

THE CENTER FOR CHILDREN AND FAMILIES, INC CONFIDENTIALITY POLICY

The independent contractor shall adhere to the following guidelines with respect to maintaining confidentiality and respecting the privacy of others in all matters relating to an assigned case. The guidelines are set out below. They govern circumstances in which the CFCF requests or receives information. However, these guidelines cannot cover every possible situation which may arise. Any questions and/or concerns the CFCF regarding confidentiality or the application of this policy should be discussed with the CFCF Coordinators. These will be resolved on a case-by-case basis.

- Cases involving parties who are known to the CFCF Program as being HIV positive, having AIDS and/or having other Sexually Transmitted Diseases (STDs) are governed by an additional confidentiality protocol to which the volunteer must adhere. If, after accepting a case, the CFCF learns it involves a STS, the independent contractor should immediately contact the Chief Operating Officer to obtain the protocol.
- In requesting information in the course of an investigation, a independent contractor may need to obtain information from doctors, psychiatrists, psychologists, social workers, attorneys, clergy, teachers, or other professionals who have a protected relationship status with a party or the child. Your Appointment Order should cover most cases. By statute, there are limitations on the disclosure of information a professional receives during the course of his/her relationship with a client or patient. Many professions also have ethical principles which govern their ability to disclose information (for example, attorneys are bound by Rules of Professional Conduct; doctors, psychologists, and social workers also have ethical codes). The professional has no authority to provide any information to an independent contractor without the express permission of the client or a court order.

If it is necessary to obtain any privileged/confidential information about someone who is directly related to the case but is not the children, the independent contractor must obtain from that person a written release of information which allows the professional, hospital or treatment center to discuss the matter.

While a person may sign a release allowing the independent contractor to obtain confidential information, he/she may not want to authorize disclosure to the other parties to the case and/or their attorneys. The independent contractor should review the signed release form very carefully and seek guidance from the CEO if the independent contractor has any questions at all.

- The independent contractor is not allowed to disseminate documents to any of the parties, their attorneys, and/or collateral sources which are covered by state and/or federal confidentiality laws. These documents may include drug and alcohol evaluations/records; involuntary mental health treatment and rape crisis center information; and some criminal histories. Those covered by federal law usually are stamped, "This information is protected by Federal law (and prohibits you from making any further disclosure, A general authorization for the release of medical or other information is NOT sufficient for this purpose."
- The independent contractor shall never discuss an assigned care for purely conversational purposes, particularly in specific terms, with anyone.
- The independent contractor should not promise a child or any party to the assigned cases that his/her statements will be kept secret or confidential.

- The independent contractor must disclose confidential information learned during the course of an investigation in three circumstances:
 1. When consulting with the Project Coordinator or CEO who must be provided all significant case specifics known to the independent contractor ;
 2. When ordered by the court in a hearing or trial;
 3. When the independent contractor thinks that there is reasonable cause to believe that a child has suffered physical and/or sexual abuse.

- A independent contractor may disclose confidential information and discuss case specifics in three circumstances:
 1. When the independent contractor consults with a professional service provide (medical personnel, mental health specialist, social worker, etc.) who is providing services to the children who has agreed to the professional's disclosure or because their client signed a Release-of-Information Form.
 2. When the petitioner and respondent agree to disclosure.
 3. When the court orders the disclosure.

- The independent contractor may discuss a case in hypothetical terms for purposes of illustration at the professional meeting (seminars) designed to address issues promoting the best interests of children. The independent contractor shall not, however, mention the names of any individuals involved in the case or provide facts, which may identify the case or parties.

Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

	Social security number
or	
	Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
------------------	----------------------------------	--------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

REQUEST FOR SERVICES

PLEASE FAX or EMAIL COMPLETED FORM TO: (318) 966-6321(Taudrea.early@stfran.com) OR HAVE THE EMPLOYEE BRING THIS FORM TO OUR CLINIC AT THE ADDRESS ABOVE. ALSO PLEASE BRING IN PHOTO I.D. AT THE TIME OF VISIT OR TEST WILL NOT BE PERFORMED.

EMPLOYEE NAME: _____

EMPLOYEE SSN/ID#: _____

COMPANY NAME: The Center for Children and Families

METHOD OF PAYMENT: Employee Pays Bill Company Bill Third Party Administrator

BILLING ADDRESS: PO Box 9394 Monroe Louisiana 71211

PLEASE MARK THE APPROPRIATE SERVICES THAT ARE REQUESTED:

REASON FOR SCREEN/TESTING: <input checked="" type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Random <input type="checkbox"/> New Certification <input type="checkbox"/> Post-Accident <input type="checkbox"/> Recertification <input type="checkbox"/> Return To Work <input type="checkbox"/> Follow Up <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Other: _____ OBSERVED: <u>Yes / No</u>	DRUG/ALCOHOL SCREEN: <input type="checkbox"/> DOT Drug Screen <input checked="" type="checkbox"/> NON-DOT Drug Screen ___5 Panel <input checked="" type="checkbox"/> 10 QUICK TEST –SEND OFF IF POSITIVE. <input type="checkbox"/> DOT Breath Alcohol <input type="checkbox"/> NON-DOT Breath Alcohol <input type="checkbox"/> Instant Drug Screen ___5 Panel ___10 Panel <input type="checkbox"/> Hair Drug Screen	PHYSICALS: <input type="checkbox"/> DOT <input type="checkbox"/> NON-DOT <input type="checkbox"/> WORK COMP <input type="checkbox"/> ASBESTOS <input type="checkbox"/> CHROMIUM <input type="checkbox"/> HAZWOPER <input type="checkbox"/> HAZ-MAT
OTHER TESTING: <input type="checkbox"/> Blood Work: _____ <input type="checkbox"/> Audio <input type="checkbox"/> EKG <input type="checkbox"/> Vision: ___Titmus ___Snellen Wall Chart <input type="checkbox"/> PFT/Spirometry <input type="checkbox"/> Mask Fit Test ___Portacount Machine ___ Hood Test w/Bitter solution <input type="checkbox"/> Respirator Mask Clearance <input type="checkbox"/> TB Skin Test <input type="checkbox"/> Back Assessment/Eval <input type="checkbox"/> Chest X-ray: ___ 1 view ___2 view <input type="checkbox"/> Lumbar X-ray <input type="checkbox"/> Other: _____		
REPORTING RESULTS: <input type="checkbox"/> Give all paperwork to employee <input type="checkbox"/> Mail all paperwork to the ___Employer ___Third Party Administrator <input type="checkbox"/> Fax all paperwork only Fax Number: _____ <input checked="" type="checkbox"/> Email paperwork only Email: <u>cmurphy@standforhope.org</u>		

AUTHORIZED BY: Nicole Cabello Phone: 318-398-0945 DATE: _____

StFrancisOccuMed

A Comprehensive Occupational Medicine Network

TB QUESTIONNAIRE

DATE: _____

NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

DEPARTMENT: _____

It has been determined that you are unable to take the required annual TB Skin Test. Please answer the questions below. This questionnaire will fulfill your annual requirements.

HAVE YOU EXPERIENCED?

1. Unexplained cough of two weeks or more? _____

2. Unexplained weight loss? _____

3. Fever? _____

4. Night sweats? _____

5. Productive cough? _____ Color of sputum _____

6. Chest tightness? _____

T.B. Questionnaire / Next Due Due: _____

If you answered yes to one or more of these questions, a Chest X-Ray will be required.

Business Card Order Form

Name	
Credentials	
Title	
Address/Location	
Office #	
Cell # (optional)	
Fax #	
Toll Free #	1-866-398-0945
Email	

Who's on My Team?!

First and Last Name:

Birthdate:

Title:

Location:

Favorite Candies:

Favorite Drink(s):

Favorite Snack Food(s):

Favorite Cookies:

Favorite kind of Cake:

Favorite Color(s):

Favorite Restaurant(s):

Favorite Candle Scent(s):

Favorite Musical Group/Type:

Favorite Book(s):

Favorite Movie(s)/TV shows:

Favorite Hobbies:

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of The Center for Children and Families, Inc. to release the following information, professional license, completion of educational requirements, insurance coverage, and CPR certification, to the following parishes' school boards Ouachita, Morehouse, Lincoln, Monroe City, and Union for the official use of allowing _____ access in the parish school to see clients.

This release is executed by me with the full knowledge and understanding that the information to be released about me will be used by the parish school board to determine qualifications. I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

Direct Care Signature

Date

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize a representative of The Center for Children and Families, Inc. to release the following information, professional license, completion of educational requirements, insurance coverage, and CPR certification, to the following parishes' school boards Caldwell, Catahoula, Concordia, East Carroll, Franklin, LaSalle, Madison, Monroe City, Richland, and West Carroll for the official use of allowing _____ access in the parish school to see clients.

This release is executed by me with the full knowledge and understanding that the information to be released about me will be used by the parish school board to determine qualifications. I have read the above waiver and release statement and fully understand what rights I am waiving by signing this document.

Direct Care Signature

Date