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PERSONNEL INFORMATION SHEET

Permanent Mailing Address:

Name: _____

Address: _____

Street

City _____ State _____ Zip Code _____

Telephone: _____

Date of Birth: _____

Mobile Phone: _____

Driver's License #: _____

E-mail Address: _____

Sex: (circle) Male Female

Social Security No: _____

County: _____

Please circle one:

Married Single Separated Divorced Widowed

Ethnic Code:

American Indian or Alaskan Native

Hispanic or Latino

Asian

Native Hawaiian or Pacific Islander

African American or Black

Two or More Races (Not Hispanic or Latino)

White

Other

Benefits Eligibility Date:

____/____/____
MM DD YY



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EMERGENCY CONTACT FORM

PLEASE LIST TWO PERSONS TO CONTACT IN THE EVENT OF AN EMERGENCY.

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE NO: _____

TELEPHONE: _____

Cell

Cell

Work

Work

Relationship

Relationship

VEHICLE IDENTIFICATION:

MAKE OF VEHICLE: _____ YEAR: _____

MODEL: _____

COLOR: _____

LICENSE PLATE NO: _____

DRIVER'S LICENSE NO: _____ STATE: _____

DRIVER'S LICENSE EXPIRATION DATE: _____

NAME AS IT APPEARS ON DRIVER'S LICENSE: _____



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VIDEO MONITORING ACKNOWLEDGMENT

I, _____ acknowledge that I understand Hillside, Inc. reserves and will exercise the right to review, audit, access and disclose all matters on Hillside's Video Monitoring at any time, with or without notice, and that such access may occur at any time. The Video Monitoring will be used for the safety of our children and Staff, Training, and to monitor Hillside Policy.

Independent Contractor/Intern Signature

Date

Independent Contractor/Intern Name (please print)



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CONFIDENTIALITY AGREEMENT

In signing this form, I understand that I have a professional responsibility to maintain the confidentiality of the children served by Hillside, Inc.

Confidentiality includes not discussing the children names and other information with those not involved in the treatment of children at Hillside. Clinical records are confidential and information in these records cannot be shared except as required by law, without the written consent of the child, family, or other legally responsible parties. The written or verbal release of information must comply with Hillside policy and procedure regarding confidentiality and release of information. The misuse of this knowledge can be damaging to the child, his/her family, and to the professional and public image of Hillside, Inc.

I understand and accept my obligation in this respect.

Independent Contractor Name/Intern (printed)

Date: _____

Independent Contractor/Intern Signature

Date: _____



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INDEPENDENT CONTRACTOR & VOLUNTEER HOLD HARMLESS AGREEMENT

I certify that my working relationship with Hillside, Inc. is that of an Independent Contractor or Volunteer. I recognize and understand that as an Independent Contractor/Volunteer I am not an employee of Hillside and am not covered under Hillside insurance policies. I, or my employer, am/is responsible for my Workers' Compensation, liability, and personal property insurance. I agree to hold Hillside, Inc. harmless for any liability should I incur a personal injury or property damage, while on Hillside, Inc.'s property. I also agree to hold Hillside, Inc. harmless for any lawsuits brought against Hillside, its employees, or its officers as a result of my work while on Hillside property at 690 Courtenay Drive NE, Atlanta, GA 30306.

Independent Contractor/Volunteer Signature

Date

Witness's Signature

Date

Independent Contractor/Volunteer Emergency Contact Information:

Emergency Contact Name: _____ **Relation:** _____

Contact Phone Number: _____

Contact Address: _____
Street City State Zip

Email Address: _____



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CHILD ABUSE REPORTING ACKNOWLEDGEMENT

I have read Hillside, Inc., Policy and Procedures **PR-6** regarding patient abuse and agree to abide by all of the conditions stated in the Policy and Procedure related to the reporting of abuse or suspected abuse.

I agree that if I witness or receive a report of patient abuse, verbal or physical, that I will report this promptly to the Executive Director, and/or designee. Failure to do so could result in the termination of my employment from Hillside, Inc.,

Employee Signature

Date

Witness

Date

HILLSIDE POLICY & PROCEDURE

Subject: Child Abuse/Maltreatment by an Employee

Date: February 6, 1987

Revision: September 26, 2019
January 6, 2022

Policy:

Hillside will promptly and thoroughly investigate all reports of alleged child abuse or maltreatment and will involve the appropriate State Agencies as required by law or regulation. Every employee of Hillside is a Mandated Reporter and is obligated to report child abuse/maltreatment of any type.

Procedures:

Any employee who witnesses or receives a report of child abuse/maltreatment, should report this promptly to the President and Chief Executive Officer, or designee. Any employee who has knowledge of child abuse/maltreatment and does not report it promptly will be regarded as collaborating in the mistreatment or abuse of the child.

- I. Abuse/maltreatment is defined as noncompliance with Hillside Policies, which prohibit the following:
 - a. Verbal abuse, which includes threatening, name-calling, making degrading remarks, using profane language, excessive teasing, sarcastic remarks, bullying or making slanderous statements.
 - b. Physical abuse which is defined as the willful (non-accidental) infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish by an employee/staff/contractor or volunteer.
 - c. Sexual abuse/assault/exploitation defined as:
 - i. An employee/staff/contractor or volunteer employing, using, persuading, inducing, enticing or coercing an individual to engage in any sex act including making sexually inappropriate statements, fondling, kissing and sexual relationships.
 - ii. Sexual abuse shall also include consensual sex acts when the sex acts are between minors, if any individual is less than 14 years of age.
 - d. Neglect of a child by an employee/staff/contractor or volunteer including the failure to provide adequate supervision necessary to ensure a child's wellbeing.
- II. Reports of abuse or suspected abuse by a Hillside staff member while receiving services from Hillside should follow these guidelines:
 - a. Notify the President and Chief Executive Officer or designee as soon as possible. The designee shall include the first available of the following persons: Medical Director, Assistant Medical Director, or VP of Clinical Programs. The President and Chief Executive Officer or designee will contact the Child Advocate.
 - b. Make prompt arrangements for medical treatment or examination of the child. If physical injury is suspected, Nursing should be notified immediately. The child should be examined for signs of

- abuse even though he/she may appear uninjured. Treatment given or results of examinations should be fully documented in the clinical record. If possible, Nursing should document injuries (or lack of injuries) photographically.
- c. Staff should fully document the incident, stating specifically what they actually observed and specifically what was reported by the child or other involved person(s). This should be documented in the clinical record and an Incident Report form should be completed prior to the end of the shift during which the incident occurred. See Policy ER10 Incidents and External Reporting.
 - d. The President and Chief Executive Officer or designee will promptly assess the complaint and make a decision regarding actions to be taken. These include:
 - i. Notifying the VP of Human Resources or designee in the case of employee involvement.
 - ii. Making a decision regarding the status of the staff involved in the incident or alleged incident which may include the following options:
 1. Suspension until completion of the investigation;
 2. Removing staff to areas in the facility where he/she has no child contact pending outcome of the investigation;
 3. Immediate termination in cases where abuse evidence is objective and non-debatable;
 4. In cases of verbal abuse (e.g., excessive teasing, cursing, sarcastic remarks), the staff member may be reprimanded and warned that continued problems will result in termination. In cases of severe verbal abuse, termination may be necessary.
 - iii. Notification of parents or legal guardian when initial facts in case warrant such action.
 - iv. Completing a thorough investigation of the incident, collecting all pertinent data including accounts from any staff or clients who may have information about the incident and insuring staff adherence to guidelines regarding treatment of the child and documentation of incident on the appropriate forms, charts, etc.
 - v. Making a decision about possible involvement of law enforcement.
 - e. The Child Advocate or designee will report the incident to Georgia Child Protective Services Call Intake Center at 1-855-GA CHILD (1-855-422-4453), the appropriate State Licensing Agency and any other agencies deemed necessary to aid in the investigation.
 - f. The Vice President of Human Resources in consultation with the President and Chief Executive Officer will follow the investigation and, upon completion of a thorough investigation, will make a final determination of the status of the staff involved in the incident, which could include:
 - i. Reinstating staff to position (suspended);
 - ii. Return to position on probation;
 - iii. Termination of employee.
 - g. The Child Advocate or designee will notify the appropriate State agencies and parent or legal guardian of final outcome of the investigation.

- III. Child on child sexual activity is to be handled as follows:
- a. Any sexual contact between two or more children should be reported to the Program Director or designee immediately upon discovery.
 - b. Staff should fully document the incident in the clinical record and on the Incident Report Form.
 - c. The Program Director or designee will review the incident and make a determination if an additional investigation is warranted.
 - d. If it is suspected that an unwilling child may have been forced to participate in a sexual act, the following actions will occur:
 - i. Notify the Child Advocate and President and Chief Executive Officer or designee as soon as possible.
 - ii. Make prompt arrangements for medical treatment/examinations of the child. Treatment or examinations should be fully documented in the clinical record, with photographs of injuries as appropriate.
 - iii. A thorough investigation of the incident will be completed, collecting all pertinent data including accounts from any staff or clients who may have information about the incident.
 - iv. After completion of the investigation, the Child Advocate or designee will report the incident to Georgia Child Protective Services Call Intake Center at 1-855-GA CHILD (1-855-422-4453), the State licensing Agency and any other State agencies as deemed necessary.
 - v. Parents and/or legal guardians of all children engaged in the sexual incident will be contacted.
 - vi. The President and Chief Executive Officer or designee will make a final determination of the status of the sexually-aggressive child, which may include removal of the child from Hillside and/or possible involvement of law enforcement.
 - vii. Supportive counseling and treatment will be provided for any child who has been sexually abused by another child. Counseling will be provided for parents/guardians as indicated.
- IV. Child abuse/maltreatment is considered a Sentinel Event. See Sentinel Event policy for required procedures.
- V. The Vice President of Quality Improvement & Risk Management or designee will immediately notify the organization's liability insurance carrier of the incident.
- VI. The President and Chief Executive Officer may notify the Board of Directors regarding allegations of abuse, actions taken, and results of all investigations.