

I certify that I have read and understood the material presented in the presentation entitled "Bloodborne Pathogen Exposure".

Signature

Date

Printed Name

I certify that I have read and understood the material presented in the presentation entitled "Corporate Compliance".

Signature

Date

Printed Name

I certify that I have read and understood the material presented in the presentation entitled "Cultural Competency and Diversity".

Signature

Date

Printed Name

I certify that I have read and understood the material presented in the presentation entitled "Ensuring Privacy & Security at CMHA-CEI".

Signature

Date

Printed Name

I certify that I have read and understood the material presented in the presentation entitled "Person Centered Planning *Michigan Specifics*".

Signature

Date

Printed Name

I certify that I have read and understood the material presented in the presentation entitled "Appeals and Grievances Process".

Signature

Date

Printed Name

I certify that I have read and understood the material presented in the presentation entitled "Limited English Proficiency (LEP)".

Signature

Date

Printed Name

**Clinton-Eaton-Ingham
Community Mental Health Authority
COMPUTER PASSWORD SECURITY AGREEMENT**

I, the undersigned employee of Clinton Eaton Ingham Community Mental Health Authority, agree that the computer password I select will remain known only to myself. I agree that I will not share my original password or any changes to my password with anyone inside or outside the organization. I further agree that any writing which contains my password will be maintained in a manner that prevents unauthorized access to information.

In addition, I agree to seek access to only those files, data and information for which I have proper clearance and a need to know in order to perform the tasks assigned to me. Under no circumstances will I divulge the contents of any files or data bases or any other information of this organization to any person who does not also have proper clearance and a need to know.

I understand that violation of any of the agreements contained herein is grounds for progressive disciplinary action.

Signature of Employee

Date

Name of Employee

Name or I.D.#: _____

Clinton-Eaton-Ingham
Community Mental Health Authority

Internet Access Agreement

I, the undersigned employee of the Community Mental Health Authority, Clinton-Eaton-Ingham Counties, have the ability to access internet websites and Internet email from my computer at work. To reduce some of the problems that can occur from Internet access, I agree to the following guidelines:

1. I have reviewed and agree to abide by the terms of policies and procedures governing access to the Internet (including the Internet Access Procedure and the Email Procedure, which are available on the CEI Intranet).
2. I understand that there is a distinction between downloading documents for view, and downloading programs to install on my computer. I agree that:
 - A. I may download documents and open email attachments from the internet for the purpose of printing and display (e.g. MSWord documents, spreadsheets, etc).
 - B. I may install programs on my computer under the following conditions:
 - i. Any software I install must be paid for prior to installation, even if it has a “free trial period”. This applies to software that I downloaded from the Internet or received via email. Proof of purchase must be maintained in my office with the computer.
 - ii. Modifications or “upgrades” to Windows, Microsoft Office, Internet Explorer or any other CEI system shall not be made.
 - iii. The IS Helpdesk must be notified immediately if any viruses are detected.
3. Installing programs downloaded from the Internet increases the risk that I will have problems with my PC. In the event that this occurs, the IS department will try to fix my PC, but might not be able to. In this case IS will:
 - A: Wipe out the computer and reconfigure the standard CEI format (e.g. Windows XP, MS Office, Email, CDT, Internet Explorer, etc) as needed.
 - B. If possible, restore any data from the computer “MyDocuments” directory.

Name or I.D.#: _____

- C. Install any other software that I have purchased, providing I have CD-ROM's and proof of license (note: IS will not be responsible for reinstalling any software obtained from the internet)

Because of this:

- A. Users are strongly encouraged to store all PC data in the "MyDocuments" directory on the C: drive. This includes all word processing data, spreadsheet data, and data from any other programs being used.
 - B. Users are strongly encouraged to check their home directory on the network (G: drive) to make sure it contains backups of their data.
4. I realize that for security reasons CEI's Intranet equipment maintains logs on all website activity, including the names of sites, time they are viewed, and which computers were involved. Given this, I understand that my actions are not necessarily anonymous, and that the situations in which these logs could be accessed are described in CEI's Internet Access Procedure (available in Internet Reference Material).

Signature of Employee

Date

Name of Employee (Please print)

Work Unit

**If you need assistance interpreting this form please call the IS Helpdesk at 346-8215.
Completed forms should be sent to the IS Program Secretary, IS Office, Suite G13, 812 E. Jolly
Road, Lansing, MI 48910**

Streamline Healthcare Solutions, LLC

Physician Signature Form

This form will be used to create an electronic signature to be included on prescriptions and documents within the SmartCare system. Please follow the below steps.

1. Please enter your National Provider ID: _____

2. Please enter your DEA: _____

3. Please enter your License Number: _____

4. Please print your name on the line below:

5. Please print your billing degree/signing suffix on the line below:

6. Please sign your name in the middle of each of the two boxes below so your signature is contained wholly within each box.

Sample Signature

Thank you!