



CRIMINAL BACKGROUND CHECK &

SOCIAL SECURITY NUMBER VERIFICATION AUTHORIZATION

Pursuant to the Health Information Portability Accountability Act (HIPAA), we need your authorization to release your health and personal information for the purpose of criminal background check prior to offering a direct-contact position. After confirmation of hire, Rainbow Home Health Care will need to verify your social security number for the purpose of completing IRS Form W-2.

- I hereby authorize Rainbow Home HealthCare and its agents to use and share my personal information with government agencies for the purposes of criminal background check and social security number verification.
- I understand that the result of my background check may disqualify my employment with Rainbow Home HealthCare.
- I understand that if my social security number is found to be incorrect, I will have to temporary postpone PCA services and provide my correct social security number until an additional background study is completed.
- I understand that I have the right not to release personal information for purposes of criminal background check which is required for my employment.
- I hereby certify that the information given on this form are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

First	Middle	Last	
Print Name: _____			Birth Date: _____
Also Known As (AKA): _____			Gender (Please Circle): M F
Phone Number: _____		E-Mail: _____	
Home Address: _____			
City: _____		State: _____	Zip: _____ County: _____
Are You a U.S. Citizen? Yes No * If No Write Permanent Resident #. _____			
Place of Birth (Country) _____			
If born in the United States. What State: _____		City: _____	
Social Security#: _____			
Driver License or State ID#: _____		State Issued: _____	
Driver License or State ID Expiration Date: _____			

HIPAA Privacy and Security Policy Acknowledgment Form

This notice tells all employees how and why personal information about employees will be collected, how it will be handled and secured, and with whom the information is shared. We respect the privacy of personal information and maintain it securely according to the privacy and security rules under HIPAA. This notice applies to information regarding all current and former employees.

Why we collect personal information:

- To determine eligibility for health care coverage
- To transmit premium payments to the health insurance carrier
- To provide test results to an officer of the company, government regulatory agencies, or companies that require certain tests under contract
- For pre-employment physicals and to determine fitness-for-duty of the employee's job
- To evaluate work-related injuries and comply with workers' compensation laws
- For requests for accommodation under the ADA
- To administer leave under FMLA (where applicable)
- To comply with OSHA, MSHA, and similar state laws
- For judicial or administrative proceedings

Personal information we collect from employees:

We ask people seeking employment and benefits to provide certain information when they begin employment and enroll in a benefit plan. This information includes but is not limited to:

- Name, address, and phone number
- Social Security Number
- Birth date
- Marital status
- Information regarding current illnesses, injuries, or disabilities that may affect the ability to perform the job.
- Consent to release all applicable information, including physical exam, drug screening and fitness-for-duty results to the company and its agents and service providers.

How we protect personal information under federal law:

Employee personal medical information is maintained in accordance with HIPAA and/or any other state or federal law to protect the privacy of such information. The confidentiality, integrity, and availability of any electronic protected health information (EPHI) will be ensured via appropriate safeguards as specified under HIPAA's security rule. We will investigate and correct any alleged privacy or security violation within 30 days of discovering the issue.

How we protect personal information under state law:

Employee personal medical information is maintained in accordance with state law where such rules are more stringent than, but not contrary to, the federal law to protect the privacy of such information. In general, state laws that are contrary to HIPAA's privacy rule are preempted by the federal requirements, which means that the federal requirements will apply. The HIPAA privacy rule provides exceptions to the general rule of federal preemption for contrary state laws that require certain health plan reporting, provide greater privacy protections, or provide for the reporting of disease or injury, child abuse, birth, or death.

If you want more information on HIPAA as it applies to your personal health information, please contact the owner or an officer of the company or customer service for:

RAINBOW HOME HEALTHCARE, INC.

(Health care program)

Acknowledgment of receipt:

Employee

Date



1358 7th Street East
Saint Paul, MN 55106
Business Phone: (651) 778-0562
Fax: (651) 778-9967

DISCLOSURE OF CRIMINAL CONVICTION INFORMATION BY HOME CARE EMPLOYEES AND APPLICANTS

Minnesota law requires that we secure the following information from any prospective or current employee who may be involved in duties involving contact with clients in their homes. It is very important that you provide complete and accurate information; failure to do so may bring adverse consequences, including the loss of any employment with this agency. If you cannot honestly make the statement set forth in Section A below, you must also complete section B.

All persons should complete Section C.

A. The undersigned hereby certifies that he or she **has not been charged, convicted** of (nor has he or she pled guilty to) any crime in any jurisdiction.

Signature: _____

B. If you have **been charged, convicted** of (or have pled guilty to) any crimes, other than a minor traffic violation, in any jurisdiction, please provide the following information:

1. Describe the nature of crime (i.e. name the crime for which you were charged and/or convicted and provide a brief summary of the facts in the case:

2. Name the jurisdiction in which and the date on which you were charged and/or convicted:

a:(Jurisdiction) _____

b:(date) _____

3. Describe the penalty imposed, including the time period of the penalty:

4. Name and address of the probation or parole agent, if

any: _____

5. The date of release from incarceration, if applicable: _____

The undersigned hereby certifies that the above information is true and correct in all respects.

Signature _____ (Sign Here Only If You Have Been Charged)

C. I hereby authorize all individuals, institutions, and entities with which I have been associated, who have the knowledge concerning information requested in this form, to consult with and release information to the agency, its agents and designees.

I hereby release the agency, its agents and designees, and all other individuals, institutions and entities providing information in accordance with the authorizations contained herein from liability for the acts performed in good faith and without malice in connection with the investigation of this form and the release and exchange of information authorized above. Law shall in addition to any other applicable immunity provide this release for the investigatory activities.

I hereby agree that, as a condition of employment by the agency, I will promptly inform the agency in writing of any criminal convictions, in any jurisdiction (including all pleas of guilty), other than minor traffic offenses, of which I am convicted after today.

Signature _____

Date _____

BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

Why is DHS asking me for my private information?

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

How will I be notified that a background study was submitted on me?

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

What information must I provide to complete the background study?

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

How will the information that I give be used?

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child.

Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

What may happen if I provide the information?

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

What if I refuse to provide the information?

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

Who will DHS give my information to?

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

What information will DHS share with the entity that requested my background study?

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

What other entities might DHS share information with?

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.

What if my disqualification is set aside?

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

Will my fingerprints be kept?

DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

What information can the fingerprint and photo site view and keep?

The fingerprint and photo site can view identifying information to verify your identify. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

Who can see my photo?

Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

What are my rights about the information you have about me?

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

- (1) not been affiliated with any entity for the previous two years, and;
- (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services
Background Studies Division
NETStudy 2.0 Coordinator
PO Box 64242
St. Paul, MN 55164-0242

How long will DHS keep my background study information?

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on a you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

What is the legal authority for DHS to conduct background studies?

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a); 144.057, subdivision 1; 518.165, subdivision 4, and 524.5-118;

What if I think my privacy rights have been violated?

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services
Privacy Official
PO Box 64998
St. Paul, MN 55164-0998