

HR Documents  
(Intro)

(The following links are already provided; please provide any additional ones you would like).

## [Authorization to Obtain a Consumer Credit Report and Release of Information for Employment Purposes](#)

## [Employment Application](#)

### Human Resources Mission Statement

The mission of the Human Resources department is to support the goals and challenges of Prosthetic Laboratories, Lair's Shoes, Ortho Innovations and the Silhouette Shoppe, in conglomeration with the managers, their teams and individual employees, by providing services that promote a work environment of employee empowerment and involvement in the organization.

We aim to attract, develop, motivate and retain a diverse workforce within a supportive work environment. We do this with an emphasis on patient care based on consultation and communication with the staff and those that receive our services. We will seek and provide solutions to workplace issues that support and optimize the operating principles of our organization.

**(Have Darren approve posting this first)**

### Additional Links

Tour and Job Shadow Link to sign up—Not sure if someone else is working on this? Could be a simple sheet that sends me an email they are interested?

\*Confidentiality Statement (These should say print and bring with)

\*Visitor Guidelines(These should say print and bring with)

\*Where to Park when coming for the tour

## Visitor Guidelines

- •No photography or video cameras are allowed during the extent of your visit
- •Closed-toe, low-heeled shoes are required
- •Safety is important to us. Visitors are not allowed in the Lamination or Machine rooms (would be best to view these rooms through the windows
- •Visitors are not to work with chemicals or handle any items that may be contaminated with body fluids
- •Visitors are to remain with an employee of Prosthetic Laboratories at all times during their visit.
- •Smoking is not allowed anywhere in the building (there are receptacles outside, ask an employee for directions) ***I have read and understand the visitor Guidelines and will follow during my visit.***

\_\_\_\_\_ Print Visitor Date

\_\_\_\_\_ Visitor Signature Date

## CONFIDENTIALITY AGREEMENT POLICY/TOUR & JOB SHADOW

I, \_\_\_\_\_, hereby agree to regard all information received in the performance of my employment at  
GMS of Rochester as confidential. I will consider all information confidential, regardless of content, unless published and available to the general  
public. Included in this agreement will be information regarding co-workers, managers, other employees, clients, consumers, guests, financial  
information, business contacts in any manner and all other pertinent information.

I understand that while performing my official duties I may have access to information that is classified as either confidential or sensitive or protected  
health information. Confidential information is information that identifies an individual or this GMS of Rochester. Sensitive information may be  
financial or operational information that requires the maintenance of its integrity and assurance of its accuracy and completeness. Protected Health  
Information (PHI) means individually identifiable health information that is transmitted or maintained in any form or medium. Confidential,  
sensitive, and protected health information is not open to the public. Special precautions are necessary to protect this type of information from  
unauthorized access, use, modification, disclosure, or destruction.

### **I agree to protect the following:**

- All patients' protected health information
- Information about how GMS of Rochester's computer systems are accessed and operate.
- Any other proprietary information about GMS of Rochester such as operational information, personnel and payroll information and instructional  
manuals. **I agree to protect confidential, sensitive, and PHI information by:**
- Accessing, using, or modifying confidential and/or sensitive and/or PHI only for the purpose of performing my official duties.
- Never sharing passwords or logon codes with anyone or storing passwords or codes in a location accessible to unauthorized persons. Never  
attempting to learn or use another employee's password or logon code.
- Never accessing or using confidential and/or sensitive and/or PHI out of curiosity, or for personal interest or advantage.
- Never showing, discussing, or disclosing confidential and/or sensitive and/or PHI to or with anyone who does not have the legal authority or the  
"need to know".
- Never leaving a secure computer application unattended while signed on.
- Storing confidential and/or sensitive and/or PHI in a place physically secure from access by unauthorized persons.
- Never removing confidential and/or sensitive and/or PHI from the work area without authorization.
- Disposing of confidential and/or sensitive and/or PHI by utilizing an approved method of destruction, which includes shredding, burning, or  
certified or witnessed destruction. Never disposing such information in the wastebaskets or recycle bins.
- Immediately notifying the proper person if I have reason to believe my password or logon code has been compromised. I understand that a  
breach of this confidentiality policy leading to information reaching GMS of Rochester competitors may result in my immediate dismissal, and  
possible legal action to recover damages to GMS of Rochester. I have read, understand, and agree to comply with the security policies and  
procedures. The penalties for unauthorized access, use, modification, disclosure, or destruction may include disciplinary action and/or criminal or  
civil action.

***"I certify that I have read and understand the Confidentiality Agreement Policy printed above."***

Please print your name, address, and phone number below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date