



Pikeville Medical Center

**Non-Employee Demographic Sheet**

**Directions**

**Please have all independent contractor personnel to complete the demographic sheet.**

**Date:** \_\_\_\_\_

\_\_\_\_\_ **Social Security Number**

\_\_\_\_\_ **Date of Birth**

\_\_\_\_\_ **First Name**

\_\_\_\_\_ **Middle Name**

\_\_\_\_\_ **Last Name**

\_\_\_\_\_ **Address**

\_\_\_\_\_ **City, State, Zip**

\_\_\_\_\_ **Name of Department**

\_\_\_\_\_ **Name of Contract Company**

\_\_\_\_\_ **Job Title (Position)**

\_\_\_\_\_ **RN License**

\_\_\_\_\_ **ARNP License #**

\_\_\_\_\_ **UPIN # (Unique Personal ID)**

\_\_\_\_\_ **NPI # (National Provider IDA)**

\_\_\_\_\_ **Start Date @ PMC**

\_\_\_\_\_ **Copy of current CPR Card if Applicable**

\_\_\_\_\_ **Copy of Current TB Skin Test, and an immunization record as regards to Rubella and Varicella. If not in infection Control at PMC, then where?**

**Name and number of contact person in case of Emergency:** \_\_\_\_\_



Social Media Policy

I have read and reviewed the Social Media Policy and Guidelines. By signing this form, I agree to abide by the Guidelines currently in place and I agree to review periodically any changes or modifications.

I recognize that the Social Media Policy regarding the internet and any social media websites are continually evolving; therefore, I understand updates to the policies and guidelines will be available on PMC's intranet and main web page. <http://www.pikevillehospital.org>

I understand that failure to follow the PMC Social Media Policy may lead to cancellation of assignment.

Print Name

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Signature

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Date

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Contractor Compliance Education Record

**Initial**

\_\_\_\_\_

I understand and will adhere to PMC's Code of Conduct.

\_\_\_\_\_

I understand that compliance is the responsibility of all PMC's Employees, Students/Instructors, Contractors and Vendors.

\_\_\_\_\_

I understand that if I have any questions regarding compliance that I should refer them to one of my compliance resources immediately.

My compliance resources are Doris Taylor, Corp Compliance Ext. 13532 or 213-7006, Compliance Hotline 606-432-3542, or my Supervisor.

\_\_\_\_\_

I understand that compliance with the Hospital's Code of Conduct is a condition of my employment/assignment/rotation.

\_\_\_\_\_

I understand that my Contract ID badge will be turned into Human Resources upon completion of my contract.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept/Agency/School



### Confidentiality Agreement

By signing below, I acknowledge and agree to the following:

1. It is my responsibility to safeguard and maintain the confidentiality of Confidential Information and not access, use, or disclose it except as is consistent with PMC's policies, as necessary to perform my job duties, and in compliance with all applicable laws.
2. I understand that PMC maintains a Confidentiality Policy which is available for my review in PMC's online policy system and I understand that it is my obligation to comply with that policy.
3. I understand that Confidential Information includes any information that might reasonably be considered secret, sensitive, or private including, medical records, personnel records, PMC business records, and even business information provided to PMC by an outside source that PMC has agreed to keep confidential.
4. I will not disclose Confidential Information to co-workers who do not have a legitimate PMC business reason to access the Confidential Information.
5. I will not disclose Confidential Information to PMC's contractors or vendors except as necessary for the contractor or vendor to perform the services for which PMC has engaged them.
6. I will not disclose Confidential Information to any person who is not a PMC employee, contractor, or vendor, workforce unless the disclosure has been properly authorized by the person(s) who is/are the subject of that Confidential Information or as otherwise required or permitted by law and PMC policy.
7. I will not disclose confidential business information of a third party that PMC has agreed to keep confidential except as permitted by the terms of PMC's agreement with that third party.
8. If I am unsure or have doubts about whether certain information is Confidential Information or whether access, use, or disclosure of it is permissible, I will seek direction from my supervisor or contact PMC's Privacy Officer.

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Signature

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Print Name

Date



Employee Health Insurance Portability Accountability Act of 1996  
(HIPAA) Education Record

**Initial**

- \_\_\_\_\_ I have taken the New Hire Corporate Compliance CBT and understand the education it provided on HIPAA.
- \_\_\_\_\_ I understand that I am required to take the Annual Corporate Compliance CBT each year employed.
- \_\_\_\_\_ I understand that Compliance to HIPAA is my responsibility as well as every  
other employee/Student.
- \_\_\_\_\_ I will follow the guidelines for HIPAA according to my job responsibilities.
- \_\_\_\_\_ I understand that if I have any questions regarding HIPAA in my day-to-day activities that I should refer them to Doris Taylor, AVP Corporate Compliance.  
Ext. 13532, or call the privacy hotline at 606-432-3542.
- \_\_\_\_\_ I understand that compliance to HIPAA guidelines is a condition of my assignment.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department



Contract Personnel Photo Identification Commitment Form

I, \_\_\_\_\_, \_\_\_\_\_  
(Print Name) (Print Agency)

have received a photo identification badge for identification and security while assigned at Pikeville Medical Center. I have read and agree to follow all guidelines set forth as stated during facility orientation.

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This verifies that the above name individual has attended facility orientation.

\_\_\_\_\_  
Signature of Educator

\_\_\_\_\_  
Date



New Employee / Contractor Orientation Module

1. Enter your name:

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2. Title:

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3. I acknowledge that I have completed the PMC orientation module and understand the material presented. I acknowledge that I will adhere to PMC's policies and procedures and will contact Hospital Education at 606- 430-3400, with any questions or concerns.

☐ Yes

☐ No