Volunteer / Intern Instructions

Thank you for your interest in becoming a Volunteer/ Intern at Lubbock State Supported Living Center.

EVERYTHING must be completed before you may begin to volunteer

Volunteers / Interns:

- Go to: https://hhs.texas.gov > Click on About HHS tab (at the top) > Scroll to Community Engagement> (To the left) scroll to Volunteer with HHS>Scroll to Application and Training link. At the top right click>complete the HHS volunteer application
  - After application completed click > **SUBMIT**.

1. Orientation/Training for new Volunteers/Interns (takes approx. 40 min)
   a. Go to: https://hhs.texas.gov > Click on about HHS tab (at the top) > Scroll to Community Engagement >(to the left) scroll to Volunteer Application & training
   From there you must complete **required training ONLY on Google browser:**

      1. **Volunteer Orientation (Launch CBT)**
      2. **Computer Security Training** (only if informed by Volunteer Coordinator)
      3. **HIPPA https://apps.hhs.texas.gov/providers/hipaa/privacy/index.cfm (Right click to open hyperlink)**

   b. Complete a certificate of completion as proof you completed orientations / trainings, send by email, or drop off to Community Relations department Building 529

2. Fingerprint/Background Check:
3. Once Community Relations/Volunteer Services Council receives your application/trainings we will send you for fingerprints. **This is at no cost to you.**

***You CAN NOT BEGIN volunteering until you have VERBAL or WRITTEN Approval from Community Relations Volunteer Services Coordinator ***

Employees: Complete all the above instructions and the ones listed below.

- We will receive your fingerprint results from HR
- Print your employee transcript from CAPPS
  (Go to Employee Self-Service>my training>my transcript>View Report – you don't have to enter the dates)
- Get a packet from Community Relation: Checklist for Friend Long-term (**EMPLOYEES ONLY**) and follow all directions provided.
- All signatures/forms are **your** responsibility.

***All Volunteers / Interns are required to track their hours and turn them in on a *Monthly* basis to Community Relations / Volunteer Services. ***

TEXAS Health and Human Services

Amy Guzman / Volunteer Services Coordinator I
Amy.Guzman@hhs.texas.gov
806.741.3633
P.O. Box 5396 | Lubbock, Texas 79408

TEXAS Health and Human Services

Volunteer and Community Engagement
Volunteer/Intern Application

Form 8653
May 2018

Thank you for your interest in volunteering with Texas Health and Human Services.

Basic Volunteer Information ☐**Individual Volunteer** ☐**Volunteer Group** ☐**Intern**

Name (Last, First, MI)	Home Area Code and Telephone Number	Work Area Code and Telephone Number

List all names you have ever used:

☐ I affirm that every name I have ever used is listed above.

Address	City	County	State	Zip

Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female	Email Address

Employer Name, Address and Telephone Number

If you are a current Texas Health and Human Services employee:

Current Work Site	Current Assignment	Supervisor's Name	Supervisor's Telephone Number

I am volunteering as:

☐ An individual
☐ A group Type of Group:
☐Corporate ☐Faith-based ☐Family ☐Civic ☐Government Agency ☐Nonprofit Agency ☐ Youth Organization

Name of Group	Number of members in my group: ☐1-10 ☐11-20 ☐21-30 ☐31-40 ☐More than 40

How did you hear about us?

☐Friend ☐Organization ☐Publication ☐Social/Web Media (Name of Media and Site)_____ ☐Other

Volunteer Interest/Background

I would like to volunteer at:

☐Headquarters - Austin, Texas
☐Don't Know - Please Call Me
☐State Supported Living Center (select state supported living center from list below)
☐State Hospital (select state hospital from list below)
☐Community Services - Locations across the state

Please select the State Supported Living Center where you would like to volunteer.

☐Abilene State Supported Living Center	☐Austin State Supported Living Center
☐Brenham State Supported Living Center	☐Corpus Christi State Supported Living Center
☐Denton State Supported Living Center	☐El Paso State Supported Living Center
☒Lubbock State Supported Living Center	☐Lufkin State Supported Living Center
☐Mexia State Supported Living Center	☐Richmond State Supported Living Center
☐San Angelo State Supported Living Center	☐San Antonio State Supported Living Center

Please select the State Hospital where you would like to volunteer.

☐Austin State Hospital	☐Big Spring State Hospital
☐El Paso Psychiatric Center State Hospital	☐Kerrville State Hospital
☐North Texas State Hospital-Vernon	☐North Texas State Hospital-Wichita Falls
☐Rio Grande State Hospital	☐Rusk State Hospital
☐San Antonio State Hospital	☐Terrell State Hospital
☐Waco Center for Youth State Hospital	

If you are volunteering at a *state supported living center* or *state hospital* or *Community Services field office*, please continue and complete the information below, thank you.

Have you ever volunteered before? If yes explain.
☐Yes ☐No

Bilingual? If yes, in what languages?
☐Yes ☐ No

Skills/Interest you would like to use:			
If you are volunteering at a *state supported living center* or *state hospital* or *Community Services field office*, please continue and complete the information below, thank you. (continued)			
Date Available to Start: (mm/dd/yyyy)	Check Days Desired to Volunteer: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐Sunday ☐AM ☐PM		
Volunteer Placement			
Assignment Preference: ☐Contact with people served at SSLCs or SHs ☐Office Work ☐Special Events ☐Fundraisers ☐Other: _____			
Are you receiving class credits for this volunteer assignment? ☐Yes ☐ No	Name of School	Teacher's/Professor's Name	
Internship in what field of study?			
Have you been convicted of any type of criminal offense? ☐Yes ☐No			
Have you been designated in the *Nurse Aide Registry* or *Employee Misconduct Registry* as having abused, neglected or exploited a person being served in a state supported living center or state hospital? ☐Yes ☐No			
Judicial Court Assignment ☐Yes ☐No	Which Court?	Number of Hours Required by Court?	Deadline (mm/dd/yyyy)
Probation Officer's Name	Area Code and Telephone Number	City	
Emergency Contact			
Name	Relationship	Day: Area Code and Telephone Number	Evening: Area Code and Telephone Number
Confidentiality Statement			
I agree to respect the confidential nature of all personal contact with people served by the ***Texas Health and Human Services Commission*** and adhere to all laws, rules, policies and procedures pertaining to confidentiality regarding all records, files and identifying information of people being served in state supported living centers, state hospitals and community centers, former or potential, with whom I come into contact as a volunteer. I understand violation of this confidentiality requirement may result in immediate dismissal from my volunteer placement.			
Affirmation			
By my signature, I agree to adhere to all departmental rules, policies and procedures pertaining to my volunteer placement. Access to a copy of the ***Volunteer Procedure Manual*** will be provided to me during orientation. In understand I must complete all required orientation and placement-specific training outlined by the *Volunteer Assignment Description*. I affirm that the information on this application is accurate to the best of my knowledge.			
_____ Signature		_____ Date	
Notes/Accommodations:			

Community Services Field Office Volunteers, Stop Here.
Are you willing to transport people being served or others? ☐ Yes ☐ No
Additional Information Needed for Providing Transportation: ☐ State Supported Living Center ☐ State Hospital
An examination of your driving history record will be made before you are allowed to transport people being served at state supported living center, state hospital, community center or others and Texas Health and Human Services Commission will determine whether you are allowed to do so. Proof of current minimum liability coverage required by the State of Texas, a certificate for a defensive driving course taken within the past three years and your current Texas driver's license must be provided.
Security Statement
Check all that apply. Are you currently employed or have you ever been employed at a: ☐state supported living center, ☐state hospital, ☐community center or at a ☐Texas Health and Human Services agency, ☐ Department of State Health Services or ☐ Department of Family and Protective Services?
Texas Health and Human Services Commission conducts a criminal background check, a Nurse Aide Registry check and an Employee Misconduct Registry check on each volunteer applicant. Texas Health and Human Services Commission is required to conduct fingerprint criminal history background checks on volunteers who will have direct contact with the people being served in state supported living centers and state hospitals. If you criminal history record indicates that you have been convicted of any criminal offense or granted deferred adjudication or other type of pretrial diversion that would cause Texas Health and Human Services Commission to deny placement, the volunteer placement will not be made. With a few exceptions, you have the right to request and be informed about the information that the Texas Health and Human Services Commission obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask the Texas Health and Human Services Commission to correct information that is determined to be incorrect. (Government Code, Sections 552.021, 552.023, 559.004).

Signature	Date

TEXAS Health and Human Services

Health and Specialty Care System

Confidentiality Agreement

Volunteers and Community Engagement

_____

(state hospital or state supported living center)

I will adhere to all rules, policies and procedures pertaining to confidentiality regarding all files and identification of clients, former clients or potential clients whom I come into contact with or about whom I receive information as a volunteer.

I agree to follow all rules, policies and procedures to the best of my ability and to respect the confidential nature of all records and personal contact with clients

I understand violation of this confidentiality requirement can result in immediate dismissal from my volunteer placement at this state hospital or state supported living center and other legal action may be taken.

I have read and fully understand the above statements.

_____ _____

Signature *Date*

_____

Printed name

TEXAS
Health and Human Services

Form 8636
September 2020-E

Volunteer/Intern Assignment Description

Job Title	Department
Reports To	Location

Purpose

Educational Requirements

Experience Requirements

Other Requirements

Duties

Time Requirements

HIPPA Training Required	PHI Form Completed (SSLC only)	Computer Security Required
◯ Yes ◯ No	◯ Yes ◯ No	◯ Yes ◯ No

Salesforce Volunteer Database Assignment for Entry Purposes (for SSLC and State Hospital only)

☐ **Supersedes all previous position descriptions**

Date Approved	Approved By	Title
Department	Facility Name	

TEXAS
Health and Human Services

Form 8710
October 2015-E

Criminal History Statement

Report any and all prior arrests, pending arrest warrants, guilty pleas, nolo contendere (no contest) pleas, deferred adjudications, convictions and any matter in which probation or community service was involved (without regard to whether charges were dismissed). The only exception to this reporting requirement is routine traffic tickets that do not involve an arrest.

Charges that were resolved by deferred adjudication will be reflected in your criminal history record. Do not assume that such matters may be omitted from this statement.

Use a separate Criminal History Statement form for each criminal charge. Please provide complete and detailed information, including name at the time of the charge (for example, maiden name).

Name	Other Name(s) Used (including maiden, married and aliases)
Date of Arrest	Alleged Offense
Case No.	Name and Location of Court
Outcome of the Charge/Case	
Please describe the circumstances surrounding your arrest and the disposition of the charge against you. Include the specifics of the final charge against you, whether you were convicted, pled guilty or nolo contendere, received deferred adjudication, served a prison term, were placed on probation, performed community service or had the charge dismissed.	

TEXAS Health and Human Services

Form 8708
06-2018-C

Criminal History Disclosure

To be completed by the employee, applicant, intern, and / volunteer.

The Texas Health and Human Services completes a criminal history check for every applicant and volunteer for a position in a state hospital and state supported living center at the time of application. All Regulatory Services, Trust Fund Monitoring, Quality Monitoring/Quality Service Revie and Guardianship Services applicants and employees. SHs, and SSLCs (ICF/IDD component only) applicants, employees, volunteers and interns are required to report any and all prior arrests, pending arrest warrants, guilty pleas, nolo contendere (no contest) please, deferred adjudications, convictions, and any other matter where probation or community services involved (without regard to whether charges were dismissed).

Criminal history from other states, the federal government and the military are revealed in Texas Department of Public Safety and Federal Bureau of Investigation (FBI) fingerprint records and should be disclosed. The only exception to their reporting requirement is routine traffic tickets that do not involve and arrest. Some, but not all, criminal offenses will bar you from employment or volunteering with the agency. IN addition, some, but not all, criminal offenses will be considered contraindication to employment with the agency. Failure to provide this information is considered to be a false statement and is grounds for denial of employment, denial of volunteer status, or dismissal from employment or volunteering.

Charges that were resolved by deferred adjudication will be reflected in your criminal history record. Do not assume that such matters may be omitted from this certification and the attached statement. Be aware that you must report arrests that occurred both within and outside the state of Texas.

Please complete the disclosure:

I am an (check only one box):

- ☐ Applicant
- ☐ Employee
- ☐ Volunteer
- ☐ Intern

Program is (check only one box):

- ☐ Regulatory Services
- ☐ Trust Fund Monitoring
- ☐ Quality Monitoring/Quality Service Review
- ☐ State Supported Living Center
- ☐ State Hospital
- ☐ Guardianship Services
- ☐ Rio Grande State Supported Living Center (ICF/IDD component only)

Criminal History Statement is (check only one box):

☐ No, I have never been arrested, had an arrest warrant pending, pled guilty or nolo contendere, received deferred adjudication, been convicted, served probation or community service, or had /or have an criminal action pending against me.

☐ Yes, I have been arrested, had an arrest warrant pending, pled guilty or nolo contendere, received deferred adjudication, been convicted, served probation or community service, or had and /or have criminal action pending against me.

If you have checked, "Yes," you must complete each section of Form 8710, Criminal History Statement. You must provide a detailed statement about all arrests, arrest warrants, guilty or nolo contendere pleas, deferred adjudications, convictions, probations or community services.

I certify that the Information I provided in this document and the attached Criminal History Statement on Form 8710 is complete, true and correct.

Printed Name	Date	Employee ID

Signature

TEXAS
Health and Human Services

Form 8667
September 2006-E

Individual Volunteer Statement

I willingly donate my time and services as a Texas Health and Human Services volunteer on occasions that will not conflict with any required scheduled activity. I donate my time and services with the express understanding and agreement that:

- My volunteer service is a freewill service and that "voluntarily" means "without pay";
- I may stop volunteering at any time; and
- I will not gain material benefits or privileges that are not available to other consumers except possibly wearing a name badge during my volunteer service or receiving special recognition made available to all volunteers.

I have read and fully understand the above statements.

Print – Individual Volunteer Name	Signature – Individual Volunteer
Signature – Interdisciplinary Team Member	Date

TEXAS
Health and Human Services

Form 8638
September 2009-E

(name of volunteer program)

Criminal Offenses Reporting Requirements

I understand that I am to report **any and all** arrests, arrest warrants, guilty pleas, non contendere (no contest) pleas, deferred adjudications, convictions and any matters in which probation or community service is involved (whether charges were dismissed or not dismissed) to the director of Community Relations at this facility. The **only** exception to the requirement is routine traffic tickets that do not involve an arrest.

I understand that the report must be made **immediately** upon reporting for volunteer duties after the arrest, indictment, deferred adjudication or conviction.

I understand that failure to abide by this policy may result in action being brought against me, including termination of my volunteer status.

Signature _____ Date _____

TEXAS Health and Human Services

Form 1020-V
May 2018-C

Acknowledgement of Responsibility for Reporting Abuse, Neglect and Exploitation and Reasonable Suspicion of Crime

(Form must be completed by the employee, contract employee or volunteer with the original kept at the facility)

A. Reporting Abuse, Neglect and Exploitation

All state hospital and state supported living center employees, contract employees and volunteers must immediately, if possible, but in no case more than one hour, notify the facility director/designee and the Texas Department of Family and Protective Services if there is suspicion of abuse, neglect or exploitation.

Abuse, Neglect and Exploitation include, but are not limited to:

1. sexual contact between an individual receiving services and an employee, contractor or volunteer.
2. sexual contact between an individual receiving services and someone who has an ongoing relationship with the individual receiving services, such as a family member or guardian.
3. permitting an obscene or pornographic photograph, videotape or other depiction of an individual receiving services.
4. any intentional or reckless act or failure to act that causes or may have caused physical injury to an individual receiving services.
5. any act of inappropriate or excessive force or corporal punishment inflicted on an individual receiving services regardless of whether it results in physical injury.
6. Verbally or non-verbally cursing, vilifying, degrading or threatening physical or emotional harm to an individual receiving services.
7. Any act or omission by an employee, contractor or volunteer that places an individual receiving services at risk or physical or emotional injury.
8. Using an individual receiving services, or that individual's resources, for monetary or personal benefit, profit or gain.

The proper use of restraints and techniques to manage aggressive behavior are not considered abuse or neglect if used according to facility procedures.

I acknowledge my responsibility as an employee, contract employee or volunteer of a state hospital or state supported living center to report abuse, neglect and exploitation. I understand that I should report any incident that I suspect may be abuse, neglect or exploitation even if I am not sure. I realize I may be criminally liable for failing to report abuse, neglect or exploitation.

B. Reporting Reasonable Suspicion of Crime Against a Person Served

All state hospital and state supported living center employees, contract employees and volunteers must immediately notify the facility director/designee and The Department of Family and Protective Services Adult Protective Services at 1-800-647-7418 and the local law enforcement agency if they have a reasonable suspicion a crime against a person served has occurred. Reporting must occur within two hours if the individual sustained a serious injury or within 24-hours if the person did not sustain a serious physical injury.

I acknowledge my responsibility as an employee, contract employee or volunteer of a state hospital or state supported living center to report reasonable suspicion of a crime against a person served. I understand that I should report any incident that I suspect may be a crime even if I am not sure. I realize that if I fail to report as required, I may be subject to civil money penalties and/or barred from participation in any federal health care program.

Employee, Contract Employee or Volunteer Full Name (printed) _____ Employee ID No. (if applicable) _____

State Hospital and/or State Supported Living Center Location _____

Signature - Employee, Contract Employee or Volunteer _____ Date (mm/dd/yyyy) _____

HR0303 (08/22)

Health and Human Services System

State Hospital and State Supported Living Center Employee Volunteer Statement

To be completed by the employee and sent to the Community Relations Office.

I anticipate that I will donate my time and services as a volunteer on occasions outside my normal working hours and duties. On those occasions when I elect to donate my time and services, it is with the express understanding and agreement that:

1. My time and services will be donated willingly and without outside influence, whether real or imagined, from my employer, supervisors, or co-workers and without any expectation of compensation from my employer. If I feel any influence or pressure to volunteer, I understand and agree that I will notify HR Employee Relations.

2. My time and services will be donated without regard to race, color, national origin, religion, sex, age or handicap in compliance with the provisions of the Civil Rights Act of 1964, Title VII, as amended.

3. I understand that the volunteer work I do will not be done in the functional area (clerical/office, direct care, paraprofessional, etc.) or physical location (building, recreation area, etc.) of my regular paid assignment.
   a. My regular functional area is:
   b. My regular physical location(s) is:

4. If while volunteering I believe I have been asked to work or have performed any activities that are part of my normal duties, I understand I should claim that volunteer time as time worked in CAPPS and notify my supervisor of the circumstances that changed my volunteer time to work time. I understand that if my supervisor denies this time or makes me feel I should not enter that time into CAPPS, I am obligated to notify HR Employee Relations.

Employee Printed Name	Date	Employee ID

Employee Signature

TEXAS
Health and Human Services

Health and Specialty Care System

State Hospital and State Supported Living Center
Volunteer/Intern Client Abuse Neglect Reporting System or
(CANRS) Consent Form

I, _____, do hereby give
(Name of Volunteer or Intern)
my consent for **Lubbock State Supported Living Center** to
(Name of Center/Hospital)
conduct a CANRS check. I understand that I am required to provide my social security number. My Social Security Number is _____-____-_____.

This consent is freely given, and will not be used for any other purpose than the CANRS check.

Volunteer/Intern Signature	Date

ATTACHMENT A

Texas Health and Human Services
SECURITY AND PRIVACY AGREEMENT ("SPA")

While performing services for the Health and Human Services Commission ("HHSC"), you, _____ ("Participant"), may have access to what this Agreement refers to as "Confidential Information." Confidential Information is valuable, sensitive information and is protected by law as well as HHSC policies. Confidential Information includes the following:

(1) Client Information, including Personal Identifying Information defined by *Texas Business and Commerce Code* Chapter 521;
(2) Protected Health Information ("PHI") in any form including without limitation, Electronic Protected Health Information or Unsecured Protected Health Information defined in the Health Insurance Portability and Accountability Act;
(3) Sensitive Personal Information defined by *Texas Business and Commerce Code* Chapter 521;
(4) Federal Tax Information defined in Internal Revenue Service Publication 1075;
(5) Social Security Administration Data, defined as records, information, or data made by the Social Security Administration to HHSC for its administration of federally funded benefit programs under the Social Security Act including, without limitation, Medicaid information;
(6) All information designated as confidential under the constitution and laws of the State of Texas and of the United States, including the *Texas Health & Safety Code* and the Texas Public Information Act, *Texas Government Code* Chapter 552.

You agree to comply with this Agreement and all applicable laws and HHSC policies governing Confidential Information.

Accordingly, as a condition of and in consideration of your access to Confidential Information, you agree that:

1. You will use Confidential Information only as needed to perform duties assigned to you by HHSC.
2. You will only access Confidential Information for which you have a need to know.
3. You will not disclose, copy, release, sell, loan, review, alter, or destroy any Confidential Information except as authorized by HHSC.
4. You will, at all times, safeguard and retain the confidentiality, integrity and availability of confidential information.
5. If you access PHI on non-HHSC systems, you will do the following in accordance with HIPAA: (1) implement all safeguards contained in Appendix A of the HIPAA Security Rule to safeguard such PHI; (2) provide PHI to individuals or their legally authorized representatives; (3) make PHI available for accounting of disclosures; (4) incorporate amendments to the PHI; (5) comply with the HIPAA Privacy Rule when acting as a covered entity on behalf of HHSC; and (6) make your books, practices, and records relating to the disclosure of PHI available to HHSC.
6. You acknowledge that you may receive and be required to use a personal security identification code (User ID and Password) to gain access to and to use HHSC information resources. If you are granted such access, you will comply with the provisions of the HHSC Acceptable Use Agreement and Acceptable Use Policy. You agree that the security identification code provided will only be used by you, and that you accept responsibility for all activities undertaken making use of your User ID/password and other authorization. You will safeguard and will not disclose your password or any other authorization that allows you to access Confidential Information, except as permitted by law. If you suspect your personal security code has been compromised, you will:

- Change your personal security identification code immediately
- Notify your supervisor
- Notify HHSC's Chief Information Security Office through the HHSC Privacy Office

7. You will report activities by any other individual or entity that you suspect may compromise the confidentiality, integrity or availability of Confidential Information.
8. You understand that your obligations regarding HHSC information under this Agreement will continue after termination of your services agreement with HHSC. If requested by HHSC, you will return or destroy any HHSC information upon termination of your services agreement with HHSC.
9. You understand that you have no right or ownership interest in any Confidential Information referred to in this Agreement.
10. HHSC may revoke your access to Confidential Information and terminate your services if you breach this Agreement.
11. You understand that your failure to comply with this Agreement may also result in action by state and federal regulatory authorities.

You are completing this form and signing below in order to gain access to HHSC information resources and Confidential Information. HHSC will only share this Agreement as permitted by the laws of the State of Texas.

HEALTH AND HUMAN SERVICES COMMISSION	**PARTICIPANT**
By: Community Relations	By: _____
Name: Jeanne Gutierrez	Name: _____
Title: Director/Volunteer Coordinator	Title: _____
Date of Execution: _____	Date of Execution: _____

Health and Human Services
Acceptable Use Agreement (AUA)

(Formerly known as the Computer Use Agreement or CUA)

Please read the following agreement carefully and completely before signing.

Purpose

The purpose of this document is toinform you of your responsibilities concerning the use of Texas Health and Human Services System (HHS) Confidential Information, HHS Agency sensitive information, and HHS Information Resources.[1] This includes: computer, hardware, software, infrastructure, data, personnel, and other related resources. Your signature is required to formally acknowledge your understanding, acceptance, and compliance of HHS's Information Resource Acceptable Use provisions. This agreement applies to all persons using HHS Information Resources and/or using, disclosing, creating, transmitting, or maintaining HHS Confidential Information or HHS Agency sensitive information, whether employed by an HHS Agency or not, and is based on policy delineated in the HHS Enterprise Information Security Policy (EIS-Policy), and the HHS Enterprise Information Security Acceptable Use Policy (EIS-AUP). Users are further informed of their responsibilities regarding the use of HHS Information Resources when taking the required annual *HHS Enterprise Information Security Acceptable Use Training.*

I understand and hereby agree to comply with the following Information Resource Acceptable Use provisions:

Authorized Use

- Information Resources are intended to be used in support of official state-approved business.
- Limited personal use of Information Resources may be allowed and is described in other policies and procedures of the HHS Agency by which I am employed.
- Proper authorization is required for access to all information owned by HHS Agencies, except for information that is maintained for public access.
- I will not attempt to access or alter any information that I am not authorized to work with in the performance of my job duties.
- I will not enter any unauthorized information, make any unauthorized changes to information, or disclose any information without proper authorization. Unauthorized access to an HHS Information Resource, allowing another party unauthorized access to, or maliciously causing a computer malfunction are violations under Chapter 33 of the Texas Penal Code ("Computer Crime Law") and are punishable by fines, jail time, or both.

User Credentials

- I will receive and will be required to use credentials (User ID and Password) to gain access to and to use HHS Information Resources.
- I will employ a difficult to guess password with a minimum of eight characters in length containing upper case alpha, lower case alpha, numerical, and special characters unless further requirements for passwords are issued.
- I will not construct my password from obvious user names or passwords, such as personal information (i.e. telephone numbers, relative's names, pet's names, or passwords used for personal business, etc.).
- Under no circumstances will I allow my credentials to be used by any other individual, nor will I use

---

[1] As defined in HHS EIS-Definitions document:
§2054.003(7), Texas Government Code.
Information resources" means the procedures, equipment, and software that are employed, designed, built, operated, and maintained to collect, record, process, store, retrieve, display, and transmit information, and associated personnel including consultants and contractors.
And as defined in [44 U.S.C., Sec. 3502], NIST SP 800-53 rev 4.
Information and related resources, such as personnel, equipment, funds, and information technology.

credentials belonging to someone else.

- I will be held responsible for any violations of applicable law or agency policy related to HHS Confidential Information, HHS Agency sensitive information, or HHS Information Resources, caused by my acts or omissions, or for any harm, loss, or adverse consequences arising from the use of my credentials, including any unauthorized use by a third party or contractor if such party gains access to my credentials due to my negligence or misconduct. Disciplinary actions up to and including dismissal and civil or criminal prosecution may result from any violations or misuse.
- Transactions initiated under my credentials will be considered as having been authorized and electronically signed by me.
- I will not disclose my password to anyone.

Software

- Only properly licensed software may be used on HHS Information Resources.
- I will use all software installed on HHS Information Resources in a manner that complies with the terms of the applicable software license agreement and all applicable law and HHS Agency policies and procedures.
- I will not install or use any software on HHS Information Resources that has not been approved for use in accordance with HHS Agency policies and procedures.

HHS Confidential Information

HHS Confidential Information includes information from the IRS (Federal Tax Information (FTI)) or the Social Security Administration (SSA), personally identifiable information, such as patient/client identifying health information, employee information, unpublished agency work product, or any information (patient or otherwise) that is classified confidential by applicable law and HHS Agency policy. You may have authority to use or disclose some or all of this HHS Confidential Information only as an authorized person through a computer system, or in paper or oral form or for your work for authorized purposes.

HHS Confidential Information is valuable and sensitive, and is protected by law and by HHS policies. The intent of these laws and policies is to safeguard the information against unauthorized use or disclosure and in support of the organization's mission. As a user of HHS systems and HHS Confidential Information, you are required to conform to applicable laws and HHS policies governing confidential information. Your principal obligations in this area are outlined below. You are required to read and to abide by these obligations.

I understand that in the course of my job, I may have authority to use or disclose HHS Confidential Information related to:

- Individuals' personally identifiable information about patients/clients (such as records, conversations, admissions information, diagnosis, prognosis, treatment plan, financial information, or other identifiers such as name, social security number, benefit plan, etc.) HHS Workforce personally identifiable information including home addresses, home phone numbers, and social security numbers. HHS Workforce includes employees, interns, trainees, volunteers, and staff augmentation contractors.
- HHS Agency functions (such as unpublished or draft financial information, internal reports, memos, contracts, peer review information, communications, proprietary computer software, and procurement information).
- Legal work product or other information deemed confidential under applicable law or HHS Agency policy.
- Contractor or third party information (such as vendor information).

Accordingly, as a condition of my access to HHS Confidential Information, I agree that:

- I will use HHS Confidential Information only as needed to perform legitimate duties. This means, among other things, that:

- I will only access HHS Confidential Information that I have a need to know;
- I will not in any way create, use, disclose, transmit, maintain, copy, sell, loan, review, alter, or destroy any HHS Confidential Information except as properly authorized within the scope of my duties for HHS;
- I will not misuse or carelessly handle HHS Confidential Information; and
- I will encrypt HHS Confidential Information when appropriate, including when emailing such information and when storing such information on portable storage devices. I will not use confidential individual identifiers in email subject lines because subject lines are never encrypted.
- I will safeguard and will not disclose my user name or password or any other authorization I have that allows me to access to HHS Confidential Information, except as permitted by law and applicable HHS Agency policy.
- I will report activities by any other individual or entity that I suspect may compromise the confidentiality, integrity or availability of HHS Confidential Information to my supervisor and the HHS Privacy Office at: privacy@hhsc.state.tx.us or (877) 378-9869 or the agency's Privacy Office. I will immediately report computer security incidents to the help desk.
- Reports are made in good faith about suspect activities and will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities. Retaliation for a good faith report of a violation of law or policy is prohibited by HHS.
- My obligations under this Agreement will continue after termination of my association with HHS or access to HHS applications until all HHS Confidential Information in my possession, custody or control is returned or destroyed as directed by HHS.
- My privileges hereunder are subject to periodic review, revision, and if appropriate, removal.
- I have no right or ownership interest in any HHS Confidential Information referred to in this Agreement. HHS may revoke my access code or other authorized access to HHS Confidential Information at any time.
- I will, at all times, safeguard and retain the confidentiality, integrity and availability of HHS Confidential Information.
- I acknowledge my responsibility to be aware of, read, and comply with HHS security policy, standards, and controls[2].

Agency Sensitive Information

Agency sensitive information is information that is not subject to specific legal, regulatory or other external requirements, but is considered HHS sensitive and should not be readily available to the public. Agency sensitive information must be protected even though disclosure is not specifically restricted by legal or regulatory requirements.

Examples of agency sensitive information include but are not limited to:

- HHS-specific legal information such as nondisclosure agreements (NDAs) and contracts.
- Unpublished financial information related to organizational accounting such as balance sheets, purchase orders, contracts and budget information.
- Unpublished financial information related to employee compensation, such as offer letters, salaries, severance, retirement plans, and benefits.
- Internal operational procedures.

Some information, even though it is available to the public, may contain sensitive information. Consequently, I understand it is also my responsibility to protect this information according to its sensitivity, value, and impact to HHS.

I understand that my failure to comply with this Agreement may result in loss of access privileges to HHS applications; disciplinary action, up to and including dismissal; and civil or criminal prosecution.

If I receive a request for the public disclosure of information, I will follow my agency's policies and procedures for the release of public information.

[2] HHS security policy, standards, and controls can be found at http://hhscx.hhsc.texas.gov/it/policies-and-guidelines

TEXAS Health and Human Services System

Health and Human Services
Acceptable Use Agreement (AUA)
(Formally known as the Computer Use Agreement or CUA)

Workforce Nondisclosure and Procurement Integrity Statement

As an HHS workforce member (employee, trainee, intern, volunteer or staff augmentation contractor) of the Texas Health and Human Services Commission (HHSC) or a Health and Human Services (HHS) agency, I may be provided access to HHS Confidential Information or agency sensitive information regarding the proposed work, procurement of goods and services for HHSC or an HHS Agency. As such, I acknowledge that:

- My access to this information is authorized only within my duties as an HHS Workforce Member of HHSC or an HHS Agency;
- My access to this information is solely for the purpose of discharging the duties of HHSC or an HHS Agency regarding the proposed procurement;
- Premature or unauthorized disclosure of this information will irreparably harm the State's interests in the proposed procurement and may constitute a violation of *Section 39.02 of the Texas Penal Code*, the antitrust laws of the United States and the State of Texas, and the *Texas Public Information Act, Chapter 552, Texas Government Code*; and
- The information may represent confidential or proprietary information, the release of which may be restricted or prohibited by law.

In view of the foregoing, I agree that I shall only use, disclose, create, maintain or transmit any information that I receive in my capacity as an HHS workforce member, in any form, whether electronic, paper or oral, formal or informal – for the following authorized purposes only:

- To provide the goods, services and/or deliverables required or requested under this HHSC or HHS Agency procurement in accordance with my assigned duties;
- To provide action, response or recommendation requested by HHSC or an HHS Agency in the course of fulfilling my assigned duties regarding the proposed procurement as prescribed under the resulting contract;
- To evaluate the submissions received from vendors or offerors in connection with the proposed procurements in accordance with my assigned duties;
- To assist HHSC or an HHS Agency in developing any documents, reports, working papers, evaluations, schedules, or instruments necessary to fulfill the requirements of the procurement; or
- As otherwise authorized in writing by HHS.

I further agree that I will regard any such information as confidential and that I will not use, disclose, create, transmit or maintain the information or any summary or synopsis of the information in any manner or any form whatsoever, except under the following circumstances:

- When authorized in writing by an HHSC or HHS employee associated with the respective proposed procurement or my assigned duties at HHS;
- When required by law as determined by HHS Legal Counsel;
- When the information has previously been released to the general public by HHSC or an HHS Agency regarding the respective proposed procurement -provided such release was not inadvertent or unintentional; and
- When required, to brief or inform a manager or supervisor, provided the manager or supervisor is informed of and agrees to the limitations on further disclosure contained in this statement.

In the event I receive a request for information relating to a proposed procurement either during or after the performance of this resulting contract, I agree to do the following:

- Notify HHSC or HHS Agency Information Owner associated with the respective proposed procurement as soon as practical following receipt of the request, who will seek advice from appropriate legal counsel and further instruct me regarding my ability to disclose the information.

The aforementioned statements supersede any other non-disclosure statement related to a proposed procurement or work duties. Any prior authorizations relating to access to information related to a proposed procurement are revoked.

In addition, I agree to notify the HHSC or HHS Agency employee associated with the respective proposed procurement immediately if I learn or have reason to believe that any information covered by this Workforce Nondisclosure and Procurement Integrity Section has been disclosed, intentionally or unintentionally, by any person.

Health and Human Services
Acceptable Use Agreement (AUA)
(Formally known as the Computer Use Agreement or CUA)

Physical Security

- I will not use, disclose, transmit, maintain, create or remove Information Resources or HHS Confidential Information or HHS Agency sensitive information from HHS property without proper prior authorization and approval of supervisory HHS staff.
- I will immediately report the loss or theft of any Information Resource or information to the appropriate investigative office in accordance with all HHS Agency policies and procedures.
- I will secure my workstation either by logging off or locking my screen when away from my workstation.
- I will keep HHS Information Resources under my physical control at all times, or will safeguard them when away, such as by keeping my workspace clean, not leaving HHS Confidential Information, HHS Agency sensitive information, or Information Resources in my vehicle unattended and locking Information Resources with a locking cable or a suitable locked container under my control.

E-Mail

- I understand that the state government e-mail system is provided for official HHS business.
- I will limit my incidental, non-official use of the e-mail system to prevent interference with my official duties or cause degradation of network services, in accordance with HHS Agency policy.
- I will not send e-mail that violates HHS Agency policy, such as e-mail that contains malicious, hostile, threatening, abusive, vulgar, defamatory, profane, or inappropriate racial, gender, sexual, or religious content over state government e-mail.
- I will not use personal email accounts (e.g. Gmail, Hotmail, Yahoo etc.) for transmitting or receiving HHS Agency information or conducting agency business.
- I will utilize HHS Agency approved encryption for transmitting HHS Confidential Information.

Internet

- I understand that access to public networks (i.e. the Internet) is for official HHS business.
- I will limit my incidental, non-official access to the Internet to prevent interference with my official duties or cause degradation of network services, in accordance with HHS Agency policy.
- I will not view or attempt to view web content that violates HHS policy, such as sites known to contain malicious, hostile, threatening, abusive, vulgar, defamatory, profane, or inappropriate racial, gender or sexual content, text or graphics.
- I will not utilize unapproved cloud computing resources or storage unless approved by HHS. These include but are not limited to Apple iCloud, Dropbox, Google Docs, or any other commercially available cloud computing service that is not expressly approved by HHSC IT.
- I will not use a personal or public available proxy to circumvent security policies for internet usage.

Social Media

I understand from the HHS Social Media Policy, that incidental, non-work related use of social networking sites such as Facebook, Myspace, Twitter, and video-hosting sites such as YouTube are prohibited. Exceptions for the use of social media sites for approved HHS business purposes must be approved by their agency's Office of Communications or an employee designated by the agency's Commissioner to authorize social media use before establishing each new social media presence on the agency's behalf.

Instant Messaging

I understand that the only approved Instant Messaging (IM) system is HHS provided Instant Messaging from

Microsoft. Use of other Instant Messaging systems is prohibited except for specific instances approved by an Information Resources Manager (IRM) for HHS Agency business purposes. Policies relating to Instant Messaging can be found in the *HHS Policy for Use of Agency-Provided Instant Messaging*[3].

Non-Agency Devices

The following is only applicable if your agency has a Bring Your Own Device (BYOD) program:

I understand the Bring Your Own Device (BYOD) program, if offered by my agency, is an opt-in (voluntary) decision and requires that my agency have certain control over my personal or non-HHS owned device (smartphone, tablet, or laptop) in exchange for access to HHS Confidential Information or Information Resources such as the network and email. I may opt-out of the BYOD program at any time.

I must meet Bring Your Own Device (BYOD) eligibility, device requirements, and obtain management approval in order to participate in the BYOD program.

I understand HHS has no responsibility for my BYOD devices and associated costs, to include, but not limited to, vendor terms and conditions; sufficient data and call plan, service levels, calling areas, service and phone features, termination clauses, and payment terms and penalties. I am also responsible for the purchase, loss, damage, insurance, and/or replacement.

I will notify the help desk immediately if my BYOD device is lost or stolen, if there is a privacy or security incident associated with my device containing HHS information, or if there are plans to replace or sell my BYOD equipment.

I understand that HHS, at its sole discretion, can utilize information on a BYOD device as it determines is required or would be helpful to the organization to gather data on usage of mobile devices; ensure compliance with organization policies; gather information for internal investigations or review; and to respond to informational requests in litigation or government investigations.

I understand that if I am a Fair Labor Standards Act (FLSA) nonexempt employee, performing work under the BYOD or other program or technology that makes accessing work convenient from any location or time, that I am required to log all hours worked as required and prescribed by the applicable HHS's Human Resources (HR) policy.

I understand that if I am a Supervisor of FLSA Non Exempt employee's, I will assure that FLSA Non Exempt employee's performing work under the BYOD or other program or technology that makes accessing work convenient from any location or time will not be required to work after their assigned hours unless directed by their supervisor or manager.

Additional information on employee responsibilities associated with the BYOD program can be found on the IT policy website[4].

Consent to Monitoring

I understand that HHS has the legal right to monitor use of HHS Information Resources, HHS Confidential Information, and HHS Agency sensitive information and that HHS monitors use to ensure these resources are protected and to verify compliance with applicable law, HHS Policy, security standards and controls. By using HHS Information Resources, or using, disclosing, creating, transmitting, or maintaining HHS Confidential Information or HHS Agency sensitive information, I consent to the monitoring of the use of these resources and information in any form and on any device and understand I have no expectation of privacy.

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[3] http://hhscx.hhsc.texas.gov/it/policies-and-guidelines
[4] http://hhscx.hhsc.texas.gov/it/policies-and-guidelines

TEXAS
Health and Human Services System

Health and Human Services
Acceptable Use Agreement (AUA)

(Formally known as the Computer Use Agreement or CUA)

Non-Compliance

I understand that non-compliance with this agreement or violation of the HHS Enterprise Information Security Acceptable Use Policy (AUP) may be cause for removal of access and disciplinary action, up to and including dismissal and/or civil or criminal prosecution. I also understand that I must comply with applicable law and HHS Agency policies, procedures, standards and guidelines over Information Resources, HHS Confidential Information, and HHS Agency sensitive information such as the requirements in the HHS Human Resources Manual, HHS Privacy Policy and HHS Security Policy, as well as any changes to those requirements.

Depending on the severity of the violation, consequences may include one or more of the following actions:

- Immediate suspension of access privileges and revocation of access to HHS Information Resources, HHS Confidential Information or HHS Agency sensitive information;
- Disciplinary action, up to and including dismissal;
- Removal or debarment from work on HHS contracts or projects;
- Civil monetary penalties; and/or
- Criminal charges that may result in imprisonment for misuse of HHS Information Resources or HHS Confidential Information.

USER MUST ACKNOWLEDGE ALL PAGES OF THIS AGREEMENT.

I have read, understand and agree to comply with this agreement.

HHS Employee Signature: _____

HHS Contractor Signature: _____

HHS Employee/Contractor Name Printed: _____

HHS Employee ID: _____

HHS Agency and Department or Division: _____

Date Agreement Signed _____

Health and Human Services
Acceptable Use Agreement (AUA)
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For the purpose of this document, "HHS", "HHS Agency", or "HHS Agencies" include the Health and Human Services Commission, Department of Aging and Disability Services, Department of Family and Protective Services, Department of State Health Services, Department of Assistive and Rehabilitative Services, and/or any successor agency or component part thereof.

Definitions can be found in the HHS Enterprise Information Security Definitions (http://hhscx.hhsc.texas.gov/it/policies-and-guidelines), HHS Privacy Policies and Procedures and the HHS Human Resources Manual (http://hhscx.hhsc.state.tx.us/hr/HRM/contents.htm).

TEXAS Health and Human Services

Protected Health Information (PHI) Access Level

For State Supported Living Center Employees and Volunteers

Form 84
August 20

☐ Employee ☐ Volunteer	Date	Duty Station
Classification Title		Working Title

Standard PHI Access Levels

Health Care PHI

☐ *Full access to all records* —
- Administrative Officer on Duty (AOD), Director, Assistant Director of Programs, Medical Director, Director of Nurses, Director Client/Medical Records, QIDP Coordinator, Rights/Protection, Risk Management/Safety

☐ *Full access to a limited set of records* —
- Direct care staff, medical staff, RNs, LVNs, social workers, psychologists, service assistants, therapist technicians, chaplains, pharmacists, dieticians, audiologists, speech therapists, occupational therapists, dentists
- Student volunteers, if assigned to record reviews as part of their class

☐ *Access to records limited to specific job functions* —
- Food service employees (examples: diet information, information relevant to supervising client workers)
- Dental clinic employees
- Pharmacy employees (examples: diagnosis, allergies and medications)
- Clinical Ancillary Services employees: laboratory, x-ray, infection control

Health Care Operations PHI

☐ *Full access to all records* —
- Administrative Officer on Duty (AOD), Director, Assistant Director of Programs, Medical Director, Director of Nurses, Admissions/Placement/Transfer Coordinator, Director of Client/Medical Records, Rights Protection, Risk Management/Safety, QIDP Coordinator

☐ *Full access to a limited set of records* —
- Non-clinical staff assigned to patient care units, adjunctive therapy departments, medical department, unit directors, job requisition coordinators and clerks and/or secretaries assigned to residential departments

☐ *Access to records limited to specific job functions* —
- Cashier's Office and Trust Fund (example: financial information)
- Accounting and Business Office (example: billing information from outside medical facilities)
- Community Relations (examples: provision of funds, clothing to specific consumers, family house reservations)
- Switchboard (examples: coordinating code blues, family/911 calls)
- Steno (example: may only receive information, but not allowed to retrieve PHI)
- Transport (example: information needed for safe transport of consumers)
- Employees assigned to peer review committees or audit committees
- Non-clinical Ancillary Services support staff (example: scheduling consumers for testing)

Payment PHI

☐ *Full access to all records* — Director, Assistant Director of Administration, Director of Reimbursement, Medicare Coordinator, Chief Accountant

☐ *Full access to a limited set of records* — No standard assignments to this option

☐ *Access to records limited to specific job functions* —
- Reimbursement
- Utilization Management

Incidental PHI	
☐	*No access —* • Facility Competency Training and Development • Auxiliary Services: maintenance, grounds, motor pool, power plant, environmental services, laundry, central kitchen • Workforce Management • Mailroom, Canteen • Statewide Information Services • Contracts Management • Volunteers (other than students assigned to read patient records) • Other (specify):

Exemptions to Standard PHI Access Levels	
Health Care PHI	
☐	*Full access to all records*
☐	*Full access to limited set of records*
☐	*Access to records limited to a specific job function*
Health Care Operations PHI	
☐	*Full access to all records*
☐	*Full access to limited set of records*
☐	*Access to records limited to a specific job function*
Payment PHI	
☐	*Full access to all records*
☐	*Full access to limited set of records*
☐	*Access to records limited to a specific job function*
Incidental PHI	
☐	*None*
Rationale for exemption to standard access level:	

Approval Path:

Signature – Supervisor (optional) Date

Signature – Department Director Date

Signature – State Supported Living Center Privacy Officer Date

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.
Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.
Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online Crime Records General Information | Department of Public Safety (texas.gov) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:

Section 2: Agency use only. Must be completed by authorized personnel conducting search.
Agency Name: Health and Human Services Commission
Authorized User:
Signature of Authorized User:
Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.	
Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ■ YES, CHRI is stored by agency.
CHRI Retention Period	■ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ■ Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain: For employment eligibility determinations.
Date CHRI Destroyed	ASAP
Destruction Method	Explain: Delete email and attachment(s)

CHRI + Audit Resources Link

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.
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Agency Name:	Health and Human Services Commission
Authorized User:	
Signature of Authorized User:	
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Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.	
Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ■ YES, CHRI is stored by agency.
CHRI Retention Period	■ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ■ Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain: For employment eligibility determinations.
Date CHRI Destroyed	ASAP
Destruction Method	Explain: Delete email and attachment(s)

CHRI + Audit Resources Link