

9.11 SAMPLE ORIENTATION CHECKLIST AND ACKNOWLEDGMENT STATEMENT

(See MT TX FP Administrative Manual, Policy 1.5, *Prohibition of Abortion*, MT TX FP Administrative Manual, Policy 2.6, *Voluntary Participation*, MT TX FP Administrative Manual, Policy 2.11, *HIPAA Compliance*, MT TX FP Administrative Manual, Policy 4.3, *Training and Technical Assistance*)

Policy: Staff must review all family planning policies and procedures and sign an acknowledgement form stating they have reviewed and understand the family planning requirements.

Procedure:

<Clinic Name> will provide trainings to Title X staff during the first 30 days of hire. Title X staff will include the trainings in their education and trainings logs and sign the *Acknowledgement Statement of Title X Planning Requirements* form on an annual basis. Trainings will include:

1. Title X Family Planning

- a. Fundamentals of Family Planning
 - i. This is a manual that Women's and Men's Health will lend to each new employee for a period of one-two months. Please contact WMHS 406-444-3609 to obtain this manual.
- b. Title X
 - i. <http://fpntc.org/training-and-resources/family-planning-basics>

2. Mandatory Reporting

- a. All Family Planning employees are mandatory reporters
- b. All staff must complete the following webinars and have documentation of completion:
- c. Mandatory Reporting Training (Clinical and Legal Implications for Adolescent Disclosure of Abuse Webinar) - Recorded version of the webinar held on Tuesday, April 2, 2013. Contact the Office Support Specialist for the most up to date link 406-444-3609.
- d. In order to receive a certificate of completion, each individual will be required to complete the survey using the link below. <http://www.surveymonkey.com/s/V3ZQKSW>
- e. Human Trafficking in the Family Planning Setting <http://www.fpntc.org/training-and-resources/webinar-recording-human-trafficking-in-the-family-planning-setting>

3. Cultural Competency

- a. <https://www.thinkculturalhealth.hhs.gov/index.asp>
- b. To ensure all family planning staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. Also, to implement a mechanism for ensuring family planning staffs achieve ongoing cultural competency training.
- c. Cultural Competence is a set of congruent practice skill knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family members and professionals that enables that system, agency, or those professionals and consumers, and family member providers to work effectively in cross-cultural situations.
- d. Cultural Competency Training is any training that addresses cultural/linguistic topics. Training may occur within the family planning program with professional staff or through web-based programs. Training will include working with adolescents, different race/ethnicities (Native American), LGBTQ, clients with limited English proficiency, persons living with disabilities and other relevant topics. All staff must
 - i. Attend a minimum of two (2) hours of cultural competency training each calendar year
 - ii. Provide the direct supervisor with a certificate of completion, as defined, upon completion of the training

4. Health Insurance Portability and Accountability Act (HIPAA)

- a. Known as HIPAA or “the patient privacy act.” This ensures the confidentiality of our patients.
- b. We only allow information about them to be released upon their permission (unless court ordered).
- c. Online training materials:
<http://www.hhs.gov/ocr/privacy/hipaa/understanding/training/index.html>

Optional Trainings

1. Anatomy & Physiology and Sexually Transmitted Infections (STIs)

- a. <http://www.engenderhealth.org/pubs/courses/>
 - i. This page should read “Online Courses”
 - ii. Scroll down to “Topics in Reproductive Health”
 1. Engender Health’s work in HIV, AIDS, and STIs
 2. HIV Prevention in Maternal Health Services
 3. Sexual and Reproductive Health for HIV-Positive Women and Adolescent Girls
 - iii. Below each topic click on “Begin this course Online”
 - iv. Read through the information for each section and click the arrow to at the bottom right which says “Next.”
 - v. At the end of each unit there will be an option to begin the next module.
 - vi. Complete the quiz and print a copy to return to your manager when the quizzes appear.
 - vii. You can then continue onto the next module until you have completed each module for the three topics listed above.

SAMPLE ORIENTATION CHECKLIST

- Employee: _____ Date: _____
- _____ Title X program goal and objectives/program funding
- _____ Title X Requirements and QFP
- _____ Family Planning Administrative policy and procedure manual/Resource manual/Clinical Protocol Manual
- _____ DPHHS Programs including
- _____ 1. IUC Program (reference policy number)
 - _____ 2. Nexplanon Program (reference policy number)
 - _____ 3. Sterilization Fund (reference policy number)
 - _____ 4. Plan First
- _____ Local program policy and procedure manual(s)
- _____ Job description and details of employee's duties and responsibilities
- _____ Personnel Policies
- _____ Review program organizational chart.
- _____ Office Procedures
- _____ Review staffing pattern; have employee spend time with each staff person, having job duties and responsibilities explained.
- _____ 1. Adolescent Counseling
 - _____ 2. Involving family members in decision of minors to seek FP services
 - _____ 3. Avoiding sexual coercion
 - _____ 4. Confidentiality
- _____ Review of pregnancy testing and counseling requirements
- _____ 1. Prenatal care and delivery
 - _____ 2. Infant care, foster care or adoption
 - _____ 3. Pregnancy termination
- _____ Receipt of family planning services is not a pre-requisite to receipt of any other services offer by the clinic
- _____ Voluntary participation in family planning services consequences for coercion
- _____ Abortion cannot be a method of family planning. Any staff that coerces a patient to undergo sterilization or an abortion will be prosecuted
- _____ Basics on family planning (philosophy, contraceptive methods, preventive health aspects)
- _____ Relationship to DPHHS and the WMHS staff
- _____ Explain services the program offers, to include;
- _____ 1. Medical Services
 - _____ 2. Patient eligibility
 - _____ 3. Educational Services
 - _____ 4. Counseling Services
 - _____ 5. Informed Consent
 - _____ 6. Lab Services
 - _____ 7. Referrals/Follow-up
 - _____ 8. Pharmacy
 - _____ 9. Clinic Hours
- _____ Patient Bill of Rights
- _____ Patient Confidentiality (HIPAA)
- _____ Mandatory Reporting/Human trafficking
- _____ Community Education/Outreach/Project Promotion/Work plan
- _____ Fire and Disaster Procedures
- _____ Conflict of Interest

ACKNOWLEDGEMENT STATEMENT OF TITLE X FAMILY PLANNING REQUIREMENTS

I _____ have read and understand the Title X orientation and requirements.

1. I understand that family planning services are to be provided solely on a voluntary basis. Individuals must NOT be subjected to coercion to receive services to use or not to use any particular method of family planning. Acceptance of family planning services must NOT be a prerequisite to eligibility for, or receipt of, any other services or programs offered.
2. I understand that abortion cannot be a method of family planning. I may be subject to prosecution if I coerce or try to coerce any person to undergo abortion or sterilization procedure.
3. I am aware that personal information of both patients and employees that is collected, used, stored, and disclosed, that comes to my attention as a result of my employment with this medical practice, must be kept confidential and secure as per Health Insurance Portability Act (HIPAA) and the office's policies, both during and after my term of employment.

I understand and agree that it is my responsibility to be familiar with the practices' policies and procedures regarding privacy, confidentiality and security of personal information and that I am expected to comply.

I will access and use personal information of patients only on a "need to know" basis as it pertains to my role and responsibilities.

I will only share personal information with individuals who need to know and who are also involved in providing health care services to the patient.

I will strive to keep patient personal information accurate and up-to-date.

I understand that I cannot access personal information or that of family, friends, or coworkers unless they are under my direct care or if I need to do so as part of my official duties and responsibilities with the practice.

Should I have reason to believe that a privacy breach has occurred, I will notify the individual responsible of the privacy in the office.

I hereby acknowledge that failure to comply with these terms can lead to disciplinary action, which may include termination of access, termination of employment, withdrawal of privileges, termination of contract, and/or professional sanctions.

Name of Employee, Board Member or Volunteer

Print Name: _____ Signature: _____ Date: _____

Medical Director/Public Health Director

Print Name: _____ Signature: _____ Date: _____