasons.
- I understand that it is a crime to solicit business for attorneys; I shall not solicit any business for attorneys or insurance companies, both on off of hospital property, or act as a runner or capper for an attorney in the solicitation business. I shall report all known occurrences of solicitation for attorneys to the Coordinator of Volunteer Services.
- I shall not sell or attempt to sell goods or services, request contributions or solicit persons to sign or distribute political petitions on hospital premises, unless I receive the express authorization of the Coordinator of Volunteer Services to engage in these activities.
- I shall submit to a chest x-ray, skin test and other appropriate laboratory tests as part of my volunteer services. I also authorize the person(s) in charge of the tests or x-rays films to report the results to the hospital.
- I shall be punctual and conscientious, conduct myself with dignity and courtesy. I shall be considerate of others, and endeavor to make my work professional in quality.
- I shall attempt to resolve any problems related to my volunteer activities with my Unit Supervisor, and if unsuccessful, attempt to resolve the problem with the Coordinator of Volunteer Services.
- I shall make my best effort to fulfill my commitment to the hospital by completing all assignments that I accept.
- I understand that the Volunteer Services Department reserves the right to terminate my volunteer statue as a result of (a) failure to comply with hospital policies, rules and regulations; (b) have three (3) absences without prior notification, (c) have two months without hours, (d) unsatisfactory attitude, work or appearance; or (d) any other circumstances which, in the judgment of Volunteer Coordinator would make my continued services as a volunteer contrary to the best interest of the hospital.

I have read each of the above conditions and I agree to be bound by them.

Applicant Signature _____ **Date** _____

INDICATE TIME AVAILABLE TO WORK:

	9-1	1-5		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday			**	**
Sunday			**	**

****Most of our shifts are weekday only from 9-1 or 1-5. Limited shifts may be available in ER on Saturday/Sunday if qualified.**

IN AN EMERGENCY NOTIFY:

Name _____ Relationship _____

Phone (work) _____ Phone (Cell) _____ Phone (Home) _____

Physician's Name _____ Phone _____

BEHAVIORAL STANDARDS

The elements of behavioral standards are based on the NORTH CYPRESS MEDICAL CENTER's Core Values.

COURTESY

- Welcome and/or greet internal and external customers in a warm, personal and professional manner.
- Greet others in hallways, elevators and at workstations with a kind word or smile.
- Make eye contact, introduce yourself and explain purpose, when appropriate.

RESPECT

- Follow HIPAA Guidelines: respect privacy and dignity; discuss confidential or sensitive information about customers, employees or hospital business only with those having a valid need to know and do so privately, never in public places.
- Use a professional and respectful tone of voice.
- Treat patients and their families with respect and dignity. Identify and address psychosocial, cultural, ethnic and religious/spiritual needs of patients and their families.

RESPONSIVENESS

- Answer telephones, paging system, patient's call lights; anticipate patient's needs, and make rounds of assigned patients and respond as appropriate.
- Provide the services or information requested, or find someone who can.
- Provide a timeframe for providing service and explain any delays.
- Follow through in meeting deadlines.
- Handle emergencies, pressures and stressful situations in a calm and professional manner.

COMMUNICATION

- Offer information on departmental processes and procedures, as appropriate.
- Communicate appropriately, with clarity and professionalism both orally and in writing, to management, coworkers and physicians.
- Keep people informed while resolving issues or getting answers to questions.

TEAMWORK

- Take responsibility for improving processes and systems; look for new and better ways of doing things.
- Participate openly, and honestly share opinions.
- Maintain a positive working relationship with patients, visitors, physicians and coworkers.
- Demonstrate willingness to accept assignments in a positive manner.

PROFESSIONALISM

- Present a positive image: Able to adapt to new conditions or procedures quickly and without resistance; accept assignments as commensurate with knowledge and experience; show a positive attitude toward work scheduled, assignments; conform to hospital policy regarding notification of absence or tardiness, use of Paid Time Off (PTO) and overtime.
- Wear name badge so that name is clearly visible and worn above the waist at all times while on duty.
- Limit eating, drinking and smoking to designated areas.
- Avoid personal conversation with coworkers when providing patient care.
- Make no inappropriate or negative comments about patients, coworkers, physicians or any part of NCMC in the presence or within hearing of any patients.
- Demonstrate pride in NCMC by keeping areas clean and safe.
- Demonstrate a professional attitude towards patients, visitors, physicians and coworkers.
- Demonstrate ongoing responsibility and commitment to the job through attendance and punctuality in related to stated work hours.
- Follow appropriate telephone guidelines.
- Maintain professional appearance and manner that is appropriate to assignment, as well as following NCMC Appearance Standard Guidelines.
- Complies with all organizational policies regarding ethical business practices.

Employee Signature

Date



NORTH CYPRESS MEDICAL CENTER

Dear Employees of North Cypress,

Protected Health Information (PHI). I agree that I will act as a reasonable custodian of any PHI that I will gain access to in the normal course of my duties and/or interaction with clients or patients. This includes but is not limited to, taking necessary steps to prevent to exposure of such information to anyone outside the staff who generated the information or other employees of the Company; adherence to all HIPAA regulations as they exist at the time this agreement becomes effective and as they change from time to time; and adherence to all the Company's policies and procedures pertaining to the access to and destruction of PHI.

I understand and agree that if I breach this Agreement, I will be responsible for paying all attorneys' fees and other legal costs incurred by the Company in enforcing this agreement.

Violation of this Agreement will result in disciplinary actions up and including termination with North Cypress Medical Center. In addition, violation of this agreement may result in possible legal action, or fines against you.

Accessing an employee's Protected Health Information (PHI) is completely unacceptable and will not be tolerated. Anyone found accessing the records of any employee to which they are not formally attached as a caregiver **WILL BE IMMEDIATELY TERMINATED.**

There will be no exceptions. Please respect the privacy of your co-workers. They are entitled to the same dignity and confidentiality as any other patient admitted to our facility.

I would like to thank you in advance for your cooperation with this important directive.

Sincerely,

Robert A. Behar, M.D.
Chairman of the Board
And Chief Executive Officer.

Receipt Acknowledged (Signature)

Date: _____

Printed Name

Thank you for choosing North Cypress Medical Center



Employee Confidentiality Agreement

This Confidentiality Agreement (hereinafter the "Agreement") is entered into by and between NORTH CYPRESS MEDICAL CENTER (hereinafter "the Company") and myself (hereinafter, collectively, "the parties") in addition to any hospital policies regarding confidentiality which I have already agreed to as a term of my employment with the Company. In serving as an employee, temporary worker, or contract hire of the Company, I understand that I will be exposed to information about the Company and its employees, patients, customers, and business relations that the Company considers to be of a confidential and/or proprietary nature, and I understand that the Company wishes to protect this information. As both a condition and a condition precedent of my employment by the Company, I agree to the following:

I agree and acknowledge that for the purposes of this Agreement, the following definitions apply: (A) "Confidential information" means data and information, in whatever form (including but not limited to oral, written, printed, recorded, transcribed, taped, filmed or graphic materials, however produced or reproduced, electronic, magnetic, or mechanical recordings of any kind, tapes, cassettes, disks, compact discs, diskettes, chips, cartridges, hard drives, and records, source code and object code, other than Trade Secrets, that is valuable to the Company or any person or entity represented by or affiliated with the Company and is considered by the Company to be secret, confidential, proprietary, and that is not generally known to the public or competing businesses which necessarily include any information pertaining to a patient, past or present, even if the patient's name, address, telephone number, driver's license information, social security number, or any identifying credential information are not disclosed; (B) "Nondisclosure Period" means the period beginning on the date last written below and continuing indefinitely after the termination of my employment with the Company for any reason; and (C) "Trade Secret" means any technical or non-technical data, formula, pattern, compilation, program, device, method, technique, drawing, process, financial data, financial plan, product plan, list of actual or potential customers or suppliers, or other information similar to any of the foregoing, which derives economic value, actual or potential, from not being known to, and not being readily ascertainable through proper means by other persons who can derive economic value from its disclosure or use, and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. (D) "Protected Health Information" (PHI) is that personally identifiable to an individual patient, as defined in 45 CFR §164.501.

North Cypress Medical Ctr # 11214
VOLUNTEER INFORMATION

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Email address: _____ (Provide if you prefer to receive information via email)

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level

(GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*Have you ever been convicted of a crime? Yes No (Please attach a separate sheet of paper to provide additional entries)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

2. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

3. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

4. **City:** _____ **State:** _____ **Date From:** _____ **Date To:** _____

STATE LAW NOTICES

California applicants or employees only: Please mark this field to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

Colorado applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Connecticut applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Maryland applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432.

Minnesota applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; [1-888-773-2432. Place an X here for a disclosure to be sent to you. Place an X here for a free copy of your consumer report to be sent to you.

Montana applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance of any investigative consumer report.

New Jersey applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com.

New York applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such

report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: ____.

Oklahoma applicants or employees only: Mark an X here ____ you would like to receive a free copy of your report.

Oregon applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1-888-773-2432, www.precheck.com. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Vermont applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: _____ **Date** _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Nevada Private Investigator License # 1618

North Cypress Medical Ctr # 11214
VOLUNTEER AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ **Date** _____

North Cypress Medical Ctr # 11214
VOLUNTEER DISCLOSURE

APPLICANT'S FULL NAME _____

Any Other Names Used _____

Social Security No. _____ / _____ / _____ Date of Birth¹ _____

Current Address _____

City _____ State _____ Zip _____

Driver's License State _____ D.L. Number _____

Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

www.PreCheck.com info@precheck.com

ph: 800-999-9861 fax: (800) 207-2778

State Specific Notices

* **California employees/residents:** You need not disclose any referral to, and participation in, any pre-trial or post trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.

* **Connecticut employees/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolle, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

* **Massachusetts employees/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

* **Philadelphia, PA employees/residents:** You may exclude convictions that occurred more than 7 years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the 7 year period.

* **San Francisco, CA employees/residents:** You may exclude convictions that occurred over seven years ago and a conviction or any other determination or adjudication in the juvenile justice system, or information regarding a matter considered in or processed through the juvenile justice system.

* **Washington State employees/residents:** You may exclude convictions that occurred over ten years ago.

* **Seattle, WA employees/residents:** In addition to the above, you may exclude a criminal conviction that has been the subject of a certificate of rehabilitation or other equivalent procedure based on a finding of the rehabilitation.

* **Georgia:** Applicants may exclude convictions discharged under Georgia's First Offender Programs.

* **Nevada:** Applicants are not required to disclose misdemeanor convictions which resulted in imprisonment older than 10 years.

* **New York:** Applicants for job positions may exclude an adjudication as a youthful offender.

* **Ohio:** Applicants with a conviction for a minor misdemeanor violation involving marijuana does not constitute a criminal record and does not need to be reported by the person so convicted in responding to the questions on this application.

Confidentiality. I agree to hold in confidence all Trade Secrets of the Company and not to disclose, publish, or make use of such Trade Secrets without the prior written consent of the Company for as long as the information remains a Trade Secret under this Agreement and/or applicable law. I further agree to hold in confidence and not to disclose or allow to be divulged to anyone, from my own use or benefit or for the use or benefit of others or for any reason, any Confidential information of the Company or of any person or entity represented by or affiliated with the Company during Nondisclosure Period without the prior written consent of the Company. Further, I will make no use of such Confidential Information except as expressly authorized by the Company in writing. This restriction shall not apply to disclosures that are required by law.

Protected Health Information (PHI). I agree that I will act as a reasonable custodian of any PHI that I will gain access to in the normal course of my duties and/or interaction with clients or patients. This includes but is not limited to, taking necessary steps to prevent the exposure of such information to anyone outside the staff who generated the information or other employees of the Company; adherence to all HIPAA regulations as they exist at the time this agreement becomes effective and as they change from time to time; and adherence to all the Company's policies and procedures pertaining to the access to and destruction of PHI.

Intellectual Property Ownership. All work performed by me is "work for hire" as an employee at will, and I will assign to the Company all rights in all designs, creations, and improvements, original works or ownership, formulas, processes, know-how techniques, inventions and all other information or items created by me during the term of my employment. The rights assigned include title and interest in all patent, copyright, trade secret, trademark and other proprietary rights.

Return of Property. I agree to return all property of the Company immediately upon termination of my employment with the Company for any reason, including, but not limited to, all data, documentation, software and information, in whatever form, inventory, printed materials, customer lists, price lists, reports, handbooks, training materials, research, marketing materials, sales information, or any other documents obtained by me as a result of my employment with the Company, and all copies thereof.

I understand and agree that if I breach this Agreement, I will be responsible for paying all attorneys' fees and other legal costs incurred by the Company in enforcing this Agreement.

I understand the Company has legitimate business reasons and a strong interest to maintain confidential the Confidential Information. It is also understood and intended by the parties hereto that if any portion of this Agreement is held to be unreasonable, unenforceable, arbitrary, or against public policy, then such portion of such covenant shall be considered divisible as to time and prohibited activities, and the remaining provisions shall remain in effect. No amendment, modification, or discharge of this Agreement shall be valid or binding unless set forth in writing and duly executed by each of the parties hereto. The Company shall be entitled to injunctive relief, among other remedies, to prevent and put an end to any violations of this Agreement. This Agreement contains all of the covenants and agreements between the parties with respect to the subject matter of this Agreement, and the parties agree that no representations or agreements, oral or otherwise, relating to the subject matter of this Agreement that are not contained in this

Agreement shall be valid or binding. The Company may assign this Agreement to any successor of the Company, in which case it will be binding upon and inure to the benefit of the assignee.

Duties. I understand that my computer sign-on is my own individual, personal code for gaining access into North Cypress Medical Center Computer Systems and I agree that I will not share my login ID and/or password with anyone. My computer sign-on allows me to access only such information which I have been authorized to use to perform my job responsibilities and I agree that I will only use my computer access as appropriate in order to carry out my assigned duties. I understand that my computer sign-on and my electronic signature or initials, if applicable, act as my personal signature, as if I had signed a paper document, when performing all computer activities and is legally binding as my authorized personal signature. I understand that the information I access through hospital systems is privileged, and/or confidential, and is to be used only in the performance of job-related or patient-related activities. I agree that I will not divulge confidential information unless requested to do so by my supervisor or other authorized personnel in the performance of my job duties or as required by law.

By signing below, I acknowledge that I have read and I understand this Agreement and all of its provisions and that I have been given an adequate opportunity by the Company for explanation and discussion of this Agreement. I sign this Agreement voluntarily of my own free will, and I am not suffering from any disability or condition that would render me unable to enter into this Agreement. I further agree to abide by all current regulations, Federal, and State, including HIPAA, and all hospital confidentiality and computer usage policies, currently found on the Hospital intranet under Policies.

Violation of this Agreement will result in disciplinary actions up to and including immediate termination of your relationship/employment with North Cypress Medical Center. In addition, any violation of this Agreement may result in possible legal action, or fines against you and the organization you represent, for non-employees.

NORTH CYPRESS MEDICAL CENTER

Employee/Temporary Worker/Contract Hire

By: _____ By: _____

Title: _____ Title: _____

Date: _____ Date: _____

Original to Personnel File

Copy to Employee



NORTH CYPRESS MEDICAL CENTER

Consent and Release Form for Drug Test

I, _____, hereby give my consent and express my willingness to undergo a drug test as requested by North Cypress Medical Center, I also consent to the release of the results of the test to my employer. I am also consenting to the collection of a urine sample from me by my employer's physical or testing representative, which is sent to a laboratory selected by my employer. I understand that this laboratory conducts screening tests on this urine sample to detect the presence of illegal narcotics, including marijuana and other drugs, as well as signs of abuse of legal drugs. I understand that all samples are subject to careful testing procedures with mandatory confirmation of any preliminary positive results.

I understand that a positive result on a drug test can result in revocation of my employment with North Cypress Medical Center. I agree to release and discharge North Cypress Medical Center and any of its designated medical personnel, agents, or authorized testing laboratories from any claims or potential liability arising out of or related to any physical or medical examination or the results of such examinations or tests that I have been asked to undergo by North Cypress Medical Center.

I also hereby agree not to file or pursue any complaints, claims or legal actions of any kind against North Cypress Medical Center, any of its affiliates, employees, representative, or agents arising out of their activities or actions performed in connection with these examinations.

Signature of Applicant

Date (month, day, and year)



NORTH CYPRESS MEDICAL CENTER

VEHICLE REGISTRATION

EMPLOYEE NAME: _____

DEPARTMENT: _____

	MAKE OF VEHICLE	MODEL OF VEHICLE	YEAR OF VEHICLE	COLOR OF VEHICLE	VEHICLE LICENSE #	NCMC PERMIT #
VEHICLE#1						
VEHICLE#2						
VEHICLE#3						

I HAVE BEEN INSTRUCTED ON THE NORTH CYPRESS MEDICAL CENTER PARKING POLICY.

I UNDERSTAND THAT IF I DO NOT FOLLOW THIS POLICY, MY VEHICLE MAY BE TOWED OR MY PARKING PRIVILEGES MAY BE REVOKED, WHICH WOULD AFFECT MY EMPLOYMENT STATUS.

SIGNATURE: _____

DATE: _____