

Disclosure Statement

Providence Health & Services has a long standing commitment to the safety and security of our patients, employees and clients. The Washington State Legislature helped us to further insure security of children, vulnerable adults, and developmentally disabled persons being served by Providence Health & Services by requiring us to conduct background checks on any prospective employee, volunteer, independent contractor, intern, resident, or medical staff who will or may have direct contact with or unsupervised access to children, vulnerable adults, or developmentally disabled persons during the course of his or her employment or involvement with Providence Health & Services. The federal government also requires Office of Inspector General excluded individual/entity database checks on all individuals employed by or associated with any business that participates in federally funded health care programs such as Medicare or Medicaid.

YOUR EMPLOYMENT OR CONTINUED EMPLOYMENT IS CONDITIONAL UPON THE RECEIPT OF A SATISFACTORY BACKGROUND REPORT AS DETERMINED BY PROVIDENCE HEALTH & SERVICES. YOUR CONTINUED EMPLOYMENT IS CONDITIONED UPON NOT COMMITTING ANY SUBSEQUENT PROHIBITED ACTS. PROVIDENCE HEALTH & SERVICES RESERVES THE RIGHT TO CONDUCT ADDITIONAL BACKGROUND CHECKS AT ANY TIME DURING YOUR EMPLOYMENT.

Please fully complete the following questions. This information will be maintained in accordance with applicable state and federal laws

1. Have you ever been convicted of any of the following crimes against children or other persons, or crimes related to drugs?

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	aggravated murder	<input type="checkbox"/>	<input type="checkbox"/>	endangerment with a controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree murder	<input type="checkbox"/>	<input type="checkbox"/>	child abuse or neglect as defined in RCW26.44.02
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	first or second degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree assault	<input type="checkbox"/>	<input type="checkbox"/>	first or second degree custodial sexual misconduct
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree assault of a child	<input type="checkbox"/>	<input type="checkbox"/>	malicious harassment
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree rape	<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree child molestation
<input type="checkbox"/>	<input type="checkbox"/>	first, second or third degree rape of a child	<input type="checkbox"/>	<input type="checkbox"/>	first, second degree sexual misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree robbery	<input type="checkbox"/>	<input type="checkbox"/>	patronizing a juvenile prostitute
<input type="checkbox"/>	<input type="checkbox"/>	first degree arson	<input type="checkbox"/>	<input type="checkbox"/>	child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	first degree burglary	<input type="checkbox"/>	<input type="checkbox"/>	promoting pornography
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	selling or distributing erotic material to a minor
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree extortion	<input type="checkbox"/>	<input type="checkbox"/>	custodial assault
<input type="checkbox"/>	<input type="checkbox"/>	indecent liberties	<input type="checkbox"/>	<input type="checkbox"/>	violation of child abuse restraining order
<input type="checkbox"/>	<input type="checkbox"/>	incest	<input type="checkbox"/>	<input type="checkbox"/>	child buying or selling
<input type="checkbox"/>	<input type="checkbox"/>	vehicular homicide	<input type="checkbox"/>	<input type="checkbox"/>	prostitution
<input type="checkbox"/>	<input type="checkbox"/>	first degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	felony indecent exposure
<input type="checkbox"/>	<input type="checkbox"/>	communication with a minor	<input type="checkbox"/>	<input type="checkbox"/>	criminal abandonment
<input type="checkbox"/>	<input type="checkbox"/>	unlawful imprisonment	<input type="checkbox"/>	<input type="checkbox"/>	manufacturing a controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	simple or fourth degree assault	<input type="checkbox"/>	<input type="checkbox"/>	delivery of a controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	sexual exploitation of minors	<input type="checkbox"/>	<input type="checkbox"/>	possession of a controlled substance with intent to,
<input type="checkbox"/>	<input type="checkbox"/>	first or second degree criminal mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	manufacture or deliver any of these crimes as they
					may have been referred to in the past renamed in the future, or
					labeled in another state

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed:

2. Yes No Have you ever been convicted of any crime relating to obstruction of an investigation, fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?

If you answer "yes", please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed:

Per RCW 43.43.830, a vulnerable adult is defined as an adult: (a) of any age who lacks the functional, mental, or physical ability to care for themselves; or (b) found incapacitated under chapter 11.88 RCW; or (c) who has developmental disability as defined under RCW 71A.10.020; or (d) admitted to any facility as defined under RCW 74.34.020; or (e) receiving services from an individual provider as defined under RCW 74.34.020; or (f) receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127RCW.

3. Have you ever been convicted of any of the following crimes relating to financial exploitation if the victim was a vulnerable adult:

- Yes No first, second or third degree extortion Yes No forgery
Yes No first, second or third degree theft Yes No Any of these crimes as they may have been referred
Yes No first or second degree robbery to in the past, renamed in the future or labeled in
another state

If you answer "yes" please describe and provide the date(s) of the conviction(s) and sentence(s) imposed:

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4. Yes No Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor.
5. Yes No Have you ever been found by a court in a domestic relation proceeding to have sexually abused or exploited any minor or to have physically abused any minor.
6. Yes No Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
7. Yes No Have you ever been found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited any vulnerable adult?

If you answer "yes" to any question 4 through 7 above, please describe and provide the date(s) of the finding(s) and the penalties imposed:

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8. Yes No If you are applying for a licensed position, have you ever had your license revoked, suspended, surrendered, or lost the right to renew your license for reasons bearing on your professional competence, performance or financial integrity?
9. Yes No Have you ever been excluded or suspended from participation in any federal or state health care program?

If you answer "yes" to question 8 and/or 9 above, please explain in detail:

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. The State Patrol's response will be sent directly to Providence Health & Services. In addition, we will perform an excluded individual/entity database check with the Office of Inspector General. If you are hired before these reports are available, YOUR EMPLOYMENT WILL BE CONDITIONED UPON THE RECEIPT OF SATISFACTORY REPORTS.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

UNDER PENALTY OF PERJURY, I certify that the information on this form is true, correct, complete, and not misleading. I understand that if I am hired, or at any time during my employment or involvement with Providence Health & Services that I complete this form, I can be discharged for any misrepresentation, omission, or misleading statement made in this Disclosure Statement. I understand that if I am hired, my employment is conditioned upon receipt by Providence Health & Services of a satisfactory report, as determined by Providence Health & Services, from the Washington State Patrol and Office of Inspector General, and that continued employment will be conditioned upon satisfactory report(s) should further reports be deemed necessary by Providence Health & Services. I understand and agree that it is my obligation to immediately inform Providence Health & Services if a criminal conviction, civil adjudication, or disciplinary board final decision for any offenses listed on this form is issued against me or if I am excluded or suspended from participation in any federal or state health care program at any time during the course of my employment or involvement with Providence Health & Services. Failure to so notify Providence Health & Services will be grounds for immediate discharge.

Signature

Social Security Number

Date

Exact Legal Name, Printed

Maiden Name/Other Names Used

Date of Birth