



## Emergency Contact/ Address Update Form

Legendary Care™

ATTENTION ALL EMPLOYEES:

Please provide the following information. This will be kept in your personnel file and used in the event of an emergency.

Employee Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address  
(if different than above) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Significant Other

☐ Domestic Partner ☐ Separated

In the event of an Emergency Notify \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

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

**\*\*It is your responsibility to update any information that changes within 72 hours**



## **Elder and Dependent Adult Abuse Reporting Requirements Employee Acknowledgement**

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California State Law **REQUIRES** care custodians, health practitioners, and employees of adult protective services agencies and local law enforcement agencies to report physical abuse of elders and dependent adults.

Those professionals must report physical abuse under the following circumstances:

- 1) When the reporter has observed an incident that reasonable appears to be physical abuse.
- 2) When the reporter has observed a physical injury where the nature of the injury, it's location on the body or the repetition of the injury, clearly indicated that physical abuse has occurred.

When the reporter is told to be an elder or dependent adult that he or she has experiences behavior constituting physical abuse.

The report must be made immediately, or as soon as possible, by telephone or either the long-term care ombudsman coordinator or to a law enforcement agency when the abuse is alleged to have occurred in a long term care facility, or to either the county adult protective services agency or a local law enforcement agency when the abuse is alleged to have occurred anywhere else, and must be followed by a written report within two working days. The report must include:

- 1) The name of the person making the report.
- 2) The name, age, and present location of the elder or dependent adult.
- 3) The names and addresses of family members or other persons responsible for the elder or dependent adult's care, if known.
- 4) The name and extent of the person's condition.
- 5) Any information that led the reporter to suspect that abuse has occurred.
- 6) The date of the incident.

State law also **PERMITS** that reporting other types of abuse of elders or dependent adults, such as neglect, intimidation, fiduciary abuse, abandonment, or other treatment results in physical harm, pain, or mental suffering. These reports may be made when the reporter has actual knowledge or reasonable suspects that abuse has occurred. If the conduct involves criminal activity not constituting physical abuse, it may be immediately reported to a law enforcement agency.

The law provides that care custodians, health practitioners, or employees of adult protective service agencies or local law enforcement agencies shall not incur either civil and criminal liability for any report they are required or permitted to make under this law.

However, failure to report physical abuse of an elder or dependent, a misdemeanor, punishable by not more than six months in the county jail or by a fine of not more than one thousand dollars (\$1,000.00), or by both fine and imprisonment.

Reports made under this law are confidential and may be disclosed only to the agencies specified. Violation of the confidentiality provisions is also a misdemeanor, punishable by not more than six months in the county jail or by a fine of not more than five thousand (\$5000.00), or by both fine and imprisonment.

The following is the exact test portions of the elder and dependent adult abuse reporting law which pertain to the responsibilities of professionals who are required to report abuse of elders and dependent adults:

### **Conditions Under Which Reporting of Physical Abuse is required:**

Subdivision (a) of section 15630 of the Welfare and Institutions code

- 1) (a)"Any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency or local law enforcement agency, who in his or her professional capacity or

within the scope of his or her employment, either has observed an incident that reasonably appears to be physical abuse, has observed a physical injury where the nature of the injury, the location on the body, or the repetition of the injury clearly indicated physical abuse has occurred, or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, shall report the know or suspected instance of physical abuse either to the long-term care facility, or to either the county adult protective services agency or to a local law enforcement agency, when the physical abuse is alleged to have occurred anywhere else, immediately or as soon as possible by telephone, and shall prepare and send a written report thereof within two working days.

- 2) The reports require by this section should contain the following information unless the information is unavailable by the person reporting:
  - a. The name, address, telephone number, and occupation of the person reporting.
  - b. The name and address of the victim.
  - c. The date, time, and place of the incident.
  - d. Other details, including the reporter's observations and beliefs concerning the incident.
  - e. Any statement relating to the incident made by the victim.
  - f. The name of any individuals believed to have knowledge of the incident.
  - g. The name of the individuals believed to be responsible for the incident and their connection with the victim."

**Conditions under which reporting Abuse is permitted:**

Subdivision (b) of section 15630 of the Welfare and Institutions code

1. "(b) Any care custodian, health care practitioner, or employee of a county adult protective services agency or a law enforcement agency who has knowledge of or reasonably suspects that other types of abuse have been inflicted upon an elder or dependent adult or that his or her emotional well-being is being endangered in any other way, may report such known or suspected instances to either a long-term care ombudsman coordinator or to a local law enforcement agency when the abuse is alleged to have occurred in a long-term care facility, or to either that county adult protective services agency or to law enforcement agency when the abuse is alleged to have occurred anywhere else."

**Professionals who are required to report Physical Abuse of Elders and Dependent Adults:**

- 1) Care custodians, as defined by Subdivision (h) of Section 15610 of the Welfare and Institutions Code:

"(h) 'Care Custodian' means an administrator or an employee, except persons who do not work with elders or dependent adults as part of their official duties, including members of support staff and maintenance staff, of any of the following public or private facilities:

- a) Twenty-four hour health facilities, as define in Section 1250, 1250.2, or 1250.3 of the Health and Safety Code.
- b) Clinics
- c) Home Health Agencies
- d) Adult Day health care centers
- e) Secondary schools, which serve 18-22 year old dependent adults and postsecondary educational institutions, which serve dependent adults or elders.
- f) Sheltered workshops
- g) Camps
- h) Community care facilities, as defined in Section 1502 of the Health and Safety Code and residential care facilities for the elderly, as defined by Section 1569.2 of the Health and Safety Code.
- i) Respite care facilities.
- j) Foster Homes
- k) Regional centers for persons with development disabilities.
- l) State Department of Social Services and State Department of Health Services licensing divisions.
- m) County welfare departments
- n) Offices of patients' rights advocates.

- o) Office of the long-term care ombudsman
- p) Offices of public conservators and public guardians
- q) Any other protective or public assistance agency, which provides medical services or social services to elders or dependent adults."

(b) Health care practitioners as deemed by Subdivision (i) of Section 15610 of the Welfare and Institutions Code:

"(i) 'Health Practitioner' means a physician or surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed clinical social worker, marriage, family and, child counselor or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I and II, paramedic, a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee as defined in Subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, and state or county public health employee who treats elder or dependent adult for any condition, a coroner, a religious practitioner who diagnoses, examines, or treats elders or dependent adults."

(c) Employees of adult protective service agencies as defined by subdivision (j) of Section 15610 of the Welfare and Institutions Code:

"(j) 'Adult Protection Service Agency' means a county welfare department except person who does not work directly with elders or dependent adults as a part of their official duties, including members of support staff and maintenance staff."

(d) Employees of local law enforcement agencies, as defined by Subdivision (r) of section 15610 of the Welfare and Institutions Code:

"(r) 'Local Law Enforcement Agency' means a city police or county sheriff's department or a county probation department except persons who do not work directly with elders or dependent adults as a part of their official duties, including members of support staff and maintenance staff."

#### **Definitions of "Elder":**

Subdivision (a) of Section 15610 of the Welfare and Institutions Code:

"(a) 'Elder' means any persons residing in this state, 65 years of age or older."

#### **Definition of "Dependent Adult":**

Subdivision (b) of Section 15610 of the Welfare and Institutions Code:

"(b)(1) 'Dependent Adult' means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.

(2) 'Dependent Adult' includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility as defined in Section 1250, 1250.02, and 1250.03 of the Health and Safety Code."

#### **Definition of "Abuse of an Elder or Dependent Adult":**

Subdivision (g) of Section 15610 of the Welfare and Institutions Code:

"(g) 'Abuse of an Elder or Dependent Adult' means physical abuse, neglect, intimidation, cruel punishment, fiduciary abuse, abandonment, isolation, other treatment with results of physical harm or pain, mental suffering, or the deprivation by a care custodian of goods and services which are necessary to avoid physical harm or mental suffering.

1) For purposes of this Subdivision, "isolation" includes any of the following:

- a) Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.
- b) Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor, where the statement is a false, is contrary to

the express wishes of the elder or dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.

- c) False imprisonment, as defined in Section 236 of the Penal Code.
- d) Physical restraint of an elder or dependent adult, for the purpose of preventing the elder or dependent adult from meeting with visitors.

2) The acts set forth in paragraph 1) shall be subject to a reputable presumption that they do not constitute isolation if they are performed pursuant to the instructions of a physician license to practice medicine in the State of California, who is caring for the elder or dependent adult at the time the instructions are given, and who gives the instructions as part of his or her medical care.

3) The acts set forth in paragraph 1) shall not constitute isolation if they are performed in response to reasonably perceived threat of danger to property of physical safety."

**Definite of "Physical Abuse":**

Subdivision (c) of Section 15610 of the Welfare and Institutions Code:

"(c) 'Physical Abuse' means all of the following:

- 1) Assault, as defined in Section 240 of the Penal Code.
- 2) Battery, as defined in Section 242 of the Penal Code.
- 3) Assault with a deadly weapon of force likely to produce great bodily injury, as defined by Section 245 of the Penal Code.
- 4) Unreasonable physical constraint, or prolonged or continual deprivation of food or water.
- 5) Sexual Assault, which means any of the following:
  - a) Sexual battery, as defined in Section 261 of the Penal Code.
  - b) Rape, as defined in Section 261 of the Penal Code.
  - c) Rape in concert, as described in Section 264.1 of the Penal Code.
  - d) Incest, as defined in Section 285 of the Penal Code.
  - e) Sodomy, as defined in Section 286 of the Penal Code.
  - f) Oral Copulation, as defined in Section 288a of the Penal Code.
  - g) Penetration of a genital or anal opening by a foreign object, as defined in Section 289 of the Penal Code.
- 6) Use of a physical or chemical restraint or psychotropic medication under any of the following conditions:
  - a) For Punishment
  - b) For a period significantly beyond that for which the restraint or medication was authorized pursuant to the instructions of the physician licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
  - c) For a purpose other than authorized by the physician.

**Employee Signature**

(Optional for health care practitioners and other mandated reporters who were hired prior to January 1, 1986.)

I hereby attest that I understand by obligations to report elder and dependent abuse as described above and will fulfill this obligation.

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Name (Print)

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Signature

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Date



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## **Child Abuse Reporting Requirements Employee Acknowledgement**

Section 11166 of the Penal Code requires any child care custodian, health practitioner, or employee of a child protective agency who has knowledge or observes a child in his or her professional capacity or within the scope of his or her employment who he or she knows or reasonably suspects has been the victim of child abuse to report the know or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone, and to prepare and send a written report thereof within 46 hours of receiving the information concerning the incident.

"Child Care Custodian" included teachers, an instructional aide, or a teacher's assistant employed by any public or private school who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; administrative offices, supervisors of child welfare and attendance, or certificate pupil personnel employees of any public or private school, administrator of a public or private day camp, administrator and employees of a public or private youth center, youth recreation programs, and youth organizations; administrators of and employees of public or private organizations whose duties require direct contact and supervision of children and who have been trained in the duties imposed in this article, licensees, administrators, and employees licensed community care or child day care facilities; head start teachers, licensed workers or licensed evaluators; public assistance workers, employees of a child care institution including but not limited to, foster parents, group home personnel, and personnel of residential care facilities; social workers, probation officers or parole officers; employees of a school district police or security department; or any person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in any public or private school.

"Health Practitioner" includes physicians and surgeons, psychiatrists, dentists, residents, interns, podiatrists, chiropractors, license nurses, dental hygienists, optometrists, or any person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; marriage, family, and child counselors; emergency medical technicians I and II, paramedics, or other persons certified pursuant to Division 2.5 (commencing with Section 1797) of the Health & Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code; marriage, family, and child counselor trainees as defined in Subdivision (c) of Section 4980.03 of the Business and Professions Code; unlicensed marriage, family, and child counselor interns registered under Section 4980.44 of the Business and Professions Code; state or county public health employees who treat minors for venereal disease or any other condition; coroners, paramedics, and religious practitioners who diagnose, examine, or treat children.

I hereby attest that I understand my obligation to report child abuse as described above and will fulfill this obligation.

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Name (Print)

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Signature

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Date





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## Confidentiality Statement

1. I agree and fully understand that I am an employee of Riverside Medical Clinic (RMC), who is a covered entity under the meaning as set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand I have access to and manage individual identifiable health related information, as defined by HIPAA for Riverside Medical Clinic. This information may be stored either on paper or in electronic form and that this agreement shall cover the privacy, security, and confidentiality of all RMC information
2. I understand all medical information on all patients is considered confidential. I also understand during the course of my work, I will come in contact and have access to confidential information on many patients. I understand I am committed to any oral or written bond regarding the safeguarding of this confidential information. I agree I will not discuss or release, in any matter, any information, from any medical record, with my family, friends, or any other unauthorized persons.
3. I understand any unauthorized discussion, release, or any misuse of medical information on any patient may be grounds for removal from the program and not be allowed to participate in the future.
4. I understand discussion of any patient's medical information for purposes other than treatment, medical education, quality assurance activities, or other approved uses may result in accidental disclosure to unauthorized person. Confidential medical information should not be discussed casually among staff members. I understand even accidental disclosure of confidential medical information may be grounds for immediate removal from the program and not be allowed to participate in the future.
5. I also understand I am not to disclose or provide access to confidential information which has been obtained or developed with respect to Riverside Medical Clinic, or its business, including information concerning past, present, or prospective employees, agents, policyholders, customers, borrowers, proposed corporate investments, or other current or planned business activities.
  - a. To anyone inside the company other than those who have legitimate need for such information in the normal course of RMC business or;
  - b. To anyone outside the company (including media representatives and regulators) without prior approval by an appropriate RMC official and is in accordance with communications, employee regulations, government contracts, and privacy policies.

In addition, I am not to use such information for personal advantage.

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Signature

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Date

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Human Resources

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Date

Employee Name: (Please Print) \_\_\_\_\_



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## Vehicle Verification

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

Department \_\_\_\_\_ Location \_\_\_\_\_

Please check the appropriate box:

- ☐ New Vehicle Enrollment      ☐ Replacement Tag      ☐ Disable Registration  
☐ Add New Vehicle      ☐ No Vehicle      State Placard  
☐ Delete Vehicle on file \_\_\_\_\_

Vehicle #1	
Make:	
Model:	
Year:	
Color:	
License Plate #:	
State:	
Parking Sticker #	

Vehicle #2	
Make:	
Model:	
Year:	
Color:	
License Plate #:	
State:	
Parking Sticker #	

I acknowledge that the information listed above is my current automobile listing. If there are any changes to the information, I understand that I must notify Human Resources Department immediately to update my file.

Furthermore, I acknowledge receipt of my parking tag and will display this tag in my vehicle(s) while at work and adhere to the RMC Parking Policy (Parking Policy HRS-EB-005 enclosed). A replacement fee of \$3.00 may be applicable for any lost or misplaced parking tags. All parking tags must be returned upon separation of employment.

I understand that it is my responsibility to read the RMC Parking Policy HRS-EB-005, which has been provided to me. I understand that I am to park in the employee-designated parking spaces to provide ample parking for patients, visitors, and the disabled. Failure to comply with RMC parking policy will subject the employee to disciplinary action up to and including termination of employment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date