

**Request for Proposals
RFP # 20108
Temporary Employee Services for the Lake County Health Department
and Community Health Center of Lake County, Illinois**

This Request for Proposals (RFP) is for the purpose of establishing an Agreement with one or more qualified Contractor(s) to provide Temporary Employee Services to the Lake County Health Department and Community Health Center (“Health Department”) as outlined herein.

General Requirements: Contractors are to submit sealed proposals (per the submission format as described in the Proposal Submittal Instructions and Evaluation Process, Section 3. Submission of Proposals, of this RFP) which will be opened and evaluated in private. Submit one (1) unbound copy, marked original, AND three (3) complete section tabbed copies of your proposals, AND one (1) electronic copy on CD-ROM or flash drive in Adobe Acrobat (.pdf) format. *Emailed electronic proposals will not be accepted and will be returned unopened.* **If applicable, please provide one (1) additional redacted version of your proposal should it contain confidential and/or proprietary information.**

Submission Date: **Friday, September 25, 2020 at 1:00 p.m. C.S.T.**
Proposals received after the time specified will not be accepted.

Submission Location: Lake County Health Department and Community Health Center
Materials Management Department
2400 Belvidere Road - L50
Waukegan, IL 60085

Contact/Questions: Submit questions via email to: healthpurchasing@lakecountvil.gov or via fax to the Lake County Health Department Materials Management Department 847-984-5960. Questions are required no less than seven (7) days prior to the RFP submission date with a deadline for questions of 4:00 PM on September 18, 2020.

Note to Contractors: Any and all exceptions to these specifications MUST be clearly and completely indicated. Attach additional pages if necessary. Please be advised that any exceptions to these specifications may cause your RFP to be disqualified.

If a Proposal includes any exceptions, Contractors must insert an “X” in the following box indicating a submission with exceptions.

☐

Timeline:

- RFP Release Date: September 4, 2020
- Deadline for submittal of questions: September 18, 2020
- Sealed Proposals Due date: September 25, 2020
- Board of Health Meeting date: October 28, 2020
- Award and Agreement Commencement date: October 29, 2020

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RFP #20108 NOTICE OF INTENT TO RESPOND FORM

Submit forms via fax or email to:

Lake County Health Department and Community Health Center
Materials Management
2400 Belvidere Road – L50
Waukegan, IL 60085
Email: healthpurchasing@lakecountyil.gov
Fax: 847-984-5960

Date: _____

Company name: _____

Designated contact: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Signature: _____

Submission of this form with signature will confirm the intent to respond or not to respond to RFP #20108 for Temporary Employee Services for the Lake County Health Department and Community Health Center.
(check one):

Intent to Respond:

To Respond to RFP _____

Not to Respond to RFP _____

RETURN THIS PAGE IMMEDIATELY

RFP #20108 Contractor Checklist and Acceptance Form

****IMPORTANT****

- ☐ The RFP has been signed by the Contractor's appropriate principal.
- ☐ The RFP prices offered have been reviewed.
- ☐ Any and all Addenda have been signed and included in RFP response.
- ☐ RFP Documents, forms and any information identified as part of the RFP submittal have been included.
- ☐ **RFP number, title and Contractor's name has been noted on package and/or sealed envelope.**

Please initial each line to agree with the information. If you do not agree, please make a note in the Comments/Exceptions area at the bottom of this form.

I understand:

1. This is an RFP (RFP) process and Contractor proposal responses will be received by the Materials Management Department in a sealed envelope with the RFP name and number clearly identified on the outside of the envelope and will be opened privately.
_____ (initial)
2. The Health Department is bound to statutory requirements outlined in the RFP Document regarding specific requirements to the RFP process; my staff and I have read and understand the requirements.
_____ (initial)
3. The Health Department will not automatically send updates to Contractors during the evaluation process. For updates, an email request must be sent by Contractor to healthpurchasing@lakecountyil.gov
_____ (initial)
4. If my company is not awarded the Agreement/Contract/Work, the Health Department will not notify me of the non-award. Award information may be found at <https://lakecounty.legistar.com/Legislation.aspx>
_____ (initial)
5. If my company has questions an email may be sent to healthpurchasing@lakecountyil.gov asking for additional information.
_____ (initial)

Comments/Exceptions:

Return this page with RFP Response

RFP #20108 NON-COLLUSION DECLARATION
(To be Executed by Contractor(s) and Submitted with Proposal)

The undersigned declares:

I am the _____ [title] of
_____ [business name], the party making the
foregoing proposal.

The proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The proposal is genuine and not collusive or a sham. The Contractor has not directly or indirectly induced or solicited any other Contractor to put in a false or sham proposal. The Contractor has not directly or indirectly colluded, conspired, plotted, or agreed with any Contractor or anyone else to put in a sham proposal, or to refrain from submitting a proposal. The Contractor has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the Contractor or any other proposer, or to fix any overhead, profit, or cost element of the proposal price, or of that of any other proposer. All statements contained in the proposal are true. The Contractor has not, directly or indirectly, submitted his or her proposal price, or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, proposal depository, or to any member or agent thereof to effectuate a collusive or sham proposal, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a Contractor that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the proposer.

I declare under penalty of perjury under the laws of the State of Illinois that the foregoing is true and correct and that this declaration is executed _____ [date], at
_____ [city], _____ [state].

Company Name

Authorized Signature

Title

Printed Name

Date

RFP #20108 SPECIFICATIONS AND REQUIRED INFORMATION

1. Overall Intent

The Health Department seeks proposals from qualified Contractors to provide various temporary employee (“Temp”) services, including but not limited to, the three (3) types listed below. Copies of job descriptions for each title are attached at Appendix A, for reference. During fiscal year 2019, the Health Department spent approximately \$200,000 on temporary employee services.

- A. Clerical: Clerk – Greeter, Senior Clerk, Contact Tracer, Contact Tracer Lead, Case Investigator, Case Investigator Lead, Health Information Management (HIM) Clerk, Program Assistant
- B. Dental/Medical: Dental Assistant, Certified Medical Assistant (BHS, General and Immunizations), Licensed Practical Nurse (LPN – ATP and General), Staff Nurse (RN), Psychiatric Nurse (RN), Radiological Technician
- C. Professional: Accounts Payable Clerk, Medical Billing Specialist, Medical Coding Specialist, Patient Accounts Billing Specialist, Staff Accountant

2. Background

The Lake County Health Department and Community Health Center (“Health Department”) was established by referendum in 1956, as a state-certified public health department. At that time, the staff consisted of a handful of people. Today, our budget of approximately \$70 million and supports 60 separately funded programs. Approximately 850 full and part time staff support our daily mission of health promotion, illness and disability prevention and protection of the environment.

The Health Department provides Lake County residents, agencies and organizations with convenient access to the services they need to lead healthy and productive lives. Our mission is promoting the health and well-being of all who live, work and play in Lake County. To accomplish this mission, we work closely with community partners to address the social, economic, and environmental causes of health inequity. If we can improve health for all Lake County residents, our vision will become a reality: Healthy Choices, Healthier People, Healthiest Communities.

The Health Department consists of seven (7) major program areas: Business Operations, Behavioral Health Services, Finance, Health Operations, Health Informatics & Technology, Physical Health and Prevention Services. The Health Department became a Federally Qualified Health Center (FQHC) in 1998 and both Behavioral Health Services and Physical Health are accredited by The Joint Commission for healthcare delivery. The Health Department provides comprehensive environmental and health services including adult and pediatric medicine, immediate care, women’s health, supplemental nutrition counseling, dental, sexually transmitted infection/HIV prevention, diabetes prevention, tuberculosis prevention and control, immunizations, and integrated behavioral health for persons of all ages, cultures and economic backgrounds. No one is refused services because of inability to pay.

As the largest human service provider in Lake County, we believe that services must be available without barriers. We also believe in providing services in an environment of mutual respect, free of discrimination or bias. The Program Areas are staffed by licensed and registered professionals who assist residents of Lake County to achieve and maintain good health and enhance the quality of life by developing healthy lifestyles. With a diverse patient population, the majority of patients seen are Spanish speaking.

The Health Department utilizes the NextGen Enterprise Practice Management (EPM) and NextGen Electronic Health Record (EHR) application systems, a product of NextGen Healthcare for patient scheduling, tracking, billing, clinical charting, laboratory and prescription processes.

3. Hours of Work

All full-time contracted positions are paid 7.5 hours per day, 37.5 hours per week, hours could vary depending on program requirements. Part time position hours will vary depending on program requirements. Temps may be required to work during the following schedules (work times may vary depending on the program need):

- A. Clerical: Mon – Fri 7:00 a.m. to 3:00 p.m.; 3:00 p.m. to 11:00 p.m.
- B. Dental/Medical: Mon – Fri 7:00 a.m. to 3:00 p.m.; 3:00 p.m. to 11:00 p.m.; 11:00 p.m. to 7:00 p.m.
- C. Professional: Mon – Fri 8:30 a.m. – 5:00 p.m.

The Health Department observes the following fixed holidays:

New Year's Day
Thanksgiving Day

Memorial Day
Day After Thanksgiving Day

Independence Day
Christmas Eve

Labor Day
Christmas Day

4. Screening, Qualifications of Employees and Background Checks

The Contractor(s) must screen, test, and interview all potential Temps to make placements successful. The Contractor(s) shall confirm that Temps possess the degrees, skills, experience, proficiency, licenses, and certifications necessary to perform the functions required of each position in accordance with the Health Department job description. All Temps assigned to positions requiring certifications or licensing, must have current and proper licensing by the State of Illinois and be certified in accordance with the standards of the Department of Public Health, including current TB test, CPR certification, and current influenza vaccination for the then current flu season (August to April annually).

The Contractor(s) shall provide current resumes for consideration and Temps for interview upon request by the Health Department. The Health Department reserves the right to interview and check the qualifications and backgrounds of all potential Temps.

The Contractor(s) shall conduct reference checks on potential Temps and provide reference check documentation to the Health Department prior to hire/assignment.

The Contractor(s) shall perform drug screening (9-panel), background checks and fingerprinting on ALL potential Temps. Documentation of a pass or fail result of a potential Temp's screenings must be provided to the Health Department prior to hire. The Contractor(s) is required to re-check background and drug tests annually on Temps working for or proposed to work for the Health Department.

All Temps are required to have an annual influenza vaccination. Documentation of vaccination must be provided to the Health Department either prior to employment or within fifteen (15) days of hire during the then current flu season (August to April annually). If a potential Temp refuses to obtain an influenza vaccination, the Temp must complete a Health Department declination form and wear a face mask at all times while working within Health Department facilities.

5. Contractor Experience & Qualifications

The Contractor(s) must complete the Contractor Qualifications form and indicate the number of staff and workers (the Employee Pool) available to meet the Health Department's needs during the term of the Agreement. The Contractor(s) is also required to submit documentation regarding the types of training offered to Temps. The Contractor(s) shall list three references on the form provided. The Contractor(s) must comply with Illinois statutes and requirements and must supply the Health Department with proof of registration with the Illinois Department of Labor Services pursuant to the Day and Temporary Labor Services Act, 820 ILCS 175. The Contractor(s) must have experience providing Temps to similar size customers within Lake County, IL for a minimum of three (3) years.

6. Personnel Documents

Prior to the first assignment of any Temp, the Contractor(s) is required to provide the Health Department with copies of current documents to verify:

- IL Licensure (applies to LPN, Staff Nurse, Psychiatric Nurse, Radiological Technician)
- IL Certification (applies to Dental Assistant, Certified Medical Assistant, Phlebotomist)
- Health Care Worker Registry (applies to Certified Medical Assistant)
- Health status (TB test and statement of fitness for duty)
- CPR certification
- Influenza vaccination during the then current flu season (August to April annually)

Upon request, the Contractor(s) shall also promptly furnish the Health Department with any other personnel documents as may be required by State and/or Federal regulations.

7. Health Department Policies and Procedures and Acknowledgements

All Temps shall be required to abide by Health Department Employee Policies and Procedures and any department policies, procedures and dress codes that are in effect at each location. The Health Department will provide a summary document in .pdf format of key policies and performance expectations which the Contractor(s) is expected to provide to the Temp prior to assignment. Temps will be required to sign an acknowledgement and acceptance of

these procedures. Dependent on the job description and/or the Program Area where the position resides, the Temp will be required to read and sign, including but not limited to, the following Health Department policies, procedures and/or acknowledgements. A copy of each policy and form listed below is attached as Appendix B.

Policies:

- Confidentiality of Patient Medical Information/Protected Health Information (PHI)
- Dress Code
- Drug Free Workplace Act
- Harassment
- Identification Cards and Security Access Cards
- Lake County Electronic Communication Policy
- Personal Device Usage
- Standards of Conduct
- Tobacco Free Policy

Forms:

- Confidentiality Acknowledgement Form
- Disclosure to Employment Applicant Regarding Procurement of a Consumer Report
- Lake County Policy Acknowledgement Form
- Contingent Worker Acknowledgement Form

8. Permanent Status / Conversion

In the event that the Health Department selects to permanently hire a Temp who has worked on a temporary basis, payments to the Contractor(s) shall cease on the effective date of the permanent appointment. The Health Department shall not be responsible for any additional charges beyond the hourly rate due for the time worked. If any Temp provided by Contractor(s) to the Health Department is engaged by the Health Department to perform services, either directly or indirectly, the Health Department will pay Contractor(s) an amount equal to a pre-negotiated conversion rate.

9. Contract Performance

At the request of the Health Department, the Contractor(s) shall meet periodically to review their performance related to the services provided to date as well as to discuss opportunities for improvement, efficiencies and cost savings. It shall be the Contractor's responsibility to monitor their performance to ensure compliance with the proposed Agreement terms and conditions and the highest level of customer satisfaction. The Contractor(s) shall meet with Health Department and/or specific departments upon request.

10. Value Added Services

The Contractor(s) should indicate any value-added services that are part of the proposal in a separate tabbed section marked Value Added Services.

11. Job Descriptions

A copy of the current job descriptions of commonly requested positions are included as part of this RFP. The Health Department reserves the right to add or delete job descriptions as needed throughout the term of the Agreement. Bilingual in English and Spanish strongly desired for most job descriptions.

12. Notice/Placement

The Contractor(s) shall appoint a Staffing Manager and appropriate backup staff to respond to Health Department inquiries in a timely manner.

13. Employee Pool

The "Employee Pool" is defined as the number of persons who have applied to and are accepted by the Contractor(s) to work in the category indicated. The person shall have been assessed by the Contractor(s) regarding skill and qualifications as described in the attached job descriptions, shall have passed the Contractor's background check and drug screening and is ready for appropriate placement.

14. Cancellation

The Health Department reserves the right to cancel or terminate placement requests within four (4) hours prior to the scheduled start time of any work shift without assessment of charges or fees. In the event that the Health Department wants to terminate a currently assigned Temp, the Health Department shall notify the Contractor(s). The Contractor(s)

shall be responsible to notify the Temp in a manner acceptable to the Health Department.

In the event that a Temp scheduled to work does not show or cancels in less than eight (8) business hours from the start time of any work shift, the Contractor(s) shall be responsible to schedule a replacement Temp of equal to or better qualifications. In the event that the Contractor(s) fails to provide a qualified, replacement Temp, the Contractor(s) shall be responsible to cover the costs for the Health Department to fill the scheduled work shift.

RFP #20108 PROPOSAL INSTRUCTIONS AND EVALUATION PROCESS

1. Correspondence

All correspondence, including proposals, is to be submitted to:

Lake County Health Department and Community Health Center
ATTN: Materials Management
2400 Belvidere Road – L50
Waukegan, IL 60085
Fax: 847-984-5960
Email: HealthPurchasing@lakecountyil.gov

2. Unauthorized Contact

Any contact with the Health Department, other than with the listed point of contact, by the Contractor's employees in regard to this RFP is discouraged and may result in your organization's disqualification from this process.

3. Submission of Proposals

Sealed proposals are to be submitted on OR BEFORE **September 25, 2020 at 1:00 PM CST** and addressed to the following. Postmarks will not be accepted in lieu of the actual receipt.

RFP #20108 Temporary Employee Services

**Lake County Health Department and Community Health Center
Materials Management Department
2400 Belvidere Road – L50
Waukegan, IL 60085**

PROPOSALS RECEIVED AFTER 1:00 PM WILL BE REJECTED AND UNOPENED

4. Submission Format

Contractor should respond to each question or request for description of services in every Section to allow for consistence in reviewing of RFP responses by the Health Department. Failure to respond in this format may be cause for rejection. List the RFP sentence and Contractor's response to each sentence.

5. Agreement Forms and Negotiations

The Health Department reserves the right to negotiate terms and conditions, specifications and pricing, if necessary or appropriate, to accomplish the purpose of this RFP. If the selected vendor is unable to agree with the terms and conditions of the contract, LCHD reserves the right to negotiate with the other submitters until a time that terms and conditions are agreed upon. This Request for Proposals includes sample standard Health Department Business Associate and Non-Disclosure Agreement forms. **Contractor's proposal submittal must clearly indicate any exceptions to these forms.**

6. Discussion of Proposals

The Health Department may conduct discussions with any Contractor(s) who submits a proposal. During the course of such discussions, the Health Department shall not disclose any information derived from one (1) proposal to any other Contractor(s). The Health Department reserves the right to share the proposals with authorized Health Department consultants/agents in the evaluation of the proposals

7. Additional Information/Interpretation/Correction of RFP and Addenda

Should the Contractor require additional information about this RFP, please email to healthpurchasing@lakecountyil.gov or via fax 847-984-5960 no less than seven (7) days after release of the RFP date. **Cutoff for questions is 4:00 p.m. on September 18, 2020.** No interpretation of the specifications or other Agreement documents will be made orally.

Contractors shall promptly notify the Materials Management Department of any ambiguity, inconsistency or error that they may discover upon examination of the Request for Proposals. Interpretation, correction and changes to the Request for Proposals will be made by addendum. Interpretation, corrections or changes made in any other manner will not be binding, including clarification by anyone other than the Materials Management Department. Failure of any Contractor to receive any such addendum or interpretation shall not relieve the Contractor from obligation under this proposal as submitted. ANY and ALL changes to the specifications and terms and conditions of this Request for Proposals (RFP) are valid only if they are included by written addenda. Contractors may find addenda's and any updates by accessing the Health Department website at <http://www.lakecountyil.gov/2562/Health-Department-Purchasing>. Each potential Contractor shall acknowledge receipt of any addenda by signing such addenda and returning a copy to the Lake County Health Department and Community Health Center Materials Management Department along with their sealed response, and is responsible for the contents of the addenda and any changes to the RFP therein. All addenda so issued shall become part of the proposal documents. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings cause a Contractor to improperly submit a proposal.

8. Exceptions

If a Contractor's response includes any exceptions, Contractor(s) must include the front page of this RFP with an X in the box indicating a submission with exceptions. The Contractor's response must clearly state any exceptions taken to the terms of this RFP by attaching additional pages to the Proposal submittal titled and tabbed as "**EXCEPTIONS**".

9. Value Added Services

The Health Department will consider Contractor Value Added Services. The Health Department considers Contractor Value Added Services to be additional services, certain specific business procedures, quality features, methods or additional business activities proposed by the Contractor, when utilized directly or indirectly serve to increase the total value of the services proposed. The Health Department invites Contractors to include Contractor Value Added Services with Proposal response by attaching additional pages to the Proposal submittal titled "**CONTRACTOR VALUE ADDED SERVICES**". Contractor Value Added Services must include specific information on Contractor's Value-Added Service and present an estimate of potential cost reductions that may be achieved and/or efficiencies gained, or pricing associated with Value Added Services.

10. References and Qualifications

Contractor(s) shall be properly qualified and possess if required all licenses to provide the services described herein, be authorized for state and local governments, and must be able to provide supporting documentation. Contractor(s) shall provide three (3) references and qualifications information on the forms provided in this RFP. References should be for similar sized organizations, providing above satisfactory services for more than three (3) years.

11. Personal Examination

No plea of ignorance of conditions that exist now or hereafter, or of any conditions of difficulties that may be encountered in the execution of the work under this Agreement will be accepted as an excuse for failure to or omission on the part of the Contractor to fulfill in every respect all the requirements and specifications, nor will same be accepted as a basis for any claim for extra compensation.

The Contractor is responsible to investigate and gather all relevant and pertinent information prior to submitting a proposal. By submitting a proposal, the Contractor affirms that they have performed all due diligence and are aware of all critical factors that may affect the provision of the services as described in the Request for Proposals. Such critical factors may include but are not limited to; location, space, utilities, scope of operations, and any other conditions which may affect the Contractor's operations. No allowance will be made for not being familiar with existing conditions to be encountered.

12. Third Party Network Access

Contractors who require access to Lake County and the Health Department's network will be required to comply with the Lake County Information Security policies and procedures before a logon to Lake County's enterprise network is provided.

13. Disclaimer

Recipients of this RFP should note that nothing in this RFP should be construed to create or imply any obligation whatsoever by the Health Department. Without limiting the foregoing, the Health Department retains its right, at its sole discretion: to negotiate with one or more of the responding Contractors; to implement solutions utilizing internal

staff in whole or in part; and to amend, modify, or waive, any aspect or provision of this RFP.

The Health Department will not be responsible under any circumstances for any costs incurred by Contractor(s) in the generation and submission of proposals, site visits, documentation, or marketing literature. All responses to this RFP and accompanying documentation will become the property of the Health Department and will not be returned.

Recipients of this RFP should also understand that the Health Department will not be responsible, under any circumstances, for the disclosure to unauthorized parties of proprietary material submitted by potential Contractor(s) to Health Department personnel and outside consultants. To the extent Contractor(s) wish to minimize the risk of disclosure of such material to unauthorized parties, potential Contractor(s) are advised to label clearly the top of each page of such material with the designation "Proprietary Material".

14. Reservation of Rights

The Health Department reserves the rights to review the criminal backgrounds of all workers assigned to work on this project. As part of this background review, the Health Department reserves the right to exclude workers with criminal backgrounds from working on Health Department premises. The Health Department further reserves the right to award Agreements to multiple Contractor(s).

15. Proposal Price

The proposed price must include all costs associated with screening, testing, finger printing, drug screening and background checks on all potential TEMPS as well as the required annual background re-check and drug test for Contractor(s)' Temps working for the Health Department. (1) On attached Price Proposal Sheet, provide pricing for Temp job descriptions included in RFP. Pricing is to represent hourly rates to be paid to the Contractor(s), not what is paid to the Temp. (2) On attached Conversion Rate Sheet, provide conversion process information, including hours worked to conversion rate, rates and any associated fees.

16. Submittal and Evaluation Criteria

The following information shall be submitted along with the proposal and will be considered when evaluating proposals. Responses should be submitted in a section tabbed format in the order listed below:

- A. Completion of attached forms: Contractor Acceptance Form, Non-Collusion Declaration, General Information Sheet, References and Contractor Qualifications sheet
- B. Experience, background, employment area of expertise and years in business placing employees in similar classifications as used by the Health Department, in other companies/agencies within Lake County.
- C. Number of account representatives that will be assigned to work with the Health Department on the proposed Agreement and your plan to facilitate handling Health Department requests in a timely manner to place competent Temps as requested by the Health Department.
- D. Projected time to fill a position.
- E. References of performance for customers of similar size and type (complete References sheet).
- F. Cost of services proposed (complete Price Proposal Sheet).
- G. Describe the process for, rate of conversion, including hours worked to conversion rate and any associated fees for contract-to-hire employees (complete Contract-to-Hire Conversion Rate Sheet).
- H. Exceptions taken to RFP and / or Agreement forms.
- I. Number of available Temps at the time of RFP Submission.
- J. Proof of registration with the Illinois Department of Labor pursuant to the Day and Temporary Labor Services Act, 820 ILCS 175.
- K. Describe any training offered to Temps.
- L. Describe the screening process, assessment tool(s) and ongoing evaluations used to match Temps to jobs.
- M. Describe the service and process you used for background checks, fingerprinting, and drug screening.
- N. Confirm that you will perform annual drug tests and background checks on Temps proposed or working for the Health Department; Yes _____ No _____
- O. Provide a sample invoice, and
- P. Value added services.

As part of its evaluation process the Health Department may seek additional information from Contractor(s) best suited to provide the types of Temps required for job descriptions.

RFP #20108 TERMS & CONDITIONS

1. Authority

This Request for Proposals is issued pursuant to applicable provisions of the Health Department Purchasing Policies and Procedures.

2. Definition

Request for Proposals (RFP) is a method of procurement permitting discussions with responsible Contractors prior to award of an Agreement. Proposals will be opened and evaluated in private. Award will be based on the criteria set forth herein.

3. Addenda

ANY and ALL changes to the specifications and terms and conditions of this Request for Proposal (RFP) are valid only if they are included by written addendum. It is the Contractor's responsibility to check for addendums, posted on the website at <http://www.lakecountypurchasingportal.com> prior to bid submittal date. Please note that no notification will be sent when addendums are posted unless there is an addendum within three business days for the submittal date. Each potential Contractor shall acknowledge receipt of any addenda by signing such addendum and returning a copy to the Lake County Health Department and Community Health Center's Materials Management Department prior to, or along with, a sealed response, and is responsible for the contents of the addenda and any changes to the RFP therein. Failure of any Contractor to receive any such addendum or interpretation shall not relieve the Contractor from obligation under this proposal as submitted. All addenda so issued shall become part of the proposal documents. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings caused a Contractor to improperly submit a proposal.

4. Project Manager/Account Representative

The Health Department and Contractor will each designate an individual to serve as the primary point of contact for matters related to the Agreement. Contractor or designee must follow escalation procedures as defined based on the criticality of the issue in responding to the Health Department inquiries. The Health Department or Contractor may replace its Project Manager/Account Representative with an individual of comparable qualifications and experience by notifying the other Party of such new appointment with prior written notification to and receipt of acknowledgement from notified Party.

5. Rural Support

Performance of duties may require travel and support at all Health Department facilities within Lake County.

6. Notice of Cancellation

The Health Department reserves the right to disqualify Contractors or cancel the Agreement via the Materials Manager with a thirty (30) day written notice of cancellation in the event the contracted services do not meet customer satisfaction. The Contractor will receive payment for all work satisfactorily completed or in progress at time of Agreement termination. Work in progress shall be paid on pro-rata-based percentage of work actually accomplished, dependent on hourly rates of specific resources.

7. Confidentiality

This RFP is subject to the Illinois Freedom of Information Act.

8. Reserved Rights

The Health Department reserves the right to negotiate specifications and/or terms and conditions that may be necessary or appropriate to the accomplishment of the purpose of this RFP. The Health Department reserves the right, at any time and for any reason, to cancel this RFP or any portion thereof, to reject any or all proposals, to accept an alternate proposal, or to issue a new RFP. The Health Department will notify all Contractors, in writing, if the Health Department rejects all proposals.

The Health Department reserves the right to waive any immaterial defect in any proposal. Unless otherwise specified by the Contractor, the Health Department has ninety (90) days to accept. The Health Department may seek clarification from a Contractor at any time. Contractor's failure to respond promptly is cause for rejection. The Health Department may require submission of best and final offers.

Issuance of an RFP does not commit the Health Department to pay any costs incurred in the Contractor's preparation and submission, nor does it imply an obligation to enter into a contractual Agreement with any Contractor(s). The Health Department reserves the right, based on requirements outlined in this RFP, to select a Contractor(s) based on, in part, but not exclusively, the content of the proposal, experience with the Contractor(s), and any other relevant information as well as recommendations concerning the Contractor's respective record of past performance with the Health Department and other clients.

9. Award

It is the intent of the Health Department to enter into an Agreement(s) incorporating the terms and conditions of this RFP. The Health Department intends to award this Agreement to a responsible Contractor(s) whose proposal is determined to be the most advantageous to the Health Department, based on the evaluation criteria set forth herein. The Health Department reserves the right to award Agreements to multiple Contractors. Prior to award, any Contractor(s) may be required to demonstrate they have the necessary capacity facilities, experience, ability and financial resources to perform the work called for in a satisfactory manner. Contractor(s) should provide complete, thorough proposals with the Contractor(s)' most favorable terms. Should proposals require additional clarification and/or supplementary information, Contractor(s) should submit such additional material in a timely manner.

10. Agreement Term and Start Date

The proposed Agreement will commence upon execution and will remain in effect for a two (2) year period from the date of award. The Health Department reserves the right to renew the Agreement for three (3) additional one (1) year period(s), subject to acceptable performance by Contractor(s). At the end of any Agreement term, the Health Department reserves the right to extend the Agreement for a period of up to sixty days for the purpose of securing a new Agreement. For any year beyond the initial year, the Agreement is contingent on the appropriation of sufficient funds; no charges shall be assessed for failure of the Health Department to appropriate funds in future Agreement years.

11. Incurred Costs and Out of Pocket Expenses

The Health Department will not be liable for any costs incurred by Contractors in replying to this RFP. All out of pocket expenses paid by the Contractor during the project will be incurred solely at the Contractor's expense.

12. Responsibility

The Contractor(s) shall be required to assume responsibility for all items listed in this RFP. The successful Contractor(s) shall be considered the sole point of contact for purposes of the proposed Agreement.

13. Payments

A purchase order will be issued as positions are assigned for individual Temps. Contractor(s) will be provided with the purchase order number for each individual Temp. The purchase order number **MUST** be included on all invoices for that specific Temp. Payments will be made in accordance with the Illinois Local Government Prompt Payment Act.

14. Invoicing and Billing Requirements

The Health Department requires that all invoices be mailed directly to: Lake County Health Department and Community Health Center, Attn: Accounts Payable 3rd Floor, 3010 Grand Avenue, Waukegan, IL 60085.

All invoices must include the following information: purchase order number, sorted by job classification including the employee name, supervisor name, program name (if applicable), dates and hours worked, rate of pay, and ACA surcharge listed as a separate line item. Payments will be made upon submittal and approval of invoices. The Health Department also requires that a monthly statement of outstanding invoices be sent to the Accounts Payable department, listing the same items required on invoices, as stated above. Please provide a sample invoice, listing all of the requirements above, with your response.

15. Price Escalator

Rates throughout the initial (1) one-year period of the proposed Agreement shall remain firm/fixed. Written requests for rate increase after the initial (1) one-year term shall be submitted (60) sixty days in advance of Agreement renewal. Changes in the proposed Agreement rates shall be the percentage increase in the U.S. Average Consumer Price Index for the Midwest Urban "All Items". Surcharges for fuel and other costs shall not be allowed, other than in accordance with the Price Escalator provision herein. The Health Department reserves the right to reject any price

increase and to terminate the Agreement.

16. Jurisdiction, Venue, Choice of Law

This RFP and any proposed Agreement resulting therefrom shall be governed by and construed according to the laws of the State of Illinois. Jurisdiction and venue shall be exclusively found in the 19th Judicial Circuit Court, State of Illinois.

17. Termination

The Health Department reserves the right to terminate an Agreement resulting from this RFP, in whole or in part, upon thirty (30) days written notice. In case of such termination, the successful Contractor(s) shall be entitled to receive payment from the Health Department for work completed to date in accordance with the terms and conditions of this Agreement. In the event this Agreement is terminated due to Contractor's default, the Health Department shall be entitled to purchase substitute items and/or services elsewhere and charge the Contractor(s) with any or all losses incurred, including attorney's fees and expenses. In such case of Agreement termination, the Health Department shall not be responsible for any costs incurred by the Contractor(s) to initiate services or discontinue services.

18. Taxes

The Health Department is exempt from paying certain Illinois State Taxes.

19. Independent Contractor

The Contractor(s) shall, at all times, be deemed to be an independent contractor and shall not be deemed to be an employee or agent of Lake County, the Health Department.

20. Non-Discrimination

Contractor(s) shall comply with the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., as amended and any rules and regulations promulgated in accordance therewith, including, but not limited to the Equal Employment Opportunity Clause, Illinois Administrative Code, Title 44, Part 750 (Appendix A), which is incorporated herein by reference. Furthermore, the Contractor shall comply with the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq., as amended.

21. Conflict of Interest

The Contractor(s), its employees, directors, officers and representatives know and pledge to comply fully with all conflict of interest laws and ordinances of Lake County, the Health Department.

22. Indemnification

The Contractor(s) agrees, to the extent permitted by law, to indemnify, defend and hold harmless the Health Department, its officers, agents and employees from any and all third party claims or losses, arising or resulting from the Contractor's actions or omissions in its performance of any of the Contractor's obligations under the proposed Agreement and any activities or services supported hereunder.

The Health Department agrees to indemnify, defend and hold harmless the Contractor(s), its officers, agents and employees from any and all third party claims or losses, arising or resulting from the Health Department's acts or omissions in its performance of any of the Health Department's obligations under the proposed Agreement and any activities or services thereunder.

23. Insurance: (Submit with Proposal)

The Contractor(s) shall maintain for the duration of the proposed Agreement and any extensions thereof insurance issued by a company or companies qualified to do business in the State of Illinois, in the following types and amounts:

- **Workmen's Compensation Insurance** covering all liability of the Contractor(s) arising under the Workmen's Compensation Act and Workmen's Occupational Disease Act; limits of liability not less than statutory requirements.
- **Professional Liability** to include, but not be limited to, coverage for Errors and Omissions to respond to claims for loss there from:

General Aggregate Limit	\$ 2,000,000	Each Occurrence Limit	\$ 1,000,000
--------------------------------	---------------------	------------------------------	---------------------
- **Commercial General Liability** in a broad form, to include, but not be limited to, coverage for the following where exposure exists: Premises/Operations, Independent Contractors, Products/Completed Operations, Personal Injury and Contractual Liability, limits of liability not less than:

Contractor(s) agrees that with respect to the commercial general liability insurance, Health Department shall be:

- named as **additional insured by endorsement** as their interest may appear;
- provided with thirty (30) days' notice, in writing, of cancellation or material change;
- provided with Certificates of Insurance evidencing the above-required insurance, prior to commencement of the proposed Agreement and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least thirty (30) days prior to the expiration of cancellation of any such policies. Forward Notices and Certificates of Insurance to: Lake County Health Department, Materials Management Office, 2400 Belvidere Road #L-50, Waukegan, IL 60085-4350.

Failure to Comply: In the event the Contractor(s) fails to obtain or maintain any insurance coverages required under the Agreement, the Health Department may purchase such insurance coverage's and charge the expense thereof to the Contractor(s).

24. Assignment, Alterations and Modifications

The potential Agreement may be amended or supplemented only by an instrument in writing executed by the party against whom enforcement is sought. Contractor(s) must notify the Health Department with thirty (30) days written notice of any change in mailing address. Contractor(s) shall not assign the potential Agreement, or any part thereof, without prior written consent of the parties.

25. Joint Venture

Where two or more Contractors desire to submit a single proposal in response the RFP, they must do so on a prime/subcontractor basis rather than as a joint venture. The Health Department intends to enter into an Agreement with a single firm or multiple firms but not with multiple firms doing business as a joint venture.

26. Change in Status

The Contractor(s) shall notify the Health Department promptly of any change in its status resulting from any of the following and state its commitment to continue to provide services: (a) Contractor(s) is acquired by or merged with another party; (b) Contractor(s) becomes insolvent; (c) Contractor(s), voluntary or by operation law, becomes subject to the provisions of any chapter of the Bankruptcy Act; (d) Contractor(s) ceases to conduct its operations in normal course of business. The Health Department shall have the option to terminate its Agreement with the Contractor(s) immediately on written notice based on any such change in status.

27. Dispute Resolution

All issues, claims, or disputes arising out of the proposed Agreement shall be resolved in accordance with the Appeals and Remedies Provisions in Article 9 of the Lake County Health Department and Community Health Center Purchasing Policies and Procedures.

28. Non-Enforcement by the Health Department

The Contractor(s) shall not be excused from complying with any of the requirements of the Agreement because of any failure on the part of the Health Department, on any one or more occasions, to insist on the Contractor's performance or to seek the Contractor's compliance with any one or more of said terms or conditions.

29. Guarantee

The Contractor(s) shall guarantee that said services shall be performed in an acceptable, professional manner, by employees who are fully qualified to serve in the capacity specified herein. Upon notice by the Health Department, the Contractor(s) will furnish replacements for any persons deemed unacceptable by the Health Department.

30. Joint Purchasing

The purchase of goods and services pursuant to the terms of the proposed Agreement shall also be offered for purchases to be made by other governmental units, as authorized by the Governmental Joint Purchasing Act, 30 ILCS 525/0.01, et seq. (the "Act"). All purchases and payments made under the Act shall be made directly by and between each governmental unit and the successful Contractor(s). The Contractor(s) agrees that the Health Department shall not be responsible in any way for purchase orders or payments made by the other governmental units. The Contractor(s) further agrees that all terms and conditions of the proposed Agreement shall continue in full force and effect as to the other governmental units during extended terms. The credit or liability of each governmental unit shall remain separate and distinct. Disputes between Contractor(s) and governmental units shall be resolved between the immediate parties.

The Contractor(s) and the other governmental units may negotiate such other and further terms conditions to the proposed Agreement ("Other Terms") as individual projects may require. To be effective, Other Terms shall be

reduced to writing and signed by a duly authorized representative of both the successful Contractor(s) and the other governmental unit.

The Contractor(s) shall provide the other governmental units with all required documentation set forth in the solicitation including but not limited to: performance and payment bonds, Certificates of Insurance naming the respective governmental unit as an additional insured and certified payrolls to the other governmental units as required.

31. Disclaimer

Recipients of this RFP should note that nothing in this RFP should be construed to create or imply any obligation whatsoever by the Health Department. Without limiting the foregoing, the Health Department retains its right, at its sole discretion: to negotiate with one or more of the responding Contractors; to implement solutions utilizing internal staff in whole or in part; and to amend, modify, or waive, any aspect or provision of this RFP.

The Health Department will not be responsible under any circumstances for any costs incurred by Contractors in the generation and submission of proposals, site visits, presentations, documentation, or marketing literature. All responses to this RFP and accompanying documentation will become the property of the Health Department and will not be returned.

Recipients of this RFP should also understand that the Health Department will not be responsible, under any circumstances, for the disclosure to unauthorized parties of proprietary material submitted by potential Contractors to Health Department personnel and outside consultants.

To the extent Contractors wish to minimize the risk of disclosure of such material to unauthorized parties, potential Contractors are advised to label clearly the top of each page of such material with the designation "Proprietary Material".

Should this project be supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."

32. Federal Grant Requirements – Reports and Records

The Health Department and Contractor(s) agree to maintain promptly prepared records, reports and supporting documents in regards to services rendered and for patients in such form and for such direction as may be required by Federal, State or local statutes or regulations, and to make available to the Department of Health and Human Services, the U.S. Comptroller General and their designees upon reasonable request and in a reasonable manner its books, documents, and records relating to its provision of services under an award Agreement as may be required by applicable statutes and regulations. Contractor(s) will acknowledge that these agencies and their designees have the right to audit, evaluate, or inspect Contractor's (or its subcontractors' or transferees') books, contracts, medical records, patient care documentation, and other records, related to recipients of federal and state funds.

The Health Department and Contractor(s) will have access to the reports, records, and supporting documents, upon reasonable notice, to inspect and/or duplicate, at their own expense, any individual record or report maintained by the other party to the extent necessary to meet the responsibilities of their corporate compliance program, quality improvement and peer review processes, and to assist in the defense of any malpractice or other claims to which such record may be pertinent, subject to, and in accordance with, all Federal and State laws and regulations protecting the confidentiality of such information.

33. Precedence

Where there appears to be variances or conflicts, the following order of precedence shall prevail: Health Department Specifications and Required Information; Health Department General Terms & Conditions, and the Contractor's Response to the RFP.

RFP #20108 PRICE SHEET

Below are titles of job descriptions included in the RFP document. Indicate the hourly amount to be charged to the Health Department for each, including all testing and screening fees.
Shifts may vary due to the program requirement. If cells are greyed out, no pricing is required.

Day of Week / Shift	Hourly Rate by Title	Hourly Rate by Title	Hourly Rate by Title	Hourly Rate by Title	Hourly Rate by Title	Hourly Rate by Title	Hourly Rate by Title	Hourly Rate by Title	Hourly Rate by Title
Clerical Personnel	Senior Clerk	Clerk - Greeter	Contact Tracer	Contact Tracer Lead	Case Investigator	Case Investigator Lead	Health Information Management (HIM) Clerk	Program Assistant	
M - F First Shift	\$	\$	\$	\$	\$	\$	\$	\$	
M - F Second Shift	\$	\$	\$	\$	\$	\$	\$	\$	
M - F Third Shift	\$	\$	\$	\$	\$	\$		\$	
Sat First Shift	\$	\$	\$	\$	\$	\$		\$	
Sat Second Shift			\$	\$	\$	\$			
Sat Third Shift			\$	\$	\$	\$			
Medical Personnel	Dental Assistant	Certified Medical Assistant (CMA) - BHS	Certified Medical Assistant (CMA) General	Certified Medical Assistant (CMA) Immunizations	Licensed Practical Nurse ATP	Licensed Practical Nurse General	Staff Nurse (RN)	Psychiatric Nurse (RN)	Radiological Technician
M - F First Shift	\$	\$	\$	\$	\$	\$	\$	\$	\$
M - F Second Shift	\$	\$	\$	\$	\$	\$	\$	\$	\$
M - F Third Shift	\$	\$	\$	\$	\$	\$	\$	\$	\$
Sat First Shift	\$	\$	\$	\$	\$	\$	\$	\$	\$
Sat Second Shift		\$	\$	\$	\$	\$	\$	\$	\$
Sat Third Shift		\$			\$	\$		\$	\$
Sun First Shift		\$			\$	\$		\$	
Sun Second Shift		\$			\$	\$		\$	
Sun Third Shift		\$			\$	\$		\$	
Professional Personnel	Accounts Payable Clerk	Medical Billing Specialist	Medical Coding Specialist	Patient Accounts Billing Specialist	Staff Accountant				
M - F First Shift	\$	\$	\$	\$	\$				
M - F Second Shift	\$	\$	\$	\$	\$				
M - F Third Shift									

ACA Surcharge Rate: Clerical _____ Medical _____ Professional _____

Shift Definitions: First Shift: 7:00 a.m. to 3:00 p.m. Second Shift: 3:00 p.m. to 11:00 p.m. Third Shift: 11:00 p.m. to 7:00 a.m.
If your shift is different than listed above please indicate what shift constitutes weekends and holidays.

The undersigned hereby certifies that they have read and understand the contents of this solicitation and agree to furnish at the prices shown any and all of the items above and attached, subject to all instructions, conditions, specifications and attachments hereto. Failure to have read all the provisions of this solicitation shall not be cause to alter any resulting Agreement or to accept any request for additional compensation. By signing this price sheet, the Respondent hereby certifies that they are not barred from responding to this RFP as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code of 1961, as amended.

Company Name: _____ Date: _____

Authorized Signature: _____ Title: _____

Printed Name: _____ Phone #: _____

E-mail: _____ Fax #: _____

RFP #20108 GENERAL INFORMATION SHEET

AUTHORIZED NEGOTIATORS:

Name: _____ Phone # _____

Name: _____ Phone # _____

RECEIPT OF ADDENDA: The receipt of the following addenda is hereby acknowledged:

Addendum No. _____, Dated _____

Addendum No. _____, Dated _____

Addendum No. _____, Dated _____

In submitting this proposal, it is understood that the Health Department reserves the right to reject any or all Proposals, to accept an alternate Proposal, and to waive any informalities in any Proposal.

BUSINESS ORGANIZATION:

(Check one only)

_____ Sole Proprietor: An individual whose signature is affixed to this proposal.

_____ Partnership: State full names, titles, and addresses of all responsible principals and/or partners on attached sheet.

_____ Corporation: State of incorporation: _____

_____ Non-profit Corporation

_____ 501c3-- U.S. Internal Revenue Code

If your RFP response includes any exceptions, Contractors must insert an "X" in the following box indicating a submission with exceptions. ☐

By signing this proposal document, the Contractor hereby certifies that it is not barred from bidding on this Agreement as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code of 1961, as amended.

Business Name

Signature

Print or Type Name

Title

Date

RFP #20108 REFERENCES

List below other organizations (users of similar size and structure to the Health Department preferred) for which Temporary Employment Services have been provided. *(Attach additional pages as needed.)*

Entity: _____
Address: _____
City, State, Zip Code: _____
Contact Person Name: _____
Phone Number: _____
Email Address: _____
Description of Services Provided: _____
Date of Service: ____/____/____ To ____/____/____

Entity: _____
Address: _____
City, State, Zip Code: _____
Contact Person Name: _____
Phone Number: _____
Email Address: _____
Description of Services Provided: _____
Date of Service: ____/____/____ To ____/____/____

Entity: _____
Address: _____
City, State, Zip Code: _____
Contact Person Name: _____
Phone Number: _____
Email Address: _____
Description of Services Provided: _____
Date of Service: ____/____/____ To ____/____/____

Business Name

Signature

Print or Type Name

Title

Date

RFP #20108 CONTRACTOR QUALIFICATIONS (Page 1 of 2)

(Name and address of office from which this Agreement will be administered. Attach additional pages as necessary.)

Business Name_____

Address_____

City, State, Zip_____

Internet Home Page_____

Phone_____

Fax_____

Primary Point of Contact and Title_____

Phone_____

Fax_____

Email Address _____

Staffing Manager _____

Phone_____

Fax_____

Email Address_____

Years in Business: _____

Annual Sales: \$_____

Number of Employees: _____

Number of Temporary Staff Pool: _____

Dunn & Bradstreet#: _____

List employees who will be dedicated to the Health Department for the Implementation and Administration of this Agreement:

NAME	POSITION TITLE	NUMBER OF YEARS	AREA OF RESPONSIBILITY/TASK EXPERIENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RFP #20108 CONTRACTOR QUALIFICATIONS (Page 2 of 2)

Address(es) of Support Offices_____

Has your company merged with or been acquired by any other companies in the last three (3) years? If yes, identify the companies and explain the reasoning behind the acquisition/merger.

Please disclose any partnerships or alliances:_____

Has your company been debarred from participating in solicitations? If yes, please explain.

VENDOR DISCLOSURE STATEMENT

Vendor Name:			
Address:			
Contact Person:		Contact Phone #:	
Bid/RFP/SOI/Contract/Renewal:	RFP #20108 Temporary Employee Services for LCHD/CHC		

Vendors wishing to contract with Lake County for goods and services in an amount greater than \$30,000 shall submit this form in advance of award. This disclosure statement is not required for utility companies regulated by the Illinois Commerce Commission or local units of government. Vendors shall disclose:

- A familial relationship between a Lake County elected official, department director, deputy director and manager and owners, principals, executives, officers, account managers or other similar managerial positions of the vendor's company. Familial relationship is defined as a spouse (including civil partner), child, stepchild, parent, stepparent, grandparent, in-laws (including parent, grandparent, sibling, or child), relatives and non-relatives living in the same residence, and offspring born to any aforementioned person.
- All political campaign contributions made by the vendor or an owner, principal, executive, officer, account manager, or other similar managerial position of the vendor to any county board member, county board chair, or countywide elected official within the last five years.

If there is nothing to report in a section, please state none in the appropriate space.

FAMILIAL RELATIONSHIPS

List names and departments/agencies of Lake County employees or public officials with whom owners, principals, or officers of the vendor's company have a familial relationship and the nature of the relationship. Attach additional pages as necessary. (Provide all names or state none in the space below. Do not leave blank.)

Name and Department/Agency of Lake County Employee/Public Official	Familial Relationship

CAMPAIGN CONTRIBUTIONS

List campaign contributions that have been made within the last five years that exceed \$150 annually. Attach additional pages as necessary. (Provide all names or state none in the space below. Do not leave blank.)

Recipient	Donor	Description (e.g., cash, type of item, in-kind service, etc.)	Amount/Value	Date Made

Continuing disclosure is required if information changes. This Vendor Disclosure Statement form is available at www.lakecountyil.gov.

The full text of the County's Ethics and Procurement policies and ordinances are available at www.lakecountyil.gov.

I hereby acknowledge that the information above is accurate and complete, that I am an authorized signer on behalf of the vendor, that I have read and understand these disclosure requirements, and that I agree to update this information if there are any related changes by submitting a new Vendor Disclosure Statement.

Authorized Signature:		Title:	
Printed Name:		Date:	

Vendors must insert "x" in the following box indicating exception and provide a brief narrative for exception.

☐

RFP #20108 APPENDIX A

RFP #20108 Job Description	
Type: Clerical	Program Area: Physical Health
Title: CLERK - GREETER	
Summary: <p>Under direct supervision performs work of moderate difficulty in a variety of duties relating to patient representation. Work may involve direct patient contact and is performed in accordance with prescribed methods, techniques and procedures. Performs associated clerical support to include telephone contact, inventory control and record keeping.</p>	
Essential Functions: <ol style="list-style-type: none">1. Greets clients both upon entrance and departure from clinic.2. Directs clients with appointments to the correct clinical intake area.3. Provides new clients without appointments with an explanation of the general intake process.4. Is able to explain income verification process to new clients.5. Assists clients with making appointments and enters data into computer system.6. Directs clients in process for making payments.7. Handles client inquiries and assists in making appropriate referrals or appointments to specific LCHDCHC programs or other agencies.8. Assists with the filing and pulling of patient records for clinics.9. Assists in maintaining the general neatness and orderliness of the waiting room.10. Participates in Quality Improvement activities on an on-going basis, with particular emphasis placed on customer satisfaction survey completion.11. Performs job duties in a manner to maximize clinic efficiency and productivity.12. Participates in staff meeting, in-service training and seminars, as appropriate.13. Provide direct clerical care to ensure patients receive timely and appropriate service.14. Develops and maintains a basic knowledge of services available at the LCHDCHC.15. Develops and maintains a basic awareness of the Chronic Care Model Processes in order to reduce health disparities within our communities.16. Develops and maintains a working knowledge of individual Emergency Preparedness roles.17. Demonstrates adherence to National Patient Safety Goals.18. Participates in quality improvement activities to assess, monitor and improve program services.19. Participates in mandatory in-services and drills, attends staff meetings, and other trainings, including age specific educational trainings offered on a regular basis for professional development.20. Reports all unusual occurrences that may involve the safety and wellbeing of the clients, patients and co-workers directly to the supervisor and/or Safety Officer.21. Assist in bilingual translation as appropriate.22. Performs other duties as assigned or required.	
Education / Qualifications: <p>To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.</p> <ul style="list-style-type: none">• Requires High School Diploma or GED.• <u>Bilingual in English and Spanish strongly desired.</u>	

RFP #20108 Job Description

Type: Clerical

Program Area: All

Title: SENIOR CLERK

Summary:

Responsible for a variety of clerical duties utilizing a high degree of independent judgment, problem solving, and initiative.

Essential Functions:

1. Performs various clerical duties, which may include client opening and closing procedures, computerizing and reporting data, correspondence and reports, fees, filing, inventory/ordering supplies, photocopying, faxing and deposits.
2. May transcribe staff dictation.
3. May enter timecards, check timecards and review for accuracy and/or may enter Daily Staff Activity.
4. Provides assistance to the clinical staff regarding general client needs.
5. May serve as receptionist for the program, which includes answering telephone, scheduling client appointments, collecting client payments and directing calls, as needed.
6. Obtains signatures, copies and information to verify third party coverage and process client billing.
7. Acquires and utilizes knowledge of LCHDCHC database; word processing and NextGen software and other equipment commensurate with position.
8. Responds to inquiries, gives appropriate information and referrals, and documents, if necessary.
9. Prepares, scans and retrieves records and documents on the OnBase System.
10. Develops and maintains a working knowledge of Emergency Preparedness roles.
11. Involved in quality improvement activities on an ongoing basis (such as implementing processes as a result of performance measurement reviews, participation in councils and teams, making suggestions to improve a process).
12. Participates in staff meetings, in-service trainings, and seminars to facilitate professional growth and maintain licensure if required.
13. May assist in the orientation and training of new staff.
14. Performs other duties as assigned or required.

Front Office Functions:

- Check in/check out clients
- Appointment reminder calls to clients
- Collect co-pays/payments from clients
- Balance daily receipts to cash bag

Mid-Office Functions:

- Chart maintenance (pulling/holding/re-shelving/preparing/closing-scanning/ releases)
- Financials to include income verification; sliding scale fee determination; verification of household information
- Intake screenings
- Telephone answering
- Back up-front office functions

Back Office Functions:

- Case registration
- Billing skills to include understanding Medicaid, Medicare and private insurance with the ability to dialogue with clients regarding their account charges
- Understand the medical office process flow
- Perform Error Corrections using analytical skills to reason through problems
- Case Closings (NextGen input)
- Daily Bank Deposits
- Back up mid and front office functions

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- Requires a high school diploma or G.E.D. certificate.

Experience:

- Requires three years of general office experience.
- **Bilingual in English and Spanish strongly desired.**

RFP #20108 Job Description

Type: Clerical

Program Area: Prevention Services

Title: CONTACT TRACER – Communicable Disease (CD)

Summary:

Under direct supervision, assists in preparing and offers direct individual interviews for contact tracing for COVID-19. Work assignments are in-depth and may be of a broad scope requiring a substantial degree of responsibility and independence of action in helping to determine if close contacts were exposed to a communicable disease and facilitate testing. WILL PROVIDE ON THE JOB TRAINING.

Essential Functions:

- Assesses learning needs of specific clients and adjusts direct services to meet those needs.
- Participates in field and office investigations of infectious disease; interviews close contacts of individuals who tested positive for COVID-19.
- Participates in regular CD updates.
- Conducts interviews with individuals who are contacts and at high risk of contracting a communicable disease in the community.
- Educates contacts on CD prevention issues such as disease spread, prevention and mitigation, including quarantine guidelines.
- Connects contacts interviewed to testing for COVID-19.
- Staff/Reviews assigned cases daily including contact tracing and notification outcomes.
- Completes interviews for 75% of contacts assigned within 24 hours.
- Triage telephone calls based on urgency and importance.
- Communicates daily directly with Contact Tracer Lead for case distribution and follow up including forwarding cases needing reassignment to appropriate persons in CD administration.
- Conducts field visits to prevent and mitigate outbreaks.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and or ability required.

- High school diploma or higher
- Preferred experience public health, community health or disease intervention
- Excellent oral and written communication skills.
- Working knowledge of software used for analytical studies and reporting, presentations, word processing, spreadsheets and databases. (Excel, Microsoft Word, Access, Teams and Power Point).
- Ability to communicate effectively with educational and culturally diverse populations in a courteous and professional manner.
- Ability to plan and organize work effectively and efficiently.
- Clinical knowledge is a plus
- The first sixty (60) calendar days will be considered the probationary period. Performance will be assessed by supervisor to determine successful completion of 60-day probationary period.
- **Bilingual in English and Spanish strongly desired.**

RFP #20108 Job Description

Type: Clerical

Program Area: Prevention Services

Title: CONTACT TRACER LEAD – Communicable Disease (CD)

Summary:

Under direct supervision, assists in preparing and offers direct individual oversight for contact tracing for COVID-19. Work assignments are in-depth and may be of a broad scope requiring a substantial degree of responsibility and independence of action. WILL PROVIDE ON THE JOB TRAINING.

Essential Functions:

- Monitors status of contacts active and out to assigned team
- Maintains responsibility for distribution and collection of contacts in a timely manner (within 7 days) and return to CD administration
- Maintains weekly schedule for assigned team and communicate weekly to CD branch chief
- Participates in briefings with CD Program Coordinator
- Triage telephone calls based on urgency and importance
- Conducts daily staffing/reviewing of contacts for assigned team including contact tracing outcomes and COVID-19 testing facilitated
- Completes daily data entry into line list for assigned case investigator team
- Communicates daily directly with CD administration for contact distribution and follow up including forwarding contacts needing reassignment to appropriate persons in CD administration and verifying Lake County residency
- Communicates directly with CD Program Coordinator on staffed cases to review outcomes of contact tracing
- Communicates with INEDSS data entry team lead on clusters identified and linked contacts

Education / Qualifications:

- High school diploma or higher
- Preferred experience public health, community health or disease intervention
- Excellent oral and written communication skills.
- Working knowledge of software used for analytical studies and reporting, presentations, word processing, spreadsheets and databases. (Excel, Microsoft Word, Access, Teams and Power Point).
- Ability to communicate effectively with educational and culturally diverse populations in a courteous and professional manner.
- Ability to plan and organize work effectively and efficiently.
- Clinical knowledge is a plus
- Management experience is a plus
- The first sixty (60) calendar days will be considered the probationary period. Performance will be assessed by supervisor to determine successful completion of 60-day probationary period.
- **Bilingual in English and Spanish strongly desired.**

RFP #20108 Job Description

Type: Clerical

Program Area: Prevention Services

Title: CASE INVESTIGATOR – Communicable Disease (CD)

Summary:

Under direct supervision, assists in preparing and offers direct individual interviews for case investigations for COVID-19. Work assignments are in-depth and may be of a broad scope requiring a substantial degree of responsibility and independence of action and help determine where an individual may have been exposed to a communicable disease and identify their close contacts. WILL PROVIDE ON THE JOB TRAINING.

Essential Functions:

- Assesses learning needs of specific clients and adjust direct services to meet those needs
- Participates in field and office investigations of infectious diseases; interviews the cases and contacts.
- Participates in regular CD updates.
- Conducts case investigations and interview individuals who have tested positive for a communicable disease in the community.
- Educates individuals and their household contacts on CD prevention issues such as disease spread, prevention and mitigation, including isolation and quarantine guidelines.
- Collects information on all household/close contacts to monitor for illness.
- Staff/Reviews assigned cases daily including contact tracing and notification outcomes and employer notification outcomes.
- Completes 75% of cases assigned within 24 hours.
- Triage telephone calls based on urgency and importance.
- Communicates daily directly with Case Investigator Lead for case distribution and follow up including forwarding cases needing reassignment to appropriate persons in CD administration.
- Conducts notification to employers regarding employees who test positive for COVID-19.

Education / Qualifications:

- High school diploma or higher
- Preferred experience public health, community health or disease intervention
- Excellent oral and written communication skills.
- Working knowledge of software used for analytical studies and reporting, presentations, word processing, spreadsheets and databases. (Excel, Microsoft Word, Access, Teams and Power Point).
- Ability to communicate effectively with educational and culturally diverse populations in a courteous and professional manner.
- Ability to plan and organize work effectively and efficiently.
- Clinical knowledge is a plus
- The first sixty (60) calendar days will be considered the probationary period. Performance will be assessed by supervisor to determine successful completion of 60-day probationary period.
- **Bilingual in English and Spanish strongly desired.**

RFP #20108 Job Description

Type: Clerical

Program Area: Prevention Services

Title: CASE INVESTIGATOR LEAD – Communicable Disease (CD)

Summary:

Under direct supervision, assists in preparing and offers direct individual oversight for contact tracing for COVID-19. Work assignments are in-depth and may be of a broad scope requiring a substantial degree of responsibility and independence of action. WILL PROVIDE ON THE JOB TRAINING.

Essential Functions:

- Monitors status of cases active and out to assigned team
- Maintains responsibility for distribution and collection of cases in a timely manner (within 7 days) and return to communicable disease (CD) administration
- Maintains weekly schedule for assigned team and communicate weekly to CD branch chief
- Participates in briefings with CD Program Coordinator
- Triage telephone calls based on urgency and importance
- Conducts daily staffing/reviewing of cases for assigned team including contact tracing outcomes and employers/businesses contacted
- Completes daily data entry into line list for assigned case investigator team
- Communicates daily directly with CD administration for case distribution and follow up including forwarding cases needing reassignment to appropriate persons in CD administration and verifying Lake County residency
- Communicates with Environmental Health team to report businesses in need of cluster/outbreak investigation including a possible site visit
- Communicates directly with CD Program Coordinator on staffed cases to review outcomes of staffing clusters identified, including business/employers and outcomes of contact tracing
- Communicates with INEDSS data entry team lead on clusters identified and linked case

Education / Qualifications:

- High school diploma or higher
- Preferred experience public health, community health or disease intervention
- Excellent oral and written communication skills.
- Working knowledge of software used for analytical studies and reporting, presentations, word processing, spreadsheets and databases. (Excel, Microsoft Word, Access, Teams and Power Point).
- Ability to communicate effectively with educational and culturally diverse populations in a courteous and professional manner.
- Ability to plan and organize work effectively and efficiently.
- Clinical knowledge is a plus
- Management experience is a plus
- The first sixty (60) calendar days will be considered the probationary period. Performance will be assessed by supervisor to determine successful completion of 60-day probationary period.
- **Bilingual in English and Spanish strongly desired.**

RFP #20108 Job Description

Type: Clerical

Program Area: Healthcare Operations

Title: HEALTH INFORMATION MANAGEMENT (HIM) CLERK

Summary:

Responsible for the accurate filing, scanning and indexing of health record documents according to departmental standards. Responsible for maintaining the Health Information Management Department according to State laws and the Health Insurance Portability and Accountability Act (HIPAA).

Essential Functions:

- Maintain high volume of sorting, scanning, filing and archiving of medical, dental and behavioral health documents in the electronic health record per department benchmarks/standards.
- Maintain high degree of quality control and validation of the completed work. Utilizes Image Control System (ICS) to organize scanned documents into patient's electronic health records. ICS data may include, but is not limited to: outside lab reports, physical/occupational therapy, requests or progress reports, home health reports or orders, referrals, results of consults, communications with payers, Correspondence, hospital records, etc.
- Handle confidential and extremely time sensitive materials. Ensure adherence to business guidelines, safety and security procedures.
- Prepares work to be processed by gathering and organizing data, information, and documents.
- Runs network high production scanning equipment.
- Provides excellent internal/external customer service via telephone, fax or face-to-face contact to assist patients with their health care needs.
- Processes patient walk-in requests for protected health information by ensuring the Authorization to Release Protected Health Information form is completed and signed by an authorized individual or guardian as listed in the health record, if patient is a minor.
- Locate, retrieve, maintain, organize and assist users in file/records. Ensure operating and quality standards are met based on service objectives.
- Purges patient records as necessary and in compliance with State law and HIPAA federal regulations.
- Performs other related duties as assigned.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill and/or ability required.

Education:

- High school diploma or equivalent, Associates preferred

Experience:

- Medical office experience (scheduling, reception, medical records/chart filing)
- Minimum typing 35 wpm
- MS Office experience (Excel, Word, Outlook) intermediate level
- Ability to perform and meet expectations on all patient EMR/EDR job functions assigned
- Ability to work evenings
- Spanish-speaking is a plus

RFP #20108 Job Description

Type: Clerical

Program Area: All

Title: PROGRAM ASSISTANT

Summary:

With immediate supervision provides clerical support for assigned programs. Performs office work including answering and routing incoming phone calls, faxes, mail and emails, greeting and assisting customers and receiving appropriate forms and fees, performing data entry, document creation and scanning.

Essential Functions:

1. Coordinates/files/maintains records; creates/prepares and scans files/document as directed.
2. Efficiently and accurately completes data entry and filing of associated records.
3. Provides secretarial support to the program in general.
4. Compiles reports, data and other documents as assigned.
5. Processes and distributes mail when needed.
6. Effectively and clearly communicates with the general public and with individuals from other entities that are regulated by or work with Health Department programming.
7. Compiles/enters and updates programmatic data using office operations, modern office equipment and record keeping techniques.
8. Demonstrates excellent customer service by providing program and agency information as requested to internal and external customers.
9. Promotes efficient office operations.
10. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and or ability required.

- Requires High School Diploma or GED
- Requires one (1) year of general office experience.
- Accurate use of spelling, punctuation, and grammar in preparing correspondence and memos.
- Knowledge of personal computer operations and software, along with adequate typing skills.
- The ability to handle multiple tasks with attention to detail and accuracy.
- Ability to be cordial and friendly when dealing with people.
- Ability to write simple correspondence and effectively present information in one-on-one settings.
- **Bilingual in English and Spanish strongly desired.**

RFP #20108 Job Description

Type: Dental

Program Area: Physical Health

Title: DENTAL ASSISTANT

Summary:

Under direct supervision of the Dentist, performs duties in a clinical setting related to the assessment and management of dental ambulatory care. Work involves direct patient contact and is performed in accordance with prescribed methods, techniques, and procedures.

Essential Functions:

1. Charts dental history and chief complaints of patients and notifies dentist of unusual symptoms or complaints.
2. Cleans and sterilizes dental instruments and returns to proper storage after use.
3. Maintains ordered supplies and keeps area stocked. Checks for dental supplies that are outdated.
4. Participates in expanded duties as trained and allowed by Illinois Dental Assistant Requirements for preventive procedures.
5. Assist in exposure, processing and mounting of dental radiographs and keeping of radiographs as part of a patient's dental record.
6. Participates in the orientation and training of new dental assistants.
7. Performs tasks including chart documentation and maintaining dental operatory in a hygienic manner.
8. Prepares materials and/or medications to be used by dentist.
9. Takes blood pressure per protocol.
10. Develops and maintains a basic knowledge of services available at the LCHDCHC.
11. Develops and maintains a basic knowledge of individual Emergency Preparedness roles.
12. Demonstrates adherence to National Patient Safety Goals.
13. Participates in quality improvement activities to assess, monitor and improve program services.
14. Participates in mandatory in-services and drills, attends staff meetings and other trainings, including appropriate age specific educational trainings offered on a regular basis for professional development.
15. Reports all unusual occurrences that may involve the safety and well-being of the patients and co-workers, directly to the supervisor and/or Safety Officer.
16. Assists and encourages patients in identifying self-management goals.
17. Performs duties in a prioritized, organized, and orderly manner to maximize clinic efficiency and productivity.
18. Maintains orderliness and cleanliness of clinic and work area.
19. Assist in bilingual translation as appropriate.
20. Performs support staff functions as necessary.
21. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- Requires High School Diploma or GED.
- **Bilingual in English and Spanish strongly desired.**

Certification/Licensure:

- Dental Assistant Certification is desired.

Experience:

- Requires a minimum of 18 months experience as a Dental Assistant in General Dentistry.

RFP #20108 Job Description

Type: Medical

Program Area: Behavioral Health Services

Title: CERTIFIED MEDICAL ASSISTANT (CMA) - BHS

Summary:

Responsible for performing duties in the Outpatient Mental Health Adult Services setting related to the assessment and management of behavioral health care. Work involves assisting medical staff with direct patient contact and is performed in accordance with prescribed methods, techniques, and procedures.

Essential Functions:

1. Charts chief complaints of patients and notifies the nurse/physician of unusual symptoms, behaviors, or statements requiring intervention, or complaints.
2. Takes blood pressure, height, weights as specified by program.
3. Maintains ordered supplies and keeps area stocked. Checks for medical supplies those are outdated. Notifies nurse or office manager when stock are low and what supplies are needed
4. Assisting the physician and nurse with direct patient care as well as tasks such as filing, chart documentation, faxes, prescription medical programs and telephone follow-up as assigned.
5. Provides patient care, including administering medications, according to Provider's orders within their scope of practice, established standards and administrative policies of the department.
6. Develops and maintains a basic knowledge of services available at the LCHDCHC.
7. Develops and maintains a working knowledge of individual Emergency Preparedness roles.
8. Demonstrates adherence to National Patient Safety Goals.
9. Participates in quality improvement activities to assess, monitor, and improve program services.
10. Participates in mandatory in-services and drills, attends staff meetings and other trainings, including appropriate age specific educational trainings offered on regular basis for professional development.
11. Reports all unusual occurrences that may involve the safety and well-being of the patients and co-workers, directly to the nurse, physician, supervisor and/or Safety Officer.
12. Assists and encourages patients in identifying self-management goals.
13. Performs duties in a prioritized, organized, and orderly manner to maximize clinic efficiency and productivity.
14. Maintains orderliness and cleanliness of clinic and work area.
15. If able, may assist in bilingual translation as appropriate.
16. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- Requires High School Diploma or GED.
- Requires one (1) year of experience.
- *Candidates who have completed a 160-hour externship with LCHD/CHC will have the one-year experience requirement waived.*
- Ability to work on weekends, holidays and overtime if necessary, and travel to multiple LCHD/CHC locations on a regular basis.
- Knowledge of medical terminology.
- **Bilingual in English and Spanish strongly desired.**

Certification/Licensure:

- Medical assistant certification is required.
 - The American Association of Medical Assistants (AAMA) – CMA
 - The Association of Medical Technologists (AMT) – RMA
 - The National Healthcareer Association (NHA) – CCMA
 - National Center for Competency Testing (NCCT) - NCMA
- Knowledge of or willing to learn terms related to psychiatric disorders and medications.

RFP #20108 Job Description

Type: Medical

Program Area: Physical Health

Title: CERTIFIED MEDICAL ASSISTANT (CMA) - General

Summary:

Under general supervision, assists physician and staff members in providing optimal ambulatory health care to patients, stocks and maintains exam and team rooms; assists with clinical and clerical duties. Work involves direct patient contact and is performed in accordance with prescribed methods, techniques, and procedures.

Essential Functions:

1. Checks patients' medical records for pertinent data
2. Greets and escorts patients to exam rooms; prepares for the provider by obtaining initial information and vital signs (temperature, pulse, blood pressure and respiration, height, weights, BMI and head circumference as specified by program).
3. Documents chief complaints of patients and notifies the nurse/provider of unusual symptoms or complaints.
4. Assists in telephone follow-up with the patient as directed by the program.
5. Under the direction of the provider and/or nurse, assists with basic patient health education.
6. Inspects exam rooms for cleanliness and equipment condition.
7. Maintains ordered supplies and keeps area stocked. Checks for medical supplies that are outdated.
8. Performs tasks including filing, chart documentation and telephone follow-up as assigned.
9. Performs peak flow; spirometry; EKG; application of Non-Stress Test (NST) belts; point of care testing and phlebotomy services as directed.
10. Administers medications within their scope of practice.
11. Participates in the orientation and training of new certified medical assistants.
12. Develops and maintains a basic knowledge of services available at the LCHDCHC.
13. Develops and maintains a basic awareness of the Chronic Care Model Processes in order to reduce health disparities within our communities.
14. Develops and maintains a working knowledge of individual Emergency Preparedness roles.
15. Demonstrates adherence to National Patient Safety Goals.
16. Participates in quality improvement activities to assess, monitor, and improve program services.
17. Participates in mandatory in-services and drills, attends staff meetings and other trainings, including appropriate age specific educational trainings offered on regular basis for professional development.
18. Reports all unusual occurrences that may involve the safety and well-being of the patients and co-workers, directly to the supervisor and/or Safety Officer.
19. Assists and encourages patients in identifying self-management goals.
20. Performs duties in a prioritized, organized, and orderly manner to maximize clinic efficiency and productivity.
21. Maintains orderliness and cleanliness of clinic and work area.
22. Assist in bilingual translation as appropriate.
23. Performs support staff functions as necessary.
24. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- Requires High School Diploma or GED.
- Requires one (1) year of experience.
- *Candidates who have completed a 160-hour externship with LCHD/CHC will have the one-year experience requirement waived.*
- Ability to work on weekends, holidays and overtime if necessary, and travel to multiple LCHD/CHC locations on a regular basis.
- Knowledge of medical terminology.
- **Bilingual in English and Spanish strongly desired.**

Certification/Licensure:

- Medical assistant certification is required.
 - The American Association of Medical Assistants (AAMA) – CMA
 - The Association of Medical Technologists (AMT) – RMA
 - The National Healthcareer Association (NHA) – CCMA
 - National Center for Competency Testing (NCCT) - NCMA
- Knowledge of or willing to learn terms related to psychiatric disorders and medications.

RFP #20108 Job Description

Type: Medical

Program Area: Physical Health

Title: CERTIFIED MEDICAL ASSISTANT (CMA) - Immunizations

Summary:

Under general supervision, assists clinician and staff members in providing optimal ambulatory health care to patients, stocks and maintains exam and team rooms; assists with clinical and clerical duties. Ability to administer ordered vaccinations to children and adults in a fast-paced environment. Immunization Clinic sites will rotate based on scheduling. Work involves direct patient contact and is performed in accordance with prescribed methods, techniques, and procedures.

Essential Functions:

1. Checks patients' medical records for pertinent data.
2. Interprets and enters patients' historical vaccination records into electronic health record, including records that exist in Illinois Comprehensive Automates Immunization Registry Exchange (I-CARE).
3. Greets and escorts patients to exam rooms; prepares for the provider by obtaining initial information and vital signs (temperature, pulse, blood pressure and respiration, height, weights, BMI and head circumference as specified by program).
4. Documents chief complaints of patients and notifies the nurse/provider of unusual symptoms or complaints.
5. Assists in telephone follow-up with the patient as directed by the program.
6. Under the direction of the provider and/or nurse, assists with basic patient health education.
7. Inspects exam rooms for cleanliness and equipment condition.
8. Maintains ordered supplies and keeps area stocked. Checks for medical supplies that are outdated.
9. Performs tasks including filing, chart documentation and telephone follow-up as assigned.
10. Performs peak flow; spirometry; EKG; application of Non-Stress Test (NST) belts; point of care testing and phlebotomy services as directed.
11. Administers medications within their scope of practice.
12. Participates in the orientation and training of new certified medical assistants.
13. Develops and maintains a basic knowledge of services available at the LCHDCHC.
14. Develops and maintains a basic awareness of the Chronic Care Model Processes in order to reduce health disparities within our communities.
15. Develops and maintains a working knowledge of individual Emergency Preparedness roles.
16. Demonstrates adherence to National Patient Safety Goals.
17. Participates in quality improvement activities to assess, monitor, and improve program services.
18. Participates in mandatory in-services and drills, attends staff meetings and other trainings, including appropriate age specific educational trainings offered on regular basis for professional development.
19. Reports all unusual occurrences that may involve the safety and well-being of the patients and co-workers, directly to the supervisor and/or Safety Officer.
20. Assists and encourages patients in identifying self-management goals.
21. Performs duties in a prioritized, organized, and orderly manner to maximize clinic efficiency and productivity.
22. Maintains orderliness and cleanliness of clinic and work area.
23. Assist in bilingual translation as appropriate.
24. Performs support staff functions as necessary.
25. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- Requires High School Diploma or GED.
- Requires one (1) year of experience, knowledge of medical terminology.
- *Candidates who have completed a 160-hour externship with LCHD/CHC will have the one-year experience requirement waived.*
- Ability to work on weekends, holidays and overtime if necessary, and travel to multiple LCHD/CHC locations on a regular basis.
- Knowledge of computers and electronic health records experience is preferable.
- **Bilingual in English and Spanish strongly desired.**

Certification/Licensure:

- Medical assistant certification is required.
 - The American Association of Medical Assistants (AAMA) – CMA
 - The Association of Medical Technologists (AMT) – RMA
 - The National Healthcareer Association (NHA) – CCMA
 - National Center for Competency Testing (NCCT) - NCMA

RFP #20108 Job Description

Type: Medical

Program Area: Behavioral Health Services

Title: LICENSED PRACTICAL NURSE (LPN) – Addictions Treatment Program (ATP)

Summary:

The licensed practical nurse shall provide nursing care to clients under the direction or supervision of a registered nurse or licensed physician. All features of the work will be assigned and monitored by the Nursing Coordinator.

Essential Functions:

1. Provides nursing care, including administering medications, according to physician's orders in conformance with recognized nursing techniques and procedures, established standards and administrative policies of the department.
2. Recognizes and reports symptoms of clients' conditions, reports to appropriate personnel and assists with remedial measures for adverse developments.
3. Functions as a member of the triage team for new admissions to the program.
4. Maintains clinical charts including documentation of observations, medications treatments; reports on the condition of clients; observes and corrects, if possible, environmental factors dealing with comfort and safety.
5. Participates in clinical meetings and provides input regarding the stability of client's physical and/or mental condition.
6. Is responsible for arranging clinic appointments, chest x-rays, laboratory work and other medication appointments, if Addictions Treatment Program (ATP), Crisis Care Program (CCP) or Women's Residential Services (WRS).
7. Makes arrangements for medical transfer of patients to other treatment facilities, as necessary, if ATP/CCP or WRS.
8. Responds to inquiries, gives appropriate information and referrals, and documents, if necessary.
9. Focuses on client empowerment in providing treatment, seeking to assist clients to build on strengths in addressing treatment needs.
10. Facilitates with clients and collaborates with the treatment team to develop, review and update treatment goals and referrals both internally and externally.
11. Provides support and medical information to clients, family members and/or significant others.
12. Participates in staff meetings, in-service trainings, and seminars to facilitate professional growth and maintain licensure if required.
13. Knowledge of federal, state, and local rules and regulations which impact on the professional practice of nursing.
14. Maintains an awareness of and professional involvement/collaboration with community resources.
15. Assists in facilitating transportation of clients.
16. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- Requires a Certificate in Practical Nursing from an accredited nursing program
- **Bilingual in English and Spanish strongly desired.**

Experience:

- If a recovering person, must have two years' demonstrated sobriety.
- One year of experience in general nursing care is required. Must have completed 40 hours of formal training in the field of chemical dependency. This training may be completed on site.

Licensure:

- Illinois licensure as a licensed practical nurse OR Illinois licensure by reciprocity within six months of the initial date of employment.

Significant Abilities:

- Ability to demonstrate knowledge of the signs and symptoms of substance abuse and psychiatric disorders.
- Ability to demonstrate a working knowledge of the medications and protocols used to treat withdrawal, and psychotropic medications used to stabilize psychiatric disorders.
- Ability to demonstrate knowledge of drug interactions, allergies, and side effects of medications.
- Ability to follow the "5 Rs – Right dose, Right patient, Right route, Right medication, Right time.
- Ability to evaluate the effectiveness of prescribed medications.
- Ability and knowledge to educate client about the medications they are taking; i.e., the purpose of the medication and potential side effects.
- Ability to demonstrate competent listening, communication, and interactive and crisis management skills with clients and collaterals.
- Ability to set and maintain boundaries with staff and clients.
- Ability to communicate and follow-up effectively with both internal and external organizations.
- Ability to continually expand knowledge base to keep up-to-date with new and effective treatment and administrative techniques.
- Ability to effectively identify and deal with transference and counter-transference issues.

RFP #20108 Job Description

Type: Medical

Program Area: Physical Health

Title: LICENSED PRACTICAL NURSE (LPN) - General

Summary:

The licensed practical nurse shall provide nursing care to clients under the direction or supervision of a registered nurse or licensed physician. All features of the work will be assigned and monitored by the Nursing Coordinator.

Essential Functions:

1. Provides nursing care, including administering medications, according to physician's orders in conformance with recognized nursing techniques and procedures, established standards and administrative policies of the department.
2. Recognizes and reports symptoms of clients' conditions, reports to appropriate personnel and assists with remedial measures for adverse developments.
3. Functions as a member of the triage team for new admissions to the program.
4. Maintains clinical charts including documentation of observations, medications treatments; reports on the condition of clients; observes and corrects, if possible, environmental factors dealing with comfort and safety.
5. Participates in clinical meetings and provides input regarding the stability of client's physical and/or mental condition.
6. Is responsible for arranging clinic appointments, chest x-rays, laboratory work and other medication appointments, if ATP/CCP or WRS.
7. Makes arrangements for medical transfer of patients to other treatment facilities, as necessary, if ATP/CCP or WRS.
8. Responds to inquiries, gives appropriate information and referrals, and documents, if necessary.
9. Focuses on client empowerment in providing treatment, seeking to assist clients to build on strengths in addressing treatment needs.
10. Facilitates with clients and collaborates with the treatment team to develop, review and update treatment goals and referrals both internally and externally.
11. Knowledge of federal, state and local rules and regulations which impact on the professional practice of nursing.
12. Participates in treatment-related clinical conferences and staffing's on assigned clients.
13. Provides support and medical information to clients, family members and/or significant others.
14. Takes responsibility for documenting clinical chart requirements to meet program and state standards.
15. Participates in staff meetings, in-service trainings, and seminars to facilitate professional growth and maintain licensure if required.
16. Must meet minimum productivity expectations.
17. Maintains an awareness of and professional involvement/collaboration with community resources.
18. Assists in facilitating transportation of clients.
19. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- Requires a Certification in Practical Nursing from an accredited nursing program.
- **Bilingual in English and Spanish strongly desired.**

Licensure:

- Illinois licensure as a licensed practical nurse OR
- Illinois licensure by reciprocity within six months of the initial date of employment

Experience:

- With certification, one year of experience in general nursing.
- Must have completed 40 hours of formal training in the field of chemical dependency. May be completed on site.
- If a recovering person, they must have two years of demonstrated sobriety.

RFP #20108 Job Description

Type: Medical

Program Area: Physical Health

Title: STAFF NURSE (RN) - General

Summary:

Under the supervision of Clinic Coordinator, is responsible for the provision of nursing services to ambulatory primary care patients. Oversees patient care team to facilitate clinic flow. Work involves direct patient contact and is performed in accordance with prescribed methods, techniques, and procedures.

Essential Functions:

1. Assesses learning needs and provider health education at an appropriate level.
2. Assists the provider with diagnostic testing and or invasive procedures including obtaining lab specimens.
3. Coordinates case management referrals/activities for patients.
4. Demonstrates critical thinking skills in collaboration with others.
5. Maintains clinical charts including accurate and complete documentation of all patient care.
6. Participates in the orientation and training of new staff.
7. Performs point of care testing and other tests as ordered.
8. Performs tasks including filing, chart documentation and telephone follow up as assigned.
9. Prepares the patient for exam by provider.
10. Provides treatments, administers medications, and injections as prescribed.
11. Provides professional nursing care according to providers' orders in conformance with recognized nursing techniques and procedures, established standards and administrative policies.
12. Provides health education to individuals and families utilizing Learning Needs Assessment.
13. Takes temperature, pulse, blood pressure and respiration, height, weights, BMI and head circumference as specified by program.
14. Assist in completion of data for PECS.
15. Develops and maintains a basic knowledge of services available at the LCHDCHC.
16. Develops and maintains a basic awareness of the Chronic Care Model Processes in order to reduce Health Disparities within our communities.
17. Develops and maintains a working knowledge of individual Emergency Preparedness roles.
18. Demonstrates adherence to National Patient Safety Goals.
19. Participates in quality improvement activities to assess, monitor, and improve program services.
20. Participates in mandatory in-services and drills, attends staff meetings and other trainings, including appropriate age specific educational trainings offered on a regular basis for professional development.
21. Reports all unusual occurrences that may involve the safety and well-being of the patients and co-workers, directly to supervisor and/or Safety Officer.
22. Assists and encourages patients in identifying self-management goals.
23. Performs duties in a prioritized, organized, and orderly manner to maximize clinic efficiency and productivity.
24. Maintains orderliness and cleanliness of clinic and work area.
25. Assist in bilingual translation as appropriate.
26. Performs support staff functions as necessary.
27. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- Requires a Bachelor's Degree in Nursing, an Associate's Degree in Nursing, or graduation from a Diploma school of Nursing.
- One year of direct patient care experience in the assigned programmatic area is preferred.
- **Bilingual in English and Spanish strongly desired.**

Certification/Licensure:

- Illinois licensure as a registered nurse
- Verification of application upon hire and completion of Illinois licensure by reciprocity within in 6 months of the initial date of employment
- Verification of application for State Board licensing as a Registered Nurse with successful completion within 6 months of the initial date of employment

RFP #20108 Job Description

Type: Medical

Program Area: Behavioral Health Services

Title: PSYCHIATRIC NURSE (RN)

Summary:

Responsible for care of high-risk clients and crisis intervention. Serves as liaison to community agencies. Participates in development and/or assessment of treatment plans. Participates in development of services for high-risk populations.

Essential Functions:

1. Provides professional psychiatric nursing care related to physician's orders in conformance with recognized nursing techniques and procedures, established standards and administrative policies of the department.
2. Provides aggressive outreach to hard-to reach clients through home visits and appropriate treatment methods, if applicable to program.
3. Participates in development and implementation of services for high-risk population in conjunction with other behavioral health staff and/or as directed by Program Coordinator.
4. Acts as liaison with pharmaceutical suppliers and representatives in acquiring, storing, and tracking medications.
5. Provides ongoing case management services for a caseload at a level agreed upon by supervisor.
6. Responds to inquiries, gives appropriate information and referrals, and documents, if necessary.
7. Involved in quality improvement activities on an ongoing basis.
8. Conducts crisis intervention/evaluation/referral to persons who present themselves at the program.
9. Performs initial evaluations and assessments of potential clients regarding their appropriateness for participation in the program.
10. May provide direct services to clients including individual and group treatment.
11. Focuses on client empowerment in providing treatment, seeking to assist clients to build on strengths in addressing treatment needs.
12. Facilitates with clients and collaborates with the treatment team to develop, review and update treatment goals and referrals both internally and externally.
13. Organizes and participates in treatment-related clinical conferences and staffing's on assigned clients.
14. Provides education and direction to clients, family members and/or significant others.
15. Takes responsibility for training in and documenting clinical chart requirements to meet program and state standards.
16. Participates in collection of client fees including completing forms for third-part coverage and discussing balances due with clients, as appropriate.
17. Participates in staff meetings, in-service trainings, and seminars to facilitate professional growth and maintain licensure if required.
18. Meets minimum productivity expectations.
19. Maintains an awareness of and professional involvement/collaboration with community resources.
20. Provides community education services as assigned and as self-initiated.
21. May assist in the orientation and training of new staff.
22. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- With an Associate's degree, five years of experience in psychiatric or behavioral health nursing is required, or
- With a Bachelor's degree, one year of experience in psychiatric or behavioral health nursing is required, or
- With a Master's degree, no experience required
- If a recovering person, must have two years of demonstrated sobriety.
- **Bilingual in English and Spanish strongly desired.**

Certification/Licensure:

- Illinois Licensure as a register professional nurse OR
- Illinois licensure by reciprocity within six months of the initial date of employment.

RFP #20108 Job Description

Type: Medical

Program Area: Prevention Services

Title: RADIOLOGICAL TECHNICIAN (X-Ray Technician)

Summary:

Performs quality x-ray examinations needed in the identification and diagnosis of Tuberculosis. Confirms proper medical documentation is in order for justifying x-rays.

Essential Functions:

1. Responsible for radiographic development, labeling, logging and arranging of films for Radiologist review.
2. Transcribes the Radiologist dictation.
3. Issues health certificates by person, mail, or fax to clients with negative x-rays for TB.
4. Notifies nurse of abnormal x-rays immediately for assessment and for follow-up.
5. Maintains and files x-ray films and reports in appropriate areas.
6. Monitors and reports the number of x-rays taken on a monthly basis to the TB Program Coordinator.
7. Advises and educates patients on chest x-ray procedures.
8. Explains the requirements and purpose of the x-ray to the patients.
9. Assist co-workers in other areas of the clinic when necessary to include front desk duties.
10. Works with the Radiologist and Medical Consultant to produce consistent, quality x-rays for interpretation.
11. Maintains a clear, concise, daily log of all patients having x-rays. Makes a monthly report of the number taken for inclusion with clinic records.
12. Keeps all films filed in an orderly manner.
13. Pulls prior x-rays on patients seen previously in the clinic for Radiologist review. Arranges x-rays and patient charts in a neat and orderly fashion for the Radiologist
14. Types the Radiologist taped dictation and issues health certificates for negative TB x-rays.
15. Mails letters to patient for Physician follow-up if a non-TB abnormality is suspected.
16. Files all x-ray documentation into the patients chart. Arranges duplicate copy of x-ray reports alphabetically and files them in their appropriate location.
17. Keeps an inventory of x-ray supplies (developer, solution, film, etc.) and orders more as needed to ensure continued clinic operations.
18. Responsible for scheduling x-ray maintenance as required by law.
19. Keeps the x-ray rooms and common areas in a safe, clean, and orderly environment.
20. Assist with skin testing when needed and if trained.
21. Reads TB skin test and identifies positive reactors. Refers positive results to the nurse for chest x-ray and consultation.
22. Assists at the receptionist's desk to include customer intake, issuing health certificates, typing/filing support, and answering telephones.
23. Maintains current license by accomplishing the required number of education credits within the proper time frames.
24. Performs duties in a professional manner and cooperates with co-workers, medical consultant, and the Tuberculosis Board for the efficient operation of the clinic. Exhibits a positive and friendly attitude to all customers and co-workers.
25. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill and/or ability required.

- Graduate from a Medical Radiation Technology program approved by the Department of Nuclear Energy.
- **Bilingual in English and Spanish strongly desired.**

Experience:

- Requires two years of general experience in the field of Radiology with experience not more than two years old

Licensure:

- Current Illinois Licensure as a Radiology Technician

RFP #20108 Job Description

Type: Professional

Program Area: Finance

Title: ACCOUNTS PAYABLE CLERK

Summary:

Under general supervision performs work of routine difficulty in clerical accounting tasks. Clerical work of accounting, reviewing, researching, cashiering and/or auditing is performed. This position involves identifying recurring discrepancies where routine solutions have been developed or approved by a supervisor

Essential Functions:

1. Enters accurate information into the accounts payable module of the integrated financial system.
2. Classifies and verifies invoices, employee reimbursements, and mileage for accuracy, proper approvals, and completeness prior to entry.
3. Schedules payments in the integrated financial system in order to take advantage of discounts for prompt payment.
4. Reviews and researches vendor payment information by using inquiry functions, vendor files, and running reports from the integrated financial system.
5. Review and research any open purchase orders on a regular basis.
6. Classifies receipts and expenditures according to a standard accounting classification.
7. Answers correspondence and telephone inquiries furnishing information to the public on a variety of matters.
8. Performs other duties as assigned.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- High School Diploma or GED required

Experience:

- Two years of experience in clerical accounting, ten-key data entry, spreadsheets, and use of an integrated financial system is required.
- Accounts Payable Experience including data entry, vendor resolution and analytical skills.
- We are willing to consider any equivalent combination of education and experience.

RFP #20108 Job Description**Type:** Professional**Program Area:** Finance**Title: MEDICAL BILLING SPECIALIST****Summary:**

Under general supervision performs work of considerable difficulty in assisting with the administration of the Health Department's central billing office management program. The position has the responsibility for reviewing, researching, analyzing and acting upon all claim rejections received from Medicaid, Medicare, private insurance and all other revenue sources. Ensures accurate records are kept for all billing activity to ensure the agency complies with all appropriate regulations as required. Provides various patient management reports as needed. Assists with other billing projects as needed.

Essential Functions:

- Processes and analyze claim rejection reports from the NextGen, Viatrack or Value Options systems and act upon the findings in a timely manner.
- Analyze the explanation of benefit advises from the various payers to ensure the accuracy of the data entered into NextGen for Medicaid, Medicare, private insurance and other third-party payers.
- Re-bill and adjust patient accounts as necessary using the NextGen system.
- Create patient management reports using the NextGen system.
- Analyze and resolve accounts receivable aging issues.
- Use Microsoft Excel to create spreadsheets to assist in the analysis of patient data.
- Analyze pending insurance account payer accounts in the NextGen system in order to have accurate processing of claims.
- Analyze and correct patient sliding fee adjustments in NextGen as needed.
- Trace the transactions through NextGen from charge entry through claim creation as part of problem resolution.
- Differentiate between clearing house rejections and payer rejections by frequently working within the Viatrack clearing house environment.
- Resolve all billing inquiries from internal and external customers.
- Gives appropriate information referrals and documents as necessary.
- Keeps thorough records of all activity including reporting and tracking of billing adjustments or corrections.
- Assists with other projects and duties as assigned.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skills and/or ability required.

Education:

- Completion of a high school diploma or G.E.D. certificate. A college degree or certification in medical technology or accounting is preferred.

Experience:

- Three years of experience in a medical billing or accounting office setting is preferred.
- Spanish-speaking is a plus
- Good knowledge of the principles and practices of medical billing.
- Good knowledge of the rules, regulations, and requirements of medical billing to Medicare, Medicaid and private insurance.
- Good knowledge of federal regulations pertaining to billing for medical services provided by a Federal Qualified Health Center.
- Good knowledge of medical CPT codes, HCPC codes and medical technology.
- Ability to effectively present facts and recommendations in oral and written form.
- Ability to analyze facts and exercise sound judgement in arriving at conclusions.
- Ability to use an integrated electronic medical record and billing system.
- Ability to effectively present information and respond to questions from patients, clients, and internal customers.
- Ability to solve practical problems and deal with a variety of concrete variables in standardized situations.
- Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

RFP #20108 Job Description

Type: Professional

Program Area: Finance

Title: MEDICAL CODING SPECIALIST

Summary:

The Medical Coding Specialist will perform data reviews of behavioral health and outpatient records for the timely and accurate assignment of ICD-10-CM, CPT, HCPCS and DSM-5 codes and provide education to providers as needed.

Essential Functions:

- Reviews appropriate ICD, CPT, HCPCS and DSM-5 codes for all visits in an ambulatory clinic setting for statistical reports and accurate reimbursement.
- Uses CPT, ICD10-CM, HCPCS and DSM-5, physician documentation and other approved resources to assign accurate procedure, diagnosis codes and modifiers to professional services.
- Ensures the LCHD facilities are paid for all reimbursable procedures completed.
- Codes with 95 percent accuracy as determined by quarterly audits.
- Audits medical records for documentation accuracy and procedure review.
- Use of Intelicode and Microsoft Excel to track the accuracy of providers and summarize review results.
- Assists in the development of coding protocols to ensure coding accuracy; reviews information about patient treatment, diagnosis and related procedures to ensure proper coding.
- Serves as a resource providing education to physicians and administrative staff on professional coding issues.
- Attends appropriate in-service education, staff meetings and seminars appropriate for professional development.
- Uses computer software applications to read and organize charts.
- Ongoing involvement in quality improvement activities.
- Assists with other projects and duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- **Requires certification of CCA, CCS, CCS-P, COC, CPC and/or RHIT, active membership affiliation with AAPC and/or AHIMA, and a minimum of one-year recent medical coding/billing experience**
- Requires a high school diploma or G.E.D. certificate

Minimum Required Skills, Knowledge and Abilities:

- Extensive knowledge of the principles and practices of medical and behavioral health billing.
- Extensive knowledge of CPT, HCPCS, ICD-10 CM, DSM-5 and Medical Terminology
- Extensive knowledge of the rules, regulations, and requirements of medical billing to Medicare, Medicaid and private insurance.
- Knowledge of federal regulations pertaining to billing for medical services provided by a Federally Qualified Health Center (FQHC).
- Understanding of community/private mental health center billing guidelines.
- Ability to produce statistical reports; experience in working with multiple reports and graphs in Microsoft Excel
- Ensures documentation compliance with all coding mandates and reporting requirements
- Evaluation of clinical documentation to ensure quality, completeness and consistency as it relates to code selection and reimbursement
- Perform coding consistently and within the time period(s) established by management
- Maintain confidentiality of patient charts, medical information and physician information including profiles and fees (HIPAA Compliance)
- Possess thorough knowledge of documentation requirements, sequencing, modifiers, unbundling edits and physician billing issues
- Ability to use an integrated electronic medical record and billing system

RFP #20108 Job Description

Type: Professional

Program Area: Finance

Title: PATIENT ACCOUNTS BILLING SPECIALIST

Summary:

Under general supervision performs work of considerable difficulty in assisting with the administration of the Health Department's central billing office management program. The position has the responsibility for reviewing, researching, analyzing, and performing collections of outstanding patient balances. Ensures accurate records are kept for all sliding fee activity to ensure the agency complies with all appropriate regulations as required. Ensures patients with a spenddown amount within a government program have their services billed appropriately. Provides various patient management reports as needed. Use of multiple medical billing and financial programs are essential to this position. Strong problem-solving ability, high level analytical ability and critical thinking skills are needed to perform this role successfully.

Essential Functions:

- Responsible for reviewing patient accounts with a spenddown to ensure proper billing of services.
- Responsible for processing patient refunds.
- Responsible for processing patient bad debt.
- Responsible for collection of private pay balances.
- Assist patients with obtaining access to a LCHD navigator, setup of payment plans or Financial Hardship using established protocols.
- Audit, analyze and correct patient sliding fee applications.
- Re-bill and adjust patient accounts as necessary using the NextGen system.
- Assist in deposit resolution between Treasurer's, clinics and Finance.
- Interpret and explain eligibility results.
- Create patient management reports using the NextGen system.
- Analyze and resolve accounts receivable aging issues.
- Use Microsoft Excel to create spreadsheets to assist in the analysis of patient data.
- Trace the transactions through NextGen from charge entry through claim creation as part of problem resolution.
- Resolve all patient inquiries from internal and external customers.
- Keep thorough records of all activity including reporting and tracking of billing adjustments or corrections.
- Develop and maintain a basic knowledge of services available at the Lake County Health Department and Community Health Centers (LCHD/CHC).
- Participate in quality improvement activities to assess, monitor and improve program services.
- Participate in staff meetings, in service trainings, and seminars to facilitate professional growth and maintain licensure if required.
- Involvement in quality improvement activities on an ongoing basis.
- Assists with other projects and duties as assigned.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required.

Experience:

- In-depth knowledge of medical billing.
- In-depth knowledge of the rules, regulations, and requirements of medical billing to Medicare, Medicaid and private insurance.
- In-depth knowledge of federal regulations pertaining to billing for medical services provided by a Federal Qualified Health Center.
- In-depth knowledge of medical CPT codes, HCPCS codes and medical technology.
- Ability to effectively present facts and recommendations in oral and written form.
- Ability to analyze facts and exercise sound judgement in arriving at conclusions.
- Ability to use an integrated electronic medical record and billing system.
- Ability to solve practical problems and deal with a variety of concrete variables in standardized situations.
- Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.
- Ability to make minor decisions in accordance with established policies.

Education:

- Completion of a high school diploma or G.E.D. certificate. Associate Degree or certification in health information technology or accounting is preferred.
- Four years of experience in medical billing and using an Electronic Practice Management system.
- Two years of collections experience in a provider setting.
- Advanced Proficiency in Excel, ten-key data entry, and experience with different reporting software.
- Bilingual is preferred.

RFP #20108 Job Description

Type: Professional

Program Area: Finance

Title: STAFF ACCOUNTANT

Summary:

Responsibilities include monitoring of assigned Service Areas for adherence to budget. Assist with auditing the work of the agency staff for adherence to LCHDCHC policies and procedures and to the appropriate county procedures. Monitor the accounts receivable of assigned service areas. Analyze various General Ledger accounts including the accounts receivable account, capital asset accounts, and other assigned balance sheet accounts.

Essential Functions:

1. Assist with auditing various types of internal financial information.
2. Assist Business Managers with financial matters.
3. Prepare journal entries as required.
4. Analyze various G\L account information monthly.
5. Monitor assigned Service Areas of the annual LCHD budget.
6. Assist and monitor finance and agency staff for adherence to agency financial policies.
7. Reconcile deposits to the General Ledger.
8. Request agency funds electronically and prepare reports.
9. Perform necessary financial analysis as required.
10. Prepare and maintain Oracle reports required to support financial functions, as directed by the Accounting Manager.
11. Perform financial analysis as required within the entire agency for compliance to grant requirement.
12. Reconcile the Petty Cash bank account.
13. Assist Accounts Payable as necessary.
14. Special projects as directed by the Accounting Manager.
15. Performs other duties as assigned or required.

Education / Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below represent the knowledge, skill, and/or ability required.

- Requires a Bachelor's Degree in Accounting, Finance or related field.

Experience:

- Requires one year experience in an Accounting department reconciling and analyzing general ledger accounts.
- Requires knowledge of generally accepted accounting principles.
- Experience using an integrated financial system.

RFP #20108 Job Descriptions

Each job description represented in the RFP includes, but is not limited to the following Competencies, Skills and Factors.

COMPETENCIES:

Intellectual

Analytical – Synthesizes complex or diverse information; collects and researches data; demonstrates attention to detail.

Problem Solving - Identifies and resolves problems in a timely manner; gathers and analyzes information skillfully; develops alternative solutions; uses reason even when dealing with emotional topics.

Technical Skills – Pursues training and development opportunities; strives to continuously build knowledge and skills.

Interpersonal

Customer Service – Manages difficult or emotional client situations; responds promptly and appropriately to client needs; solicits customer feedback to improve service; responds to requests for service and assistance; meets commitments. Requires the ability to relate in a respectful, professional, courteous and concerned manner with patients, co-workers and supervisors.

Interpersonal Skills – Focuses on solving conflict, not blaming; exhibits non-judgmental behavior; maintains confidentiality; listens to others without interrupting; keeps emotions under control.

Oral Communication – Speaks clearly and persuasively in positive or negative situations; listens and gets clarification; responds well to questions; handles telephone and personal contacts with the public in a confidential manner; demonstrates group presentation skills; participates in meetings.

Written Communication - Writes clearly and informatively; presents numerical data effectively; able to read and interpret written information.

Electronic Communication – Depending on position assigned; requires basic, intermediate and/or advanced electronic communication skills

Teamwork – Exhibits objectivity and openness to others' views; give and welcomes feedback; contributes to building a positive team spirit; supports everyone's efforts to succeed.

Leadership

Leadership – Accepts feedback from others; communicates changes effectively; prepares and supports those affected by change

Quality Management – Looks for ways to improve and promote quality; demonstrates accuracy and thoroughness.

Organization

Business Acumen – Aligns work with strategic goals; understands business implications of decisions.

Cost Consciousness – Conserves organizational resources.

Diversity – Shows respect and sensitivity for cultural differences; promotes a harassment-free environment.

Ethics - Treats people with respect; keeps commitments; inspires the trust of others; works with integrity and ethically; upholds organizational values.

Organizational Support - Follows policies and procedures; supports organization's goals and values.

Self-Management

Confidentiality – Adheres to all organizational confidentiality policies and procedures.

Judgment – Displays willingness to make decisions; exhibits sound and accurate judgment; includes appropriate people in decision-making process.

Planning/Organizing - Prioritizes and plans work activities, uses time efficiently; develops realistic action plans.

Professionalism – Approaches others in a tactful manner; reacts well under pressure; treats others with respect and consideration regardless of their status or position; accepts responsibility for own actions; follows through on commitments, and adheres to the dress code policy.

Quality – Demonstrates accuracy and thoroughness; looks for ways to improve and promote quality; applies feedback to improve performance; monitors own work to ensure quality.

Quantity – Meets productivity standards; completes work in timely manner; strives to increase productivity; works quickly.

Safety and Security - Observes safety/security procedures; reports potentially unsafe conditions; uses equipment and materials properly.

Adaptability – Adapts to changes in the work environment; changes approach or method to best fit the situation.

Attendance/Punctuality - Is consistently at work and on time; ensures work responsibilities are covered when absent; arrives at meetings and appointments on time.

Dependability - Follows instructions, responds to management direction; takes responsibility for own actions; keeps commitments; completes tasks on time or notifies appropriate person with an alternate plan.

Initiative – Undertakes self-development activities; seeks increased responsibilities; looks for and takes advantage of opportunities; asks for and offers help when needed.

FACTORS:

Environmental Factors

The environment characteristics described here represent those an employee encounters while performing the essential functions of this job.

- May possibly be exposed to any environmental factors that may be found in a healthcare setting.
- May be exposed to fumes, airborne particles, toxic/caustic chemicals, bodily fluids, etc.
- Ability to withstand odors associated with direct patient care.
- If assigned to Animal Care and Control, may be working near animals and/or exposed to animal hair, dander and animal related odors and/or parasites or contagions.

Physiological Factors

The physical demands described here represent those that must be met by an employee to successfully perform the essential functions of this job.

- While performing the duties of this job, the employee is regularly to use manual dexterity in performance of daily routine.
- While performing the duties of this job, the employee is regularly required to use hands to finger, handle, or feel; reach with hands and arms and talk or hear.
- Must possess sufficient physical stamina to allow for lifting, pushing, and pulling of patients or other objects, occasionally exerts up to 35 - 75 pounds (actual weight depends on position assigned).
- Specific vision abilities required by this job include close vision, depth perception and ability to adjust focus.

Psychological Factors

The psychological demands described here represent those that must be met by an employee to successfully perform the essential functions of this job.

- Ability to maintain pleasant working relationships
- Ability to interact with patients, sometimes in crisis situations in a fast-paced atmosphere
- Ability to verbally communicate with the patient and patient's families, and to exercise tact in dealing with problems concerning patient care including crying children.
- Ability to perform multiple tasks simultaneously.
- Ability to stay calm and assertive with mentally ill patients in crisis.

SKILLS:

The below skills and abilities are needed to successfully accomplish the essential duties of assigned job:

Computer Skills

- NextGen
- MS Word, Excel and Outlook
- BOSS for timecard and order processing

Language Skills

- Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations.
- Ability to write reports, business correspondence, and procedure manuals.
- Ability to effectively present information and respond to questions from groups of managers, patients, customers, and the general public.

Mathematical Skills

- Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
- Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

Reasoning Ability

- Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists
- Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

CORPORATE POLICY

SUBJECT: Confidentiality of Protected Health Information

CATEGORY: Health Information Management

ORIGINAL DATE: February 25, 2015

REVIEWED DATE: July 18, 2019

REVISION DATE: July 18, 2019

I. POLICY:

Confidentiality of a patient's personal and medical information will be protected. This policy informs employees, students, interns, volunteers, consultants, and temporary workers of their responsibility to maintain the confidentiality of patients' protected health information (PHI). Failure to comply with this policy may result in disciplinary action, including termination. Civil and criminal penalties may also result from unauthorized disclosure of PHI. A signed acknowledgement statement is required from each employee, student, intern, volunteer, consultant, or temporary worker.

II. SCOPE:

All Lake County Health Department and Community Health Center (LCHD) employees, students, interns, volunteers, consultants, and temporary workers.

The LCHD maintains the confidentiality of patient information in accordance with all applicable federal and state laws.

Confidential information is defined as all information owned or in the possession of the LCHD that is not generally known to the public. Confidential information includes electronic, written, and oral information, and includes information pertaining to LCHD or others such as patients, employees, or practitioners, or other persons with which the LCHD does business.

The definition of PHI includes all information pertaining to the diagnosis, treatment, procedures, health status, or medical condition of an individual, and all demographic information pertaining to an individual.

Individually identifiable health information is information that relates to the individual's past, present, or future physical or mental health or condition, the provision of healthcare to the individual, or the payment for the provision of healthcare to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify an individual.

Confidential information includes all patient health records (whether electronic or written), PHI collected for surveillance or epidemiologic investigation activities, indices of medical information, confidential communications made for the purposes of diagnosis or treatment, employee personnel records, including employee patient health records. Employee health records are any health-related information created, obtained, maintained by the organization regarding an employee's physical or mental condition, including, but not limited to pre-employment physicals, ADA, FMLA, OSHA, worker's compensation, ergonomic assessments, wellness program, medical certifications and any other employer related records. These records should be kept separate from the employee's personnel file. The HIPAA Privacy Rule standards do not apply to employee

CORPORATE POLICY

health records. Employee patient health records are related to the health of a patient prepared by or under the supervision of a health care provider and subject to the standards set forth in HIPAA.

Access to employee health records/information and/or employee patient health records is restricted to those individuals who have a need to know or minimum necessary access required to carry out their job responsibilities.

A breach of confidentiality occurs when a LCHD employee:

1. Accesses or reviews patient PHI not related to the provision of care or treatment or other authorized purpose.
2. Discusses with or reveals PHI to any individual for purposes not related to patient care and treatment or another authorized purpose.
3. Discloses PHI to persons or organizations not involved with the care of the patient, and for which an Authorization for Release of Information has not been executed.
4. Violates the LCHD policy on confidentiality.

III. PROCEDURE:

- A. Supervisors will review the Confidentiality Policy with all new employees during the orientation period. The employee will be provided with the policy and acknowledge a read receipt through DocRead.
- B. Outside auditors, consultants, temporary workers, volunteers, interns, students and employees will be given a copy of the Confidentiality Policy and will review and sign the Confidentiality Acknowledgement form. The Coordinator of the program utilizing the auditors, consultants, temporary workers, volunteers, interns, or students will maintain a file of signed confidentiality acknowledgements along with their other personnel files.
- C. The Confidentiality Policy and Acknowledgement will be sent to each employee on an annual basis through the DocRead process. Each supervisor will review the policy with the employee during their one-on-one meeting.
- D. Computer access will be granted after the employee has read and signed the Health Department Security Agreement - Computer and Telephone User Policy and the Lake County Electronic Communications Policy. The original signed copy will be maintained in the LCHD Management Information Systems (MIS) Department.
- E. Violations of the confidentiality policy may occur inadvertently, intentionally, or maliciously. The nature of the violation will be considered when determining the disciplinary consequences.
- F. Social networking tools and related communication technologies such as texting or blogging represent significant risks to the privacy and security of health information. The release of PHI over social or other electronic communications media can harm the reputation of the LCHD, violate federal and state laws pertaining to the privacy of medical information, require breach notifications, and result in civil and/or criminal penalties. Inadvertent or intentional unauthorized disclosure of PHI over social networking media or related communications technologies is strictly prohibited and is cause for disciplinary action up to and including termination.

CORPORATE POLICY

- G. Employees who become aware of unauthorized disclosure of PHI are required to notify their supervisor, administration, or corporate compliance. Failure to make notification of unauthorized disclosure can result in disciplinary action.
- H. Violation of this policy may be grounds for disciplinary action up to and including termination.
- I. In addition to progressive disciplinary action, violations of HIPAA can result in civil and criminal penalties that can apply both to LCHD and to individual employees.

IV. REFERENCES:
None

V. AUTHORS/REVIEWERS:
Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, Executive Committee of the Board of Health and Governing Council.

VI. APPROVALS:
Lake County Health Department and Community Health Center Executive Director

Signature: _____

Date: _____

CORPORATE POLICY

SUBJECT: Dress Code

CATEGORY: Human Resources
ORIGINAL DATE: November 10, 1992
REVIEWED DATE: March 12, 2018
REVISION DATE: March 28, 2018

I. POLICY:

The Lake County Health Department and Community Health Center is a business casual dress environment for employees. Employees are expected to use good judgment and to show courtesy to their co-workers and customers, by dressing in a manner that is appropriate and follows our workplace attire guidelines. Regardless of the employees' interaction with customers, clients/patients, suppliers or other external visitors, each employee projects the reputation of the organization.

II. SCOPE:

All Lake County Health Department and Community Health Center employees.

III. PROCEDURE:

- A. Scheduled activities/meetings are to be considered when determining what to wear. Employees who have appointments with customers, suppliers, or other external visitors are to dress appropriately for the situation.
- B. Every Monday is designated as Logo Wear Day. Employees are encouraged to show organizational pride by wearing LCHD/CHC logo attire with his/her normal business attire.
- C. Every Friday and all floating holidays are designated as casual dress days. Employees are permitted to wear appropriate denim attire and athletic shoes.
- D. Every Wednesday is designated as Campus Walk Day. Employees are permitted to wear appropriate denim attire and athletic shoes only if they participate by walking outside.
- E. Certain employees may not be able to participate in casual dress days due to public contact or may be required to wear scrubs or uniforms.
- F. Maintenance staff, Environmental Health field staff, MIS technicians and staff accompanying clients on special trips are permitted to wear walking shorts on hot days when they will be working outside.
- G. Name badges are required to be worn above the waist and visible.
- H. Perfume, colognes, lotions, and jewelry are not to be worn if they interfere with patient care or create a distraction.
- I. Good personal hygiene practices are to be utilized whenever possible. Certain workplace conditions (such as outdoor maintenance work) may preclude adherence to personal hygiene for a period of time, but hygiene issues should be addressed once this work is completed.
- J. Health care personnel are mandated to follow universal precautions at all times. In addition, certain patient care situations require health care personnel to implement and follow infection control procedures (such as droplet or contact precautions).
- K. All staff are encouraged to keep their nails natural, clean and healthy.
- L. Nail polish must be in good repair, not chipped, cracked, worn away or peeling. Nail polish that is not in good repair must be removed.

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- M. Hair should be clean, combed, and neatly trimmed or arranged. Sideburns, moustaches, and beards should be neatly trimmed.
- N. Facial piercings that include nose, lip, tongue, and eyebrows are considered inappropriate for the workplace.
- O. Supervisors and Directors have the authority and the discretion to determine appropriateness when an employee violates the dress code policy. If the supervisor sends the employee home to change into acceptable attire, the employee must use leave time to cover the time away from work. If no leave time is available, then the time away from work will be unpaid. The employee is expected to return to work that day. Mileage will not be paid for travel to and from home.
- P. While it is not practical to list all the permissible or prohibited items, the guidelines below serve to define appropriate business casual attire. Please take the time to read and fully understand the workplace guidelines.
 - 1. Clinical Attire: Acceptable attire for medical/dental providers, nursing/medical/dental assistants, nurses, nursing medical nutritionists, WIC staff, and clinical support/lab staff.
 - a. Scrubs (areas may choose a uniform color or pattern if desired).
 - b. Business casual attire with a clean three-quarter to full length lab coat or uniform cover-up.
 - c. Behavioral Health medical staff may continue to wear business casual attire and appropriate shoes.
 - d. Closed toe shoes with rubber heels of less than a half inch.
 - e. Clinical uniform shoes or clean white athletic shoes without extreme color are recommended.
 - f. All Clinical Operations Medical and Dental staff who provide direct, hands-on care of patients are required to keep natural fingernails at or below a ¼ inch. Long nails and artificial nails can harbor harmful microorganisms.
 - g. The use of artificial nails (including bonding, tips, wraps, tapes, acrylics, etc.) is prohibited for all individuals providing direct and indirect patient care, including all staff involved in sterilization and disinfection, all staff involved in cleaning processes, and all staff whose job task results in a product that will touch a patient.
 - h. If an employee provides direct, hands-on care of patients, hair should be pulled back, so as to not touch the patient.

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APPROPRIATE ATTIRE	INAPPROPRIATE ATTIRE
Shirts/Tops	Shirts/Tops
<p>Dress shirts with collar Scoop and V-neck knit tops Blouses Button-down and banded collar shirts</p> <p>Polo shirts Sleeveless blouses/dresses Sweaters and vests</p>	<p>T-shirts and hoodies Sweatshirts and sports jerseys Short crop tops/bare midriffs/sheer tops Tank, halter, spaghetti, and strapless dresses or tops Low cut and revealing tops or dresses Denim jackets or shirts Messages or words on attire</p>
Slacks/Bottoms	Slacks/Bottoms
<p>Dress slacks and slacks above ankle (dress capris)</p> <p>Khaki pants (pressed)</p> <p>Skirts (maximum 2" above knees) <i>Exception: Maintenance staff, Environmental Health field staff, MIS technicians and staff accompanying clients on special trips are permitted to wear walking shorts on hot days when they will be working outside.</i> <i>Exceptions: Appropriate denim attire and athletic shoes may be worn on Wednesdays by eligible employees, if walking, and on Fridays and floating holidays.</i></p>	<p>Spandex, jeggings/leggings, pants/capris/jeans that are skin tight, low riding, sagging, or rolled up and have designs on pocket (i.e., glitter) Cargo pants, overalls, sweatpants, and jogging suits (including velvet) Mini and micro skirts Skorts and shorts (any pants higher than 2" above knee when you sit)</p>
Shoes	Shoes
<p>Business shoe and/or boot (moderate heels, flats, etc.) Career/dress open-toe sandals</p> <p><i>Note: Shoes should be clean and in good repair</i></p>	<p>Beach sandals, toe thongs, slippers, flip flops w/rubber soles Athletic footwear (<i>exception: campus walk Wednesdays, Fridays, floating holidays, and as stated in Clinical attire</i>) <i>For safety, high heels and open toed shoes are not permitted for any field or clinical staff</i></p>
Miscellaneous	Miscellaneous
<p>LCHD/CHC logo attire (Mon., Wed. [if walking], and Fri.)</p> <p>2" max. logo on polos/dress shirts</p> <p>Hair (clean, combed, neatly trimmed) Sideburns, moustaches, and beards neatly trimmed Good personal and oral hygiene Fingernails, toenails and feet properly groomed</p>	<p>Unclean, stained, torn, or wrinkled clothing; Undergarments worn as outerwear or visible under clothing Exposed tattoos – cannot contain wording and/or graphics that are profane, lewd, racist, or offensive. Exercise apparel and cycling clothing Hats</p> <p>Nose, lip, tongue, and eyebrow piercings Jewelry (appropriate for job)</p>

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IV. REFERENCES:

None

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee

VI. APPROVALS:

Lake County Board of Health President

Signature: TE Eashko Date: 3/28/18



CORPORATE POLICY

SUBJECT: Drug Free Workplace Act

CATEGORY: HR

ORIGINAL DATE: February 14, 1995

REVIEWED DATE: February 22, 2017

REVISION DATE: February 22, 2017

I. POLICY:

Lake County Health Department and Community Health Center is committed to protecting the safety, health and well-being of all employees and customers to ensure a safe workplace. We recognize that alcohol abuse and drug use pose a significant threat to our mission, vision, values and goals. We have established a drug free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug free environment.

II. SCOPE:

All Lake County Health Department and Community Health Center employees

III. PROCEDURE:

This is to reiterate, and state in a formal way, our policy and procedure regarding the work-related effects of drug and alcohol use, the unlawful possession or sale of controlled substances, or misuse of prescription medications while on company premises.

1. No employee may manufacture, distribute, dispense, possess, use, or be impaired by an illegal drug, a controlled substance without prescription or misuse prescription medications while on County premises or while conducting Health Department business off Lake County premises. This includes medical cannabis as defined by the Illinois Compassionate Use of Medical Cannabis Pilot Program. No employee may be impaired by alcohol or medication while on Lake County premises or while conducting Health Department business off Lake County premises.
2. Employees are expected and required to report to work on time and in appropriate mental and physical condition for work. Individuals reporting to work exhibiting certain behaviors (i.e. incoherent, smelling of alcohol, dilated pupils, slurred speech, unsteady gait, etc.) may be suspected of being under the influence and not in an appropriate mental and physical condition for work.

Drug and Alcohol Testing

3. Reasonable suspicion for testing: Employees may be required to undergo drug and/or alcohol testing if a supervisor observes signs and symptoms that lead them to believe that the employee may pose a threat to him/her self, other employees, clients or the public or if the employee is unable to perform the essential duties of their job description.

4. To ensure the accuracy and fairness of our testing program, all testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines where applicable.
5. All drug-testing will be conducted by an outside vendor and information will be maintained by that vendor in separate confidential records.
6. Each employee, as a condition of employment, will be required to participate in pre-employment, post-accident, and reasonable suspicion testing upon request of management, including testing upon the manifestation of specific, articulable symptoms while working that decrease or lessen his or her job performance.
7. Testing for the presence of alcohol will be conducted by the analysis of breath.
8. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine.
9. Any employee who tests positive will be immediately removed from duty, pending a disciplinary hearing.
10. An employee will be subject to the same consequences of a positive test if he or she fails to cooperate in the testing process in such a way that prevents the completion of the test, including but not limited to if he or she refuses the screening, adulterates or dilutes the specimen, substitutes the specimen with that from another person, sends an imposter to provide a specimen, or does not sign the required forms.

Discipline and Remedies

11. Violations of this policy will result in disciplinary action, up to and including termination, and may have legal consequences. In the case of an applicant, if he or she violates the drug free workplace policy, an offer of employment will be withdrawn. An employee that is a "qualifying patient," as defined by the Illinois Compassionate Use of Medical Cannabis Pilot Program Act, that is subject to discipline for impairment will be afforded a reasonable opportunity to contest the basis of the determination of discipline.
12. Employees must, as a condition of employment, report any conviction under criminal drug statute for violations occurring on or off Health Department premises while conducting Health Department business. A report of a conviction must be made within five (5) working days after the conviction. (This requirement is mandated by the Drug-Free Work Act of 1988.)

13. The Health Department recognizes drug and alcohol dependency as a potential health, safety, and security problem. Employees needing help in dealing with such problems are encouraged to use our confidential employee assistance program and health insurance plans, as appropriate. However, the ultimate financial responsibility for recommended treatment belongs to the employee. Conscientious efforts to seek such help will not jeopardize any employee's job, and will not be noted in the personnel record.
14. As part of our established and ongoing awareness program for all employees on the dangers of drug and alcohol abuse in the workplace, this policy will be discussed with new employees. All employees are requested to sign an acknowledgment that he/she has received a copy of our Drug and Alcohol Free Workplace Policy and the compliance with the policy is a term and condition of employment.

IV. REFERENCE: None

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee

VI. APPROVALS:

Lake County Board of Health President

Signature: TE Sashko Date: 2-22-17

CORPORATE POLICY

SUBJECT: Harassment

CATEGORY: Human Resources
ORIGINAL DATE: May 1, 1985
REVIEWED DATE: April 22, 2019
REVISION DATE: July 24, 2019

I. POLICY:

The Lake County Health Department and Community Health Center (LCHD/CHC) is committed to maintaining a diverse workforce and providing an inclusive work environment that is free of discrimination and unlawful harassment. Harassment based on an individual's gender, gender identity, sex, race, color, national origin, ancestry, age, religion, sexual orientation, or any other legally protected characteristic, will not be tolerated in the workplace or in other work-related settings including, business trips, seminars and business-related social events. Additionally, employees should consider their conduct via social media platforms where they may interact with co-workers. These policies also apply to vendors, contractors and outside customers and visitors. All employees will acknowledge, upon hire and on an annual basis thereafter, they have read the harassment policy.

II. SCOPE:

All Lake County Health Department and Community Health Center employees.

III. PROCEDURE:

A. Sexual Harassment

1. Sexual harassment means any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when:
 - a. Submission to such conduct is made a term or condition of an individual's employment;
 - b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such an individual; or
 - c. Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.
2. Sexual harassment is not limited to sexual favors. Other examples include:
 - a. Sex-oriented verbal "teasing" or jokes;
 - b. Repeated offensive sexual flirtations, advances, or propositions;
 - c. Continued or repeated verbal abuse of a sexual nature;
 - d. Graphic or degrading comments about an individual or his/her appearance;
 - e. The display of sexually suggestive objects or pictures;
 - f. Subtle pressure for sexual activity; or
 - g. Inappropriate physical contact.

B. Other Forms of Harassment

1. Harassment is verbal, physical, visual, or other conduct that denigrates or shows hostility or aversion toward an individual because of race, color, religion, gender, sex, sexual orientation, national origin, ancestry, age,

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disability, genetic information or background, marital status, military status, gender identity, or other legally protected status, and

- a. Has the purpose or effect of creating an intimidating, hostile, or offensive work environment;
- b. Has the purpose or effect of unreasonably interfering with an individual's work performance; or
- c. Otherwise adversely affects an individual's employment opportunities with the Health Department.

2. Harassing conduct includes, but is not limited to, the following:

- a. Epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to race, color, religion, gender, sex, sexual orientation, national origin, ancestry, age, disability, genetic information or background, marital status, military status, gender identity, or other legally protected status; and
- b. Written or graphic material circulated, available on any Health Department electronic equipment, or posted, distributed, or maintained within the workplace that denigrates or shows hostility or aversion toward an individual or group because of race, color, religion, gender, sex, sexual orientation, national origin, ancestry, age, disability, genetic information or background, marital status, military status, gender identity, or other legally protected status.

C. Hostile Work Environment

1. If an employee or supervisor is unsure whether verbal, nonverbal, or physical conduct constitutes "harassment" under this policy, they should contact Human Resources for assistance. The following are some factors used to determine whether conduct rises to the level of a hostile work environment:
 - a. The frequency and severity of the conduct;
 - b. Whether a reasonable person would find the conduct intimidating or offensive; and
 - c. Whether the conduct unreasonably interferes with an employee's work performance.

D. Duty to Report Harassment:

All employees are responsible for ensuring that no form of unlawful harassment occurs in their workplace. If you observe such conduct or if such conduct is reported to you, you have a duty to report the incident to your supervisor, Director, the Director of Human Resources or the Human Resources Manager. Employees may report allegations directly to their Director or to Human Resources without first reporting the allegations to their supervisor. Employees may also report actions related to this policy to [EthicsPoint](#), an anonymous on-line reporting system. This service is a key piece of our Corporate Compliance Plan to ensure you are able to raise concerns or report possible improper behavior. Any employee who believes that he or she has been subjected to harassment by anyone; including supervisors, coworkers, clients, or visitors should, if possible, make it clear to the offender that he or she finds such behavior offensive. However, employees are not required to confront the person accused of harassment and, in fact, should refrain from doing so



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if they are concerned for their safety. Harassment should be reported even if an alleged victim or the alleged source of the harassment is not an employee of the Health Department. All allegations of harassment will be taken seriously and promptly investigated by Human Resources. If the investigation reveals harassment has occurred, this may result in disciplinary action up to and including termination.

E. Responsibilities of Supervisors:

1. If a supervisor hears about or observes any incident that may be construed as harassment, they are required to immediately report the incident to their Director, the Director of Human Resources or the Human Resources Manager, so Human Resources can initiate an investigation into the matter. Supervisors should report allegations of harassment even in situations where:
 - a. The complaint appears questionable;
 - b. The complainant has requested confidentiality;
 - c. The person being subjected to the conduct does not or refuses to complain about the conduct; or
 - d. The incident involves the conduct of non-employees or employees who do not work under their supervision.

F. Retaliation Prohibited:

The law prohibits retaliation against an employee who, in good faith, reports harassment or assists or cooperates in the investigation of a harassment complaint. Those individuals will not be subjected to discipline or retaliation for their cooperation in the investigation. Any threat of retaliation or attempt to do so should be reported immediately to the Director of Human Resources, the Human Resources Manager, or the employee's Director. If investigation reveals that retaliation has occurred, this may result in disciplinary action up to and including termination. Employees who feel they have been retaliated against may also be protected by the Whistle Blower Act (740 ILCS 17/), the State Officials and Employees Ethics Act (5 ILCS 430/1-5), and the Illinois Human Rights Act (775 ILCS 5/1-101).

IV. REFERENCES:

None

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee

VI. APPROVALS:

Lake County Board of Health President

Signature: JE Jasliko Date: 7/24/19

CORPORATE POLICY

SUBJECT: Identification Cards and Security Access Cards

CATEGORY: HR

ORIGINAL DATE: May 26, 2010

REVIEWED DATE: March 29, 2017

REVISION DATE: March 29, 2017

I. POLICY:

The Lake County Health Department and Community Health Center (LCHD/CHC) is committed to maintaining a safe and secure workplace. Lake County Health Department and Community Health Center's photo identification cards are to be worn in a manner visible to the public and to assist all employees in distinguishing the difference between employees and visitors. Building and office keys are issued based on programmatic responsibility and need.

Visitors will be escorted by a Health Department employee to and from their destinations, where appropriate.

Failure to comply with this policy will result in disciplinary action up to and including termination.

II. SCOPE:

All Lake County Health Department and Community Health Center employees

III. PROCEDURE:

A. Issuing LCHD/CHC Employee Identification Cards:

1. Identification/Security access cards will be issued to new employees on their first day of employment and should be worn at all times during their scheduled work shift. This includes all: Full-time, part-time, flex, interns, volunteers, auditors, vendors and temporary employees.
2. The Human Resources receptionist will complete the ID card identifier form, which includes the employee ID number, date of birth, eye and hair color.
3. The Human Resources receptionist will take a photo of the new employee before the new employee orientation.
4. Employees will be responsible for signing a form indicating that they have received identification cards at the point of distribution.
5. Security key cards, master keys, and other building keys will be issued only to those employees whose responsibilities require them.
6. Volunteers, auditors, or vendors that will be at our facilities will be issued a temporary ID card.
7. Upon separation of employment, for any reason, the employee must return their identification/access card, and any other items belonging to the agency, to their supervisor or Human Resources during the exit interview.

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B. Activation of Security Access Cards:

1. When security access is required within buildings, Human Resources will submit the following information to the facilities maintenance employee: the employee's name, hire date, access required, work schedule, work location, and floor number, where necessary.
2. The facilities maintenance employee will review the form, authorize employee access, and enter name and ID number into the edge access database.
3. The facilities maintenance employee will give the Human Resources front office personnel the active card within 24 hours of the start date of new employee.
4. The Human Resources front desk personnel will complete the ID card identifier form, which includes the employee ID number, date of birth, eye and hair color.
5. Medical providers (MD, DO, APN, PA) and Registered Nurses (RN) will be asked on the ID card identifier form if they wish to have their credentials added to their LCHD/CHC ID card. If their answer is yes, these credentials will be added after the provider's last name. The Human Resources will take a photo of the new hire employee during the new hire orientation.
6. Employees will be responsible for signing a form indicating that they have received the Identification/security access card at the point of distribution.

C. Issuing Building and Office Keys

1. When keys are required for employees, the supervisor will submit a Building/Office key request form which can be found on the LCHD/CHC employee intranet site under Facilities/Publications.
2. The facilities maintenance employee will review the request and deliver the appropriate key(s) to the employee.
3. If it is a replacement key, the employee can pick up the key(s) at the 3010 Grand Avenue, 3rd Floor Receptionist desk when they pay the lost key fee.
4. Employees will be responsible for signing a form indicating that they have received the appropriate key(s) at the point of distribution.

D. Replacement of ID/Security Access Cards/Keys

1. Immediate action should be taken when an identification/security access card or keys are lost or stolen to insure the security of our facilities by contacting Human Resources front desk personnel. Steps will be taken by Human Resources to deactivate or replace items as necessary. In the event the identification/security access card or keys are lost or stolen, the employee will be charged as appropriate for the replacement of any lost items.
2. Employee requests for replacement identification cards due to updated picture, credentials, title, etc. will be charged an appropriate fee.

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E. Violation of Policy

1. Identification/security access cards and keys issued to employees will be solely used by the assigned employee. Any swapping, selling, duplication or misuse of these items will be subject to disciplinary action.
2. In some instances, the identification card may also be used by designated employees as a swipe card to record time clock punches. Any employees that clocks in and out for another employee or allows another employee to clock them in and out will be recommended for termination.
3. All employees are expected to promptly report any violations of company policy or security violations to their Supervisor, Director and/or Director or Human Resources.

IV. REFERENCES: NONE

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee

VI. APPROVALS:

Lake County Board of Health President

Signature: TE Tashiro Date: 3-29-17

9-4 Electronic Communications

Effective Date: November 7, 2001

Revised Date: June 29, 2005

POLICY

This policy is intended to serve as a guide on the proper use of Lake County Health Department and Community Health Center's electronic communication systems. This policy covers the use of all forms of electronic communications including but not limited to e-mail, voice mail, fax machines, external electronic bulletin boards, Intranet, and the Internet, and applies to all Lake County employees. Every employee is expected to read, understand and follow the provisions of this policy and will be held responsible for knowing its contents. Use of Lake County's electronic communication systems constitutes acceptance of this policy and its requirements.

(1) Use of Electronic Communications. *Lake County Health Department and Community Health Center's* electronic communication systems, including e-mail and the Internet, are intended for business use only. Incidental and occasional use of these systems for non-work purposes may be permitted at the discretion of the Service Area Director. Before using these systems for business or personal use, employees must understand that any information that is created, sent, received, accessed or stored in these systems will be the property of the Health Department and will not be private. If employees are permitted to use electronic communication systems for non-work purposes, such use shall not violate any section of this policy or interfere with the employee's work performance.

Employees should use the same care and discretion when writing e-mail and other electronic communications as they would for any formal written communication. Any messages or information sent by employees to other individuals via electronic communication systems such as the Internet or e-mail are statements identifiable and attributable to the Health Department. Consequently, all electronic communications sent by employees— whether business or personal— must be professional and comply with this policy and the Employee Policy and Procedures Ordinance.

(2) Prohibited Communications. Under no circumstances may employees use the County's electronic communication systems for creating, possessing, uploading, downloading, accessing, transmitting or distributing material that is offensive, illegal, sexually explicit, discriminatory, defamatory or interferes with the productivity of co-workers. Employees may not use these systems for illegal activities; jokes; political causes; football pools or other sorts of gambling; the creation or distribution of chain letters; list servers for non-work purposes; or for solicitations or advertisements for non-work purposes. Employees may not engage in any use which violates copyright or trademark laws.

Employees are also prohibited from posting information, opinions, or comments to Internet discussion groups (for example: news groups, chat, list servers or electronic bulletin boards) without prior authorization from the employee's Service Area Director.

Under no circumstances may employees represent their own views as those of the Health Department.

Employees may not use e-mail or other electronic communications to disclose confidential or sensitive information. Personal information such as the home addresses, phone numbers and social security numbers of County employees should never be disclosed on the Internet.

(3) No Presumption of Privacy. Although employees may use passwords to access some electronic communication systems, these communications should not be considered private. Employees should always assume that any communications— whether business-related or personal— created, sent, received or stored on the Health Department's electronic communication systems may be read or heard by someone other than the intended recipient.

Employees should also recognize that e-mail messages deleted from the system may still be retrieved from the computer's back-up system when requested by authorized personnel. Consequently, messages that were previously deleted may be recreated, printed out, or forwarded to someone else without the employee's knowledge.

(4) Lake County's Right to Monitor Use. The Health Department reserves the right to monitor, intercept, access and disclose all information created, sent, received, or stored on its electronic communication systems at any time, with or without employee notice. The contents of computers, voice mail, e-mail and other electronic communications will be inspected when there are allegations that there have been violations of law, breaches of confidentiality or security, violations of this Electronic Communications Policy or the Employee Policy and Procedure Ordinances. These inspections will also be conducted when it is necessary to locate substantive information that is not more readily available by less intrusive means.

Before providing access to stored electronic communications such as e-mail messages, written authorization will be required from the Director of Human Resources.

Internet use will be monitored in the same manner as other electronic communications. However, in addition, the Health Department will regularly monitor and maintain a log of employees' Internet access including the type of sites accessed, the name of the server and the time of day that access occurs. Service Area Directors will have access to this log upon request.

Information obtained through monitoring may be used as a basis for employee discipline or termination.

(5) Prohibited Activities. Employees may not--without their Service Area Director's authorization--upload, download, or otherwise transmit copyrighted, trademarked, or patented material; trade secrets; or confidential, private or proprietary information or materials. Employees may not upload, download or otherwise transmit any illegal

information or materials. Employees may not use the Health Department's electronic communication systems to gain unauthorized access to remote computers or other systems or to damage, alter, or disrupt such computers or systems in any way, nor may employees--without authorization from their Service Area Director--use someone else's code or password or disclose anyone's code or password including their own. It is a violation of this policy for employees to intentionally intercept, eavesdrop, record, or alter another person's Internet and e-mail messages. Employees may not enable unauthorized individuals to have access to or use the Health Department's electronic communication systems, or otherwise permit any use which would jeopardize the security of the County's electronic communication systems.

Employees must use their real names when sending e-mail messages or other electronic communications and may not misrepresent, obscure or in any way attempt to subvert the information necessary to identify the real person responsible for the electronic communication. Sending an e-mail message under a fictitious or false name is a violation of this policy. Likewise, using another users account or login ID constitutes a violation of this policy.

(6) Licensing Fees. Employees may not install any software for which the Health Department has not paid the appropriate licensing fee. Additional licensing fees may be incurred every time software is installed for a new user. Consequently, before software is installed on their computer, employees have a duty to ensure that all appropriate licensing fees have been paid. Employees should notify their Service Area Director if they discover unlicensed software in their department.

Employees may not copy software for distribution to any third party or for home use unless such copying is permitted by the software's license agreement.

The installation of software for trial periods authorized by the vendor would not be a violation of this policy.

(7) Encryption. Employees may not password protect or otherwise privately code their files without prior authorization from their Service Area Director. Use of encryption software must be specifically approved by the employee's Service Area Director prior to using such software for the storage, receipt and transmission of data. If encryption software is used, the employee must give the password to his or her Service Area Director.

(8) Viruses and Tampering. Any files downloaded from the Internet must be scanned with virus detection software before installation and execution. The intentional introduction of viruses, attempts to breach system security, or other malicious tampering with any of the Health Department's electronic communication systems are expressly prohibited. Employees must immediately report any viruses, tampering, or

other system breaches to their Service Area Director and Management Services.

(9) Disclaimer of Liability for Use of the Internet. The Health Department is not responsible for material viewed or downloaded by users from the Internet. The Internet provides access to a significant amount of information, some of which contains offensive, sexually explicit and inappropriate material. It is difficult to avoid contact with this material; therefore, users of the Internet do so at their own risk.

(10) Duty Not to Waste Electronic Communications Resources. Users must not deliberately perform actions that waste electronic communication resources or unfairly monopolize resources to the exclusion of other employees. This includes, but is not limited to, subscribing to list servers, mailing lists or web sites not directly related to the employee's job responsibilities; spending extensive non-productive time on the Internet; and doing large non-work related file downloads, or mass mailings. Electronic communication resources are limited and employees have a duty to conserve these resources.

(11) E-mail Addresses. The Health Department reserves the right to keep an employee's e-mail address active for a reasonable period of time following an employee's departure to ensure that important business communications reach the County.

(12) Record Retention. Generally, e-mail messages are temporary communications which are non-vital and may be discarded routinely. However, depending on the content of the e-mail message, it may be considered a more formal record and should be retained pursuant to a department's record retention schedule. It is important to note that the Local Records Act, 50 ILCS 205/1 et seq. defines "public record" to include digitized electronic material. Therefore, for purposes of this Act, the Health Department employees should treat e-mail messages and other electronic records in the same manner as if these messages had originated on paper. Employees should consult their supervisor or Service Area Director for guidance in determining what records are subject to retention.

(13) Freedom of Information Act Requests. The Health Department will not accept Freedom of Information Act (F.O.I.A.) requests from the public via the Internet. If a citizen e-mails a F.O.I.A. request to an employee, the employee should notify the citizen that these requests must be made in writing pursuant to Lake County's Administrative Procedures Manual. "Lake County Freedom of Information Act Request" forms are available from any Lake County government office.

(14) Use of Credit Cards on the Internet. Before making purchases on the Internet, employees who are authorized to use Lake County credit cards must ensure that they are using a secured site.

(15) Violations. Violations of this policy may subject employees to disciplinary action from the removal of privileges up to and including dismissal from employment and, if applicable, any criminal or civil penalties or other legal action.

Employees who observe violations of this policy are obligated to report those violations to their Service Area Director or to Human Resources.

The Director of Human Resources or Executive Director may authorize individuals, for investigative purposes, to engage in activities otherwise prohibited by this policy.

(16) Policy Changes. The Health Department reserves the right to change this policy at any time without notice. Nothing in this policy is intended or should be construed as an agreement and/or a contract, express or implied.

Definitions

Definitions applicable to this policy:

- a. **Electronic Mail (e-mail):** Electronic mail may include non-interactive communication of text, data, image or voice messages between a sender and designated recipient(s) by systems utilizing telecommunications links. It may also include correspondence transmitted and stored electronically using software facilities called "mail," "facsimile," or "messaging" systems; or voice messages transmitted and stored for later retrieval from a computer system.
- b. **Internet:** A worldwide network of networks, connecting informational networks communicating through a common communications language, or "protocol."
- c. **Intranet:** An in-house web site that serves the employees of the enterprise. Although Intranet pages may link to the Internet, an Intranet is not a site accessed by the general public.
- d. **Encryption Software:** Proprietary software that changes information from its native state to an unrecognizable coded state which can only be returned to its native state with special software.
- e. **List Servers:** An e-mail discussion group.
- f. **World Wide Web:** An Internet client-server distributed information and retrieval system based upon hypertext transfer protocol (http) that transfers hypertext documents that can contain text, graphics, audio, video, and other multimedia file types across a varied array of computer systems.
- g. **File Transfer Protocol (FTP):** A program that allows you to transfer data between different computers on a network or between networks.
- a. **USENET:** A collection of computer discussion groups that are read all over the world.
- b. **Newsgroups:** The computer discussion groups of USENET.

Computer and Telephone User Policy

1.0 Logging on to the computer system network

Employees that use the computer system are required to sign on with their own unique security code (NT Log-on) known as their user-id and password. This network code is issued to an employee at the request of the employee's supervisor. New employees are required to read and sign a LCHD/CHC Workstation Policy form and the Lake County Electronic Communications Policy Form before receiving their network codes.

- 1.01 The employee accepts full responsibility for maintaining the secrecy of any network codes (NT Log-on) issued to the employee, and therefore also accepts full responsibility for all activities performed at a computer terminal under that network code. The employee will not reveal their network codes to another person under any conditions.
- 1.02 The employee must never sign on to a computer so that another person may use the computer. The employee must report to MIS any attempt by another person to discover the employee's network codes.
- 1.03 The employee may change his/her own password at any time.
- 1.04 The employee will sign-off or lock the computer when leaving for the day, going to lunch, or otherwise is out of sight or physical control of a workstation he/she is using.
- 1.05 Use of workstations or individual passwords in violation of the conditions of this Policy will be viewed as inappropriate on the job behavior subject to discipline under Section 8 of the Lake County Personnel Ordinance.

2.0 Conditions for use of the PC (workstation) to access the LAN and computer systems

PCs and printers are the property of the Lake County Health Department. Employees may not install the devices or relocate them to another area. The equipment may not be removed from any facility by staff other than MIS unless it is a laptop computer that the employee is authorized to use off the premises.

- 2.01 In accordance with the Lake County Purchasing Ordinance of April 8, 1986, as amended, hardware, software and professional services for data processing and data communications shall be procured by the Health Department-MIS Program only.
- 2.02 Employees may not purchase or install software or hardware on the PC. The Health Department must own a license for all software that is located on the PC. All software and hardware must be installed by MIS staff only.
- 2.03 The County of Lake is licensed by a variety of outside companies to use their software. The County does not own this software or its related documentation and unless authorized by the software developer, does not have the right to copy or reproduce it. Employees must not copy the software applications on their workstation to any other workstation, whether in the County or at home unless the license agreement says this is allowed.

Computer and Telephone User Policy

- 2.04 With regard to use on Local Area Networks (LAN) or on multiple machines, County of Lake employees shall use the software only in accordance with the license agreement.
- 2.05 County of Lake employees learning of any misuse of software or related documentation within the County shall notify the user liaison, department head, or Health Department-MIS Program.
- 2.06 Unauthorized reproduction of software by an employee may constitute violation of the copyright laws of the United States (Title 17, U.S.C. Y 101, et seq). County of Lake employees who make, acquire, or use unauthorized copies of computer software could be disciplined as appropriate under the County's Personnel Ordinance. The County of Lake does not condone the illegal duplication of software.
- 2.07 Documents accessed and created by the employee must be saved to the network U or Y drives. Documents should not be stored on the hard drive (C drive or My Documents folder) of the PC.
- 2.08 The employee is required to maintain a high level of competence, accuracy, and completeness in adding, changing, deleting, or inquiring on data or other documents while using the computer system. He/she will not attempt to perform transactions not authorized to perform.
- 2.09 The employee may not apply sticky labels or decorations to the PC, monitor or keyboard that would cause glue or stains to remain when removed.

3.0 Conditions for use of the Lake County Electronic Communications system

As referenced by County of Lake's Electronic Communication Policy (9.5 Electronic Communications), this policy covers the proper use of Lake County's services which include but are not limited to e-mail, Internet, Intranet, voice mail, fax machines.

4.0 Use of the Department telephone services

It is the responsibility of the Health Department-MIS staff to order or install, and maintain all phone lines and telephones in the Agency. This includes lines for telephones, fax machines, modems, and alarm systems as well as high-speed internet connections for locations not connected to the County LAN. Voice mail is available for telephones at the discretion of the supervisor.

- 4.01 The telephone systems are intended for business use only. Personal phone calls must be limited to a minimum and occur only when necessary.
- 4.02 Long Distance calling is prohibited from telephones unless approved by the supervisor.
- 4.03 The phonebook for all employee work numbers, the yellow pages, and the white pages is available online on the Lake County Intranet (Employee Web Site).



Lake County

Information Security Handbook

Essential information for all users of Lake County's enterprise network including Lake County employees, employees of elected officials or from other government agencies, temporary workers, contractors, consultants, vendors and any other individuals authorized to access network services.

**APRIL 2005
VERSION 1.0**

**LAKE COUNTY
INFORMATION AND TECHNOLOGY DEPARTMENT
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1 Introduction

Information is an asset which, like other important business assets, has value to Lake County and needs to be protected. Information can exist in many forms; it can be stored in a computer, displayed on a monitor, printed on paper, transmitted by email, sent by mail or discussed in conversation. For Lake County, information security is the preservation of the information's confidentiality, integrity and availability.

Confidentiality: ensuring that information is accessible only by those authorized to have access

Integrity: safeguarding the accuracy and completeness of information

Availability: ensuring that authorized users have access to information when required

Each Lake County department or agency is responsible for communicating the specific rules for protecting its information to the employees who work with it. Some information may be available over the Internet but other information is protected by laws that define the conditions under which it can be disclosed. This is referred to as “**limited disclosure information**” in this handbook. For example, the Health Insurance Portability and Accountability Act (HIPAA) requires special handling of electronic patient health information (ePHI).

Information which contains personal identifiers is referred to as “**sensitive information**” in this handbook. This includes items such as social security numbers, credit card numbers, passwords and PIN numbers. It is especially important to protect sensitive and limited disclosure information. Lake County may be subject to criminal and civil penalties if limited disclosure information, like ePHI, is released to unauthorized individuals. If you do not know if the data you access has disclosure limits, contact your supervisor or department security liaison.

2 Understanding Information Security

In order to understand the purpose of this handbook, it is important to know more about information security. This section provides a brief overview of the key concepts and reasons why you need to help protect Lake County's enterprise network and the information stored on it. Information security can be referred to as the management of *threats, vulnerabilities and attacks*.

Threats are people or events that could breach security and cause harm to Lake County's information computers or network. Threats to information security can be made by mischievous hackers, disgruntled or former employees, or focused criminals.

Vulnerabilities are exposures within Lake County's systems and operational processes. These could include a flaw in computer software, a door with a broken lock, or even an unsuspecting employee who gives out information inappropriately.

Attacks are exploitations of one or more vulnerabilities by a threat. Attacks include computer viruses, social engineering, or computer tampering.

Common Security Attacks***Social Engineering***

Social engineering is the process of tricking people to divulge information. Often built on false pretenses and misidentification, social engineering can be extremely effective. This is accomplished by name dropping, gaining your confidence, and sometimes through intimidation. Social engineering involves the manipulation of people rather than technology in order to successfully breach an organization's security. Social engineering remains the single greatest security risk.

Virus / Worms

A virus is a program which replicates itself and spreads rapidly across a network and onto data storage media (local hard drives, network drives, diskettes, etc.). It may also damage or destroy data, change computer configurations and have detrimental effects on computer or network performance. Symptoms of a virus infection include:

- Your computer runs very slowly and takes much longer to respond
- Files are missing
- File modification dates are changed
- Files or file extensions are renamed
- File sizes are increased
- Files are corrupt
- Strange error messages are displayed

Trojan Applications

A Trojan application is a program that appears to be legitimate but is designed to have destructive effects. After a Trojan is installed on your computer, it can gain control of your workstation and execute its malicious code, which may do significant harm to your workstation such as erasing the data on your hard drive.

Spyware

Spyware is software which is installed without your knowledge during the installation of other software. It gathers information without your knowledge as you browse the Internet and transmits it for use in identity theft or other non-legitimate purposes.

One of the biggest security challenges facing organizations today is to protect their information by anticipating threats and mitigating the potential impact of an attack. Information security is achieved by implementing an appropriate set of controls. Control measures include a mix of policies, procedures, people and technology.

In order to protect its information assets and conform to regulatory requirements, Lake County has made a commitment to develop and implement an Information Security Policy. The implementation of this policy and its associated standards and procedures reduces the risk of harm to Lake County information and its enterprise network. Your participation is essential in making the implementation of information security at Lake County successful.

3 Security Incidents and Reporting

A security incident is any event that threatens the confidentiality, integrity and/or availability of Lake County information. You can help to protect this information by being observant, noticing when something seems unusual and reporting it.

Recognizing Security Incidents

Security incidents can occur at anytime. Some common examples of security incidents are:

- Information is missing or damaged
- Information is disclosed to an unauthorized individual
- Equipment is stolen
- Your computer is infected with a virus
- Unauthorized software has been downloaded and installed on a Lake County computer
- Someone is sharing their logon and password with another person.

You may observe a security incident, unintentionally cause an incident, or become aware of one to be carried out. When possible, write down what you are observing including peculiar workstation performance, messages, or other unusual behavior prior to reporting the incident. This is important because the circumstances may change by the time the incident is reported. If applicable, also note the date, time and name of the affected workstation. Note your observations quickly so that the reporting process is not significantly delayed. Do not turn the workstation off.

For your own protection, if a security incident occurs:

Don't investigate or try to resolve the security incident yourself, unless you have been specifically assigned this task.

Don't attempt to prove or exploit a suspected weakness as it may be interpreted as potential misuse or impropriety.

Don't interfere with the reporting or investigation of an incident.

Department Security Liaison and Incident Response Team

Each department connected to Lake County's network has a department security liaison. This person is your first point of contact for information security. This may or may not be the same person as your department IT user liaison.

Lake County has assembled a team to handle responses to security incidents. You should be aware of who is on the response team and when to contact them. Your department security liaison is a member of this team. For a complete list of contacts and phone numbers, see "**Chart 1 - Information Security Response Team**" in the Summary section at the end of this handbook.

Incident Reporting

If you suspect that a security incident is occurring, you have a responsibility to report it. Prompt recognition and reporting could limit the scope of the damage. If you observe something unusual and you are not sure if it is significant, you still have a duty to report it so that it can be investigated. Reporting a suspicion may prevent an incident from occurring.

To report a security incident, contact your department security liaison. If your liaison is not available, contact a backup, your supervisor or the agency/department head or manager. In some cases, you should report the incident directly to the Lake County IT Help Desk or to your department's help desk, if one exists. Let the help desk operator know that you are reporting a security incident and provide a description of the situation. Make sure to report any observations you have made. For more information on contacts

for specific types of security incidents, see “**Chart 2 – Reporting Security Incidents**” in the Summary section at the end of this handbook.

Most security incidents should be reported internally. External reporting should be done in situations such as fire/medical emergencies or if a crime is in progress. Always call 911 in emergency situations. Non-emergency security incidents can be reported anonymously by using the Employee Website (EWS).

Reporting Viruses and Trojan Applications

Computer viruses and Trojan applications are very dangerous because they can spread rapidly if they go unreported and uncontained. Computer viruses need to be eradicated as soon as possible to limit serious damage to computers and data. See the section on Viruses for further information.

Immediately report all computer viruses or Trojan applications to the Lake County IT Help Desk or your department security liaison.

4 Lake County Information Security

You can contribute to the security of information by being aware of your immediate surroundings, observing your working habits, and taking the necessary precautions to safeguard your work area and devices. Whether you have an office with a door, a cubicle or an open desk layout, you can participate.

Protecting Information

You are responsible for protecting the confidentiality, integrity and availability of all information that you handle. It is important to remember that information “lives” in many places and needs to be protected. This information can be stored on a computer; it can be on a desk or fax machine; it can be spoken in conversation; it can be delivered via inter-office mail or the US Postal Service. Regardless of where it lives, it is important to protect this information.

Clear Desk / Clear Screen

Be sure all information is properly secured, especially during non-working hours. Information left out on desks is likely to be damaged or destroyed in a disaster such as a fire. Limited disclosure or sensitive information should not be in plain view in your working area or on your workstation screen if you are away from your desk. Check with your security liaison to see how your department enforces this policy.

Information Storage and Backup

Any information which is important should be stored on a network drive so that it is properly backed up. Information kept on your computer can not be recovered in the event of a hardware failure, theft or disaster. Backup copies are made regularly of information and software stored on network drives. Contact the Lake County IT Help Desk to request recovery of a file.

Information Retention and Destruction

Get approval from your department security liaison before destroying or disposing any information stored in digital format to ensure compliance with statutory obligations governing record retention (such as the Local Records Act, 50 ILCS 205/1 et. Seq.) in add to any applicable county or department policy. Destruction is defined as any action which prevents the recovery of information from the storage medium

on which it is recorded (includes deleting the information or disposing of the hardware needed to recover the information).

Information Encryption

The unauthorized use or installation of encryption software is a violation of the Electronic Communications Policy. If you need to encrypt information, contact your security liaison. The use of encryption software must be specifically approved by the employee's department head prior to its use and a copy of the password must be given to the employee's department head.

Protecting Limited Disclosure and Sensitive Information

Protecting limited disclosure and sensitive information is especially important. You must not release or provide access to limited disclosure or sensitive information without authorization from you department head, agency or elected official.. If you are authorized to provide the information, you should verify the requestor's identity and authority to receive the information prior to releasing the information. Contact your security liaison to find out if your department has additional procedures regarding protection of limited disclosure and sensitive information.

More about Protecting Limited Disclosure and Sensitive Information

Voice Communications

Be mindful of leaving messages containing limited disclosure or sensitive information on answering machines or voice mail systems unless the recipient is positively identified and is authorized to receive this information. Be careful when discussing limited disclosure information using cell phones and speaker phones so that unauthorized individuals do not overhear your conversation.

Mail

If limited disclosure or sensitive information is sent by inter-office mail, external mail, or courier, the outer envelope or package should not indicate the sensitivity of the contents. If you wish to label it, do so on an inner sealed envelope or package. If you are responsible for delivering limited disclosure or sensitive information, you should not leave it at an unattended desk or out in the open in an unoccupied office. If you do not deliver the information directly to the recipient, it is recommended that you contact the intended recipient to verify receipt of the information.

Printing and Faxing

If you need to print or fax limited disclosure or sensitive information, ensure that the intended printer and/or fax machine is attended by the expected recipient. For faxing, it is best to notify the recipient prior to sending the fax, and immediately after the fax is sent to confirm receipt. It is recommended that you not allow a third party to send the fax such as hotel staff, retail clerk, etc.

Removal of Information from County-Owned Facilities

Limited disclosure or sensitive information should not be removed from county-owned facilities unless you have the authorization to do so. This includes removing information in digital format on devices such as PCs, laptops, handhelds, tablet PCs and cellular telephones. This also applies to information on storage media including, but not limited to CDs, DVDs, zip drives and USB storage devices.

Destruction of Printed Material

All unwanted copies of limited disclosure or sensitive information that are generated by copying, printing or otherwise must be destroyed by shredding or according to department procedures.

5 Network and Application Access

As a user of Lake County information systems, you will be given the appropriate access level to the applications and information that your job requires.

Logon

Before you can access any information system, you must first identify yourself to the computer and network by a logon process. Once you have successfully logged on, you will have access to your network account.

Some applications will require an additional application level logon when you access them. Whenever possible, the same user name and password will be used for the application logon. With the ever-increasing number of computers and networks found in organizations today, use of several user names for the same person is common and getting very complex. You may have multiple user names, for access to different systems; however, each one is issued uniquely to you.

Special group logons may be issued for public access workstations or for temporary workers. These accounts have limited capabilities and should only be used for their intended purpose.

User Name and Password

When you initially log on to the network, you will need to enter your user name (sometimes called a logon or user ID) and a password. This user name and password is a unique identifier that tells the systems that you are requesting access, and allows the assignment of privileges specifically to you. If you forget your user name or password, contact your department security liaison.

More Information about Passwords

Protect your password!

One of the most important things you can do to protect the security of information is to select a strong password and keep it confidential. Guessing passwords remains a popular and often successful attack method for unauthorized persons to gain system access.

Don't share your user name and password!

Your network account is assigned specifically to you. Please do not share your user name and password. If anyone calls and asks for your password, do not give it to them even if they claim to be from IT.

Changing Passwords

The Lake County standard is to change your network password every six (6) months. You will be notified 14 days in advance before a password expires. You should also proactively change your password if you believe someone else knows your password.

Password Management

It is best to not reuse prior passwords. The Lake County standard is to not allow the prior three (3) passwords to be reused. This improves the effectiveness of password protection.

Storing Passwords

If you are going to store your passwords, then please store them in a secure area, preferably in an encrypted format when authorized. It is best not to keep a written record of passwords.

More Information about Passwords (continued)***Work and Personal Passwords***

It is best to have a different password for your Lake County accounts and your personal accounts. This will minimize any potential exposure for you both personally and professionally.

Building Strong Passwords

What may seem to be a good password can be guessed quickly by an experienced attacker. Choose a strong password that is difficult to guess, yet easy to remember. A strong password is at least 8 characters long, and includes a combination of upper and lower case letters, numbers, and special characters (such as @, #, \$, %, etc.).

Tips for Creating Strong Passwords

A technique for creating strong passwords that are easy to remember is to use a pass phrase. Think of a phrase or a sentence and use the first letter of each word in the phrase to create the password. Capitalize some of the letters. Change some of the letters to numbers or add numbers to increase the length of the password to eight characters or more. Add a special character to the password or substitute a special character for one of the letters. Using special characters in a password makes it stronger than increasing the length. Use the pass phrase to remember the password.

Password Examples***Good Passwords***

(Please do not use these examples)

I8pwSOaM	I ate pizza with Sausage, Onions and Mushrooms
Msi6hniT	My son is 6, his name is Tom
Iw2t2A@H	I want to travel to Alaska and Hawaii
r2Ftd@wG	Remember to feed the dog

Weak Passwords

(Do not use these examples as they do not meet Lake County requirements)

Abcde123	Contains a pattern using character and number sequences
Jennifer1	Contains a user's name
3772000Ab	Contains a phone number
Aaa111bb	Contains repeating characters
Puppy123	Contains a word in the dictionary
01011970Ms	Contains a birth date and initials
340-00-0000Ms	Contains a social security number and initials
Mary1023	Contains name and home address

Limited Logon Attempts

For your protection, you will only be allowed five (5) attempts to try to logon. After the fifth unsuccessful attempt, your account will be locked out and must be reset before you can attempt another logon. Limiting the number of logon attempts prevents trial-and-error or brute force attempts at guessing passwords.

Call the Lake County IT Help Desk to have your network account reset. An email will be sent by the help desk operator to your department security liaison and to you that the request was made to unlock your account. If you ever receive this email and you did not make the request to unlock your account, report this to the help desk as a security incident. If you do not call the help desk, your account will be automatically reset in 60 minutes.

Warning Banner

A warning banner is a security notice that displays before you logon to Lake County's network. The warning banner will remind you about the importance of information security each time you logon.

Another warning banner may be displayed after you logon to some applications. This banner may include the date, time and computer name used for your last logon. You should always think back to the last time you used the application to verify that the date, time and computer name are correct. If they are not, someone may be trying to use your logon. If you think that someone else is using your logon, you should report it to your security liaison.

Locking Your Workstation

If you don't logoff when you leave your workstation, you should always lock it. This includes lunch, breaks, meetings, in the event of an emergency (like fire drills), or any other instance that would cause you to leave your workstation. Locking your workstation disables the keyboard and clears the screen so that no one else can use it without your knowledge while you are away from your desk. It is even more important that you lock your workstation if you have administrator privileges or work with limited disclosure or sensitive data. If you don't know how to lock your workstation, see your security liaison.

Workstations will automatically lock after a period of inactivity to prevent access by unauthorized persons. This automatic locking clears the screen, locks the keyboard and starts your screen saver. Each department determines if automatic locking is enabled for the workstations in their offices and selects the length of the inactivity period (default is 10 minutes). If automatic locking is enabled for your department, do not disable it.

Log Off

When you leave for the day, be sure you close or log off all applications in use and log off the Lake County network. If you are leaving your desk for an extended period of time during the day, you may also want to do this. This process will cause files to be saved and applications to be closed. It will ensure that you do not lose any work in the event of application problems or if there is a power failure during your absence.

Network Security

Lake County has an enterprise network which enables access to information, services, and applications from many Lake County office locations. The network is connected to the Internet and several other private networks. Each connection to outside networks is guarded by multiple layers of protection. It is important that you understand how you can help keep the network safe from intruders, viruses and in good working order.

Connecting Devices to Lake County's Network

Contact the Lake County IT Help Desk before connecting any county device to the network that has not been previously connected. This includes desktops, laptops, printers, fax machines, scanners or any other device with a network connection. An IT technician will ensure the device is configured appropriately before connecting it to the network.

If you have a county device such as a laptop that has not been connected to the network for an extended period of time, contact the Lake County IT Help Desk before connecting it. An IT technician will ensure

that the device does not contain any viruses and that virus protection is installed, updated and active before connecting it to the network.

Non-county owned devices should not be connected to the network without review by Lake County IT. If a vendor, consultant, auditor or any other person wants to connect a non-county device to our network, contact the Lake County IT Help desk, preferably 24 hours before the device needs to be connected. An IT technician will examine the device to ensure that it does not have any viruses and that it is configured appropriately for our network. If the device passes inspection, the technician will connect it to the network.

Extending Lake County's Network

Contact the Lake County IT Help Desk before any equipment is purchased or installed to extend Lake County's network. The IT Department will work with you to select appropriate equipment which meets your requirements and Lake County's standards and security requirements. Examples of equipment used to extend the network include hubs, switches, routers, controllers, WI-FI equipment, wireless access points (802.11 based) and wireless WAN technologies.

If your department is planning a new facility that needs to be connected to Lake County's network or if you need to connect to another organization's network, contact IT. IT will work with you to define the requirements for cabling, wiring closets, network equipment, voice equipment and communications lines.

Being a Good Network Citizen

When you are using the Lake County network, please remember:

- Your computer should be used for Lake County purposes only. If you have any questions regarding this, please refer to the "Electronic Communications Policy" or ask your security liaison.
- It is inappropriate to attempt to gain unauthorized access to network resources. You should not browse through your computer systems or network drives searching for interesting files and/or programs unrelated to your job.
- You should not attempt to capture a user's password, or other network credentials.
- If you need to install utility programs, such as programs that monitor network traffic or enable remote control of workstations, contact IT. Incorrect installation and use of network utilities could cause serious security exposures.

6 Physical Security

Physical security includes equipment like your workstation and the building where you work. This section is primarily focused on workstations and laptops, but be aware that many other types of devices can store digital information including, but not limited to, printers, copiers, fax machines, scanners, handhelds and cell phones. The guidelines in this section also apply to all these devices. Contact your security liaison to find out if your department has additional procedures on physical security.

Workstation Location

Position your workstation and other devices to prevent viewing by unauthorized personnel. Be especially careful if the device is located near public areas, the public is allowed into your office area or you work with limited disclosure or sensitive information.

Moving and Modifying Equipment

All equipment modifications or upgrades need to be approved. Contact your department liaison if you need to upgrade or expand a device. If you need to move equipment to a new location, please contact IT.

Equipment Removal, Reuse, Disposal and Servicing

Equipment should not be removed from county premises without authorization from your department security liaison. This does not apply to mobile devices.

Lake County is required by law to follow documented procedures before reusing or disposing of equipment or media that contains limited disclosure or sensitive information. Before equipment with magnetic storage media is sent to a vendor for trade-in or servicing, all information on it must be destroyed according to these procedures. Contact your department security liaison for further information.

Media Security

Media such as CDs, diskettes, zip drives, and USB storage devices may be used to store, transport, or back up information. If the media contains limited disclosure or sensitive information, these guidelines are even more important. You should:

- Safely store the media,
- Protect the media when you are transporting it,
- Do not send media containing limited disclosure or sensitive information to a third party unless they are authorized to receive it,
- Dispose of media according to approved procedures when it is no longer required. Information could be disclosed through careless disposal.

Public Access Devices

Some offices have public access workstations that are used by the general public to access specific types of Lake County information. The public should not be allowed to use any other workstations. Other workstations are for authorized personnel only. If a temporary employee, consultant, vendor, or other person needs to obtain access, contact your department security liaison.

Facilities Security

County buildings are open to the public. Where possible, the number of public entrances to County facilities is limited. Buildings may be protected by alarms, security cameras or other security measures. Visitors to selected buildings are required to pass through metal detectors located at building entrances; some buildings have a reception area or counter to control public access. There may be specific areas within buildings that are restricted to authorized personnel only.

Wearing ID Badges

When you are in Lake County's facilities, you must wear your identification badge at all times on your outer garments so the badge is clearly visible. ID badges that have been lost or stolen must be reported to Building Security immediately.

Secured Areas

There are secured areas (such as a computer operations room) within some Lake County facilities. These areas may house limited disclosure or sensitive information. You must have authorization to enter these areas. If you are authorized to enter a secure area, you must be aware of its access procedures. Similarly, visitors may only be admitted to a secured area for specific authorized purposes. Visitors must be escorted to the secured area by an authorized employee. Visitors must sign in before gaining access to a secured area and should wear an identification badge at all times. You should challenge any person who is not properly identified. (i.e., no badge) and is in or is trying to enter a secured area. If you notice an unescorted

visitor inside a secured area, question the visitor about the purpose for being there. Accompany the visitor to either a manager or the person they came to see. Please immediately report any suspicious activity immediately to Building Security. Remember, for any emergency, dial 911.

7 Software Security

Your department IT liaison specifies the applications that are required on your workstation when it is first installed. Other products like anti-virus and anti-SPAM software are provided by IT to protect your workstation.

Purchasing New / Upgraded Software

To minimize the risk of buying or obtaining software containing malicious code, application software should be purchased from reputable and authorized vendors according to Lake County purchasing guidelines. Contact IT before purchasing any software which will be installed on Lake County's network servers to ensure that it meets standards and security requirements.

Installing or Uninstalling Software

Contact your department security liaison before installing, uninstalling or altering the configuration of software on your workstation because any change could negatively affect its operation. They will ensure the change is compatible with your existing software and that any new software is properly licensed. All software installed on Lake County workstations must be properly licensed by your agency/department, Lake County, the State of Illinois or other approved source.

Please refrain from downloading and installing questionable software from unknown sources. This is for protection against malicious software such as viruses, worms and Trojans which may cause significant harm to Lake County's information and systems.

Copyright Rules and Intellectual Property (IP) Law

You must comply with copyright laws for software and written materials. Lake County does not condone the illegal duplication of software or reproduction of copyrighted materials.

8 Email and Internet Use

Lake County provides a secure and managed environment for you to effectively and safely use email and the Internet if you are authorized to do so. It is your responsibility to comply with the rules of proper usage defined in the Electronic Communication Policy. Improper use can detract from the performance of work duties and can subject you and other users to malicious software attacks. Individuals who fail to comply with the Electronic Communications Policy may be denied access to the network and subjected to disciplinary action up to and including the termination of employment.

Internet Use

Internet access is primarily intended for business use and the use is monitored. You must have your agency/department head's approval to use the Internet for personal purposes during non-working hours. You need to be cautious when using the Internet. Visiting non-business sites or downloading files can infect your workstation with viruses and spyware. Only download files for business purposes and from reputable sources.

Much of the material on the Internet is copyrighted or otherwise protected by intellectual property law (such as license agreements). If you use Internet information for county business, be sure you have followed the appropriate laws. Contact the States Attorney's Office for more information.

Email Use

You should treat email as public communications. Consider email to be the electronic equivalent of a postcard. Email is normally sent over the public Internet in clear text which means that your message can be read if and when traffic is monitored. If you need to encrypt information in an email, see your department security liaison. Email should be treated like other written correspondence and retained as appropriate.

Email File Attachments

You should be very cautious about opening any file attachment received in an email. If you do not know the sender or you are not expecting the attachment, do not open it. This is critical to protect your workstation and others against malicious software like viruses and spyware. Your email and its attachments are automatically checked for viruses. Any known virus will be removed from your email before it is put into your mailbox. It will be replaced with an attachment title "alert.txt".

Use of Distribution Lists

If you need to send an email to everyone on Lake County's email system, contact Human Resources Employee Relations. They will send your email if it is appropriate for county-wide distribution. Check with your department liaison for guidelines on the use of department-wide distribution lists.

SPAM Emails

When you receive unwanted and unsolicited email (also known as SPAM), you should not reply to the sender. Many SPAM emails contain a link to unsubscribe from the mailing list. Do not use this link unless the company is known to be legitimate. Otherwise, you confirm that your email address is valid and you will get even more SPAM. Lake County protects you from most SPAM through the use of an anti-SPAM product. This product filters suspected SPAM and quarantines it so that it does not ever reach your mailbox. You will get a daily email digest summarizing the SPAM you have received.

Spoofing and Phishing

Faking the identity of another user in the "From" field of an email is called "spoofing". The email may not really be from the specified sender, but may be created and sent by a virus or by someone who is trying to steal information from you. Be suspicious of any email that is sent to you requesting private information like your credit card numbers, social security number or account passwords. The email received may request that you update private information relating to one of your online accounts. It will typically include a link or attached form for your convenience that mimics the real company website. The information you supply may be used for identity theft and result in fraudulent credit card charges. This technique is called "phishing" (pronounced "fishing").

Legitimate companies conducting business online do not send mass emails requesting personal information. They may send you a notice regarding your account, but they will always request that you go to their website and go through your normal account logon procedure before updating personal information. Most companies with online accounts have a special email address for reporting fraudulent email. Check the company's website if you receive such an email. Before you reply to any email or use the links in it, ensure that the email is legitimate. Be aware that the link in the email may go to a fake website that looks just like the official company website, but it could be used to steal money or information during online transactions.

Hoax and Chain Letter Emails

A hoax is an email containing a message that is intended to deceive, mislead or frighten you into taking some type of action. That action can be very detrimental such as deleting an important file from your hard drive that could cause your workstation to stop functioning or asking you for private information that will be used for identity theft. Often the action is just to forward the email to spread the hoax. Do not forward hoax emails. You can delete them and you do not have to report them. See your department security liaison if you need to verify that an email is a hoax. Do not forward chain letter emails because they are usually a hoax.

9 Mobile Computing and Teleworking**Mobile Computing**

If you use a mobile computing device such as a laptop, handheld or cell phone, you should be very careful how the device is used in public places. Be mindful of accessing limited disclosure or sensitive information on airplanes, in restaurants, on public transportation, or in other public places. If the device contains limited disclosure or sensitive information, you should not leave it unattended at any time unless the information has been password protected and/or encrypted. Contact your security liaison to find out if your department has additional procedures regarding the use of mobile devices.

You should not throw away limited disclosure or sensitive hardcopy materials into hotel waste baskets or publicly accessible trash containers. Such information must be retained and protected appropriately until it can be shredded or destroyed according to department procedures.

Use of Wireless Networks

Be very careful when connecting a county laptop to any public wireless network because the network may not be properly secured. Other individuals on the network could gain access to your laptop or could use utilities to analyze network traffic. They could also attempt to monitor any information being printed. If you have limited disclosure or sensitive information stored on your laptop, it is best to not use public wireless networks. If you use your county laptop on a wireless network at home, see your security liaison for information on how to configure your wireless network securely.

Teleworking

The security of Lake County's information and equipment at an alternate work site is just as important as it is on county premises. The most common alternate work site is an employee's home. Suitable protection of the teleworking site should be in place against the theft of equipment and information, the unauthorized disclosure of information, unauthorized remote access to Lake County's internal systems or misuse of facilities.

You must abide by all security policies, rules and procedures at alternate work sites. This includes compliance with software license agreements, performance of regular backups, and use of shredders to dispose of limited disclosure or sensitive information. If you use a wireless network at home, be sure that it is properly secured. If you use your personal equipment (PCs, laptops) for work purposes, you must follow proper disposal procedures. See the Telework section in the Lake County Employee Policies and Procedures manual for more information.

Remote Access

Remote access is available for selected applications on Lake County's internal network over the public Internet. This access is encrypted, carefully configured and monitored to protect against unauthorized use. The owner of each application determines if the application will be available remotely and who will be

authorized to use it. Remote access to an application must be authorized separately from internal use. Remote access to email is available using Outlook Web Access (OWA).

If a vendor needs remote access to support an application on our internal network, contact the Lake County IT Help Desk. Installation or use of unauthorized remote access software or hardware could cause serious security exposures.

10 Summary

Information security is achieved by implementing an appropriate set of controls. Control measures include a mix of policies, procedures, people and technology. However, social engineering remains the single greatest security risk, despite our advances in technology. You can be a weak or strong link in Lake County's information security. Please do your part to see that the controls described in this handbook are implemented in order to successfully meet the information security goals of Lake County.

As you have learned by reading this handbook, there are many actions that you can take to help protect the security of Lake County's information, computers and network. The most important are:

- Be observant so that you will notice when something seems unusual.
- Report all security incidents or suspicions promptly. Call 911 in emergency situations.
- Safeguard the information you work with, especially limited disclosure or sensitive information.
- Select a strong password for your network account and keep it confidential.
- Help keep Lake County's network secure by not connecting unauthorized devices.
- Follow Lake County and department guidelines for proper equipment use.
- Do not jeopardize your computer by installing unauthorized or non-business software.
- Be cautious when using the Internet and email.
- Report a suspected virus or Trojan promptly.
- Don't be tricked into divulging information about Lake County's information security.

Chart 1 – Information Security Response Team

Contact	Name	Phone
Fire/Medical Emergencies		911
Building Security		847-377-4911
Risk Management		847-377-2241
Department Security Liaison		
Department IT User Liaison		
Backup Liaison		
Lake County Help Desk		847-377-2888
Your Help Desk		
Anonymous Reporting		847-377-

Chart 2 – Reporting Security Incidents

To Report	Comments	Actions
Crime or emergency situation		Call 911 immediately.
Suspicious behavior		Call Building Security 847-377-4911
Physical access violation	If unauthorized individuals are in secure areas.	Call Building Security 847-377-4911
Sensitive information is disclosed, stolen, lost, or damaged		Contact your department security liaison.
Policy violation		Contact your department security liaison.
Computer malfunction	Do not attempt a recovery yourself.	Note (if you have time) any error messages or unusual system behavior. Stop using the computer. Contact your department IT liaison or your help desk.
Computer equipment failure, damage or loss		Contact your department IT liaison or your help desk.
Virus	Because viruses have become very complex, do not attempt to eliminate them without expert assistance. If you suspect infection by a virus, report it immediately.	Stop using the computer. Call the Lake County IT Help Desk and report the virus. Notify your department security liaison.
SPAM email		Forward it to SubmitSPAM@co.lake.il.us
An offensive email or an email violating the Electronic Communication Policy		Contact your supervisor or department security liaison.
Harassing emails		Contact your supervisor or department security liaison.
Other information security incident		Report to your department security liaison or your help desk.

If you have questions about information security, see your department security liaison or look for more information in the IT Documentation Library. You can find this library by clicking on the Library link in the Technology section of the Employee Website (EWS) or by typing the following address in your browser:

<http://doc.lakeco.org>

Document Change History

Version	Description of Change	Date	Author(s)
0.0	First draft completed.	2/11/2005	M. Fettinger
0.1	Incorporate comments from IT staff	2/17/2005	M. Fettinger
0.2	Comments from management and other dept. staff	2/22/2005	M. Fettinger
0.3	Restructure and reorder sections based on audience	2/23/2005	M. Fettinger
0.4	Handbook reorganization	3/7/2005	K. Richards
0.5	Additions and cleanup	3/9/2005	M. Fettinger
0.6	Minor edits	3/9/2005	M. Fettinger
1.0	Document completed.	4/26/2005	M. Fettinger

CORPORATE POLICY

SUBJECT: Personal Device Usage

CATEGORY: Technology

ORIGINAL DATE: September 30, 2017

REVIEWED DATE: September 30, 2017

REVISION DATE:

I. **POLICY:**

The Lake County Health Department and Community Health Center (LCHD/CHC) protects information and information technology and guards data integrity, confidentiality, and availability. The unsanctioned transport of confidential information via personal devices puts our missions at risk. It is the responsibility of each Program to determine what information is considered confidential to their operations.

It is the LCHD/CHC's recommendation that personal devices, including, but not limited to, portable mobile devices (e.g. smartphones and tablets) and non-County issued computers, should not be used for storing confidential information including, but not limited to, electronic patient health information. Employees who do not follow the policy may be subject to disciplinary action up to and including termination of employment. If an employee chooses to use their personal device for Health Department business, the following safeguards must be adhered to:

- A. LCHD/CHC may need to access the employee-owned device for legitimate business purposes including but not limited to implementing security controls, fulfilling record retention obligations, conducting investigations, or responding to litigation-related requests arising out of administrative, civil, or criminal proceedings. LCHD/CHC may also need to copy the entire device, including personal content, to meet business obligations. Differentiation between personal data and LCHD/CHC data at the time of collection will be difficult.
- B. All confidential information should only be stored in secure server environments, such as in a directory on a secure network file server or in a secured "cloud-based" solution. This includes, but is not limited to, using web-mail to view LCHD/CHC emails rather than a mobile device mail-client.
- C. Employees will protect their personal device with a password or other forms of user authentication.
- D. Employees agree to maintain the original device operating system and keep the device current with security patches and updates, as released by the manufacturer. The user will not "jail break" the device by installing software that allows the user to bypass standard built-in security features and controls.
- E. Employees agree the device shall not be shared with other individuals or family members, due to the business use of the device (e.g., potential access to government email, confidential data).

CORPORATE POLICY

- F. Employees agree to delete any sensitive business files that may be inadvertently downloaded and stored on the device through the process of viewing e-mail attachments. The employee agrees to follow the premise "When in Doubt, Delete it Out".
- G. Employees must accept that, when connecting the employee-owned mobile device to LCHD/CHC resources the security policies will be enforced on the device. The security policies implemented may include, but are not limited to, areas such as passcode, passcode timeout, passcode complexity and encryption.
- H. Employees must take appropriate precautions to prevent others from obtaining access to their mobile device. Employees will be responsible for all transactions made with their credentials, and should not share individually assigned passwords, personal identification numbers (PINs) or other credentials.
- I. Employees are responsible for bringing or sending the mobile device to the IT security department and handing over necessary device access codes when notified the device has been selected for a physical security audit, or in the event the device is needed for e-discovery purposes.
- J. Employees agree to have up-to-date virus protection, anti-spyware and scanning software on their personal device. It is the employee's responsibility to provide this software on their personal device.
- K. Employees agree to have personal devices labeled with appropriate ownership information.
- L. Employees agree to take steps to prevent the unauthorized viewing of confidential information on personal devices when in public locations.
- M. Employees agree to use extreme caution when using personal devices to access confidential information on wireless networks (Wi-Fi). When in doubt as to whether appropriate security controls exist on a wireless network, confidential information should not be accessed.
- N. In the event an employee loses a personal device that has access to LCHD/CHC confidential information, they must notify MIS immediately through ServicePro or the MIS Helpline (x8979). MIS will work with the employee to determine the risk of exposure of the sensitive information.
- O. Prior to disposal or transfer to a new owner, all LCHD/CHC data on the device must be destroyed.

II. SCOPE:

All Lake County Health Department and Community Health Center employees.

III. PROCEDURE:

None

CORPORATE POLICY

IV. REFERENCES:

Lake County Mobile Security Standard
Lake County Acceptable Use Standard
Safeguarding Protected Health Information Policy
Primary Care Confidentiality SOP Policy III

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee and Executive Team.

VI. APPROVALS:

Lake County Health Department and Community Health Center Executive Director

Signature: _____



Date: _____

11/6/2017

CORPORATE POLICY

SUBJECT: Standards of Conduct

CATEGORY: Human Resources

ORIGINAL DATE: May 1, 1996

REVIEWED DATE: March 12, 2018

REVISION DATE: March 28, 2018

I. POLICY:

- A. All employees, consultants, interns, volunteers, and others who act on behalf of the Lake County Health Department and Community Health Center (LCHD/CHC) have a responsibility to LCHD/CHC patients, federal and state governments, funders, and the communities served to conduct themselves in a responsible manner.
- B. Rules and regulations governing employee behavior are necessary for efficient business operations and benefit all employees. Conduct that interferes with operations, discredits the agency, or is offensive to co-workers, customers, or visitors will not be tolerated.
- C. **Management Responsibility:** The immediate supervisor, Associate Director or Director must assume, and are charged with, the responsibility for ensuring that the conduct of Staff they supervise complies with the Standards of Conduct.
- D. **Individual Responsibility:** New employees are to be made aware of these rules and regulations during their orientation. Rules and regulations will periodically be reviewed with all employees as necessary. Every staff member is responsible for ensuring that his or her conduct is consistent with these Standards of Conduct, with the Health Department's policies and procedures, and with generally acceptable standards of professionalism, courtesy, and respect.
- E. Employees are expected to be familiar with and follow the laws and code of ethics governing the practice of their profession, to comply with applicable Federal, State and local laws and regulations, and fulfill all contractual grant obligations.
- F. **Violations of Standards of Conduct:** Employees should promptly report concerns regarding compliance with these Standards of Conduct, beginning with the employee's immediate supervisor, Program Coordinator, Associate Director, or Director. As an alternative, an employee may make such a report to the Human Resources Manager, Human Resources Director, or Compliance Officer. Any formal complaint brought to the attention of management through this process will be investigated thoroughly with the goal of resolving the issue. Raising such concerns will not jeopardize the terms and conditions of employment of the reporting individual. All staff must cooperate fully in the investigation of any alleged violation of these Standards of Conduct. Any staff member who intentionally makes false accusations regarding misconduct or compliance is subject to disciplinary action.
- G. Any violation of the Lake County Health Department and Community Health Center's policies and procedures or any conduct considered inappropriate or unsatisfactory, may subject the employee to disciplinary action, up to and including termination.

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H. The following list is intended to provide only general guidance for the types of behaviors that are considered unacceptable while in the employment of the Health Department:

1. Violation of the Corporate Compliance standards and procedures;
2. Conviction of a criminal felony offense;
3. Conviction of a misdemeanor offense requiring probation or incarceration;
4. Failure to self-disclose any criminal conviction, felony, misdemeanor, or loss of driving privileges that occurs while in the employ of the Health Department within 2-3 days of occurrence;
5. Fighting with, threatening, intimidating, assaulting, yelling or using harsh or profane language towards anyone (see Workplace Violence Policy);
6. Engaging in any form of sexual or other harassment (see Harassment Policy);
7. Falsifying or altering any records, reports, medical documents, treatment plans or attendance records;
8. Willful misrepresentation or concealment of any information during the hiring process or agency investigations;
9. Using the position of employment to secure special privileges or exemptions, personally, or for others (see Conflict of Interest, Bribery Policy);
10. Violation of any federal, state, or local laws;
11. Violation of any LCHD/CHC rules and regulations, including those pertaining to client confidentiality;
12. Accessing patient, employee, or family records or other confidential information for personal use or knowledge or using this information in a manner unrelated to LCHD/CHC business or to the detriment of the other person;
13. Reporting to work or responding to a call-in situation in an unfit condition, including being under the influence of drugs, alcohol, marijuana, cocaine or any other substances (see Drug Free Workplace Policy);
14. Failure or refusal to sign authorizations to conduct tests or background checks based upon reasonable suspicion or other compelling reasons;
15. Theft of or willful damage to an employee's, customer's, or Health Department

CORPORATE POLICY

property;

16. Misuse of Health Department property and/or unauthorized removal of company documents, equipment, tools, supplies or confidential information of any nature;
17. Possession of unauthorized firearm or concealed weapon on agency premises or while performing your duties;
18. Refusing to follow management's legitimate and lawful instructions concerning a job-related matter (i.e. being insubordinate);
19. Harassing, bullying, offensive, disrespectful or discourteous conduct;
20. Conduct unbecoming of a public employee which adversely impacts the public's trust;
21. Excessive absenteeism or absence from the job without prior authorization;
22. Repeated failure to report to work as scheduled, including failure to report to assigned work station prepared to perform job duties at starting time;
23. Gambling while on duty;
24. Sleeping, loafing or disruptive horseplay while on duty;
25. Unsatisfactory job performance;
25. Repeated violation of standard dress code (see Dress Code Policy);
26. Failure to wear assigned safety equipment or failure to abide by safety rules and regulations; and
27. Violations of any LCHD/CHC personnel policies or any program specific policies and procedures.

II. SCOPE:

All Lake County Health Department and Community Health Center employees, consultants, interns, volunteers, and others who act on behalf of the Health Department.

III. PROCEDURE:

- A. All employees, consultants, interns, and volunteers are expected to act in a professional manner while engaged in work-related duties and activities, whether on Health Department property or any other location during the performance of duties.

CORPORATE POLICY

- B. The LCHD/CHC recognizes that a mutually satisfying and productive employment relationship requires the communication of and adherence to acceptable performance standards and workplace behaviors.
- C. Any changes to these rules, regulations, policies and procedures are to be communicated to employees in a timely manner, with sufficient advanced notice.
- D. All employees must sign an acknowledgment that he/she has received a copy of our Standards of Conduct Policy and that compliance with the policy is a term and condition of employment.

IV. REFERENCES:

None

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee.

VI. APPROVALS:

Lake County Board of Health President

Signature: TE Stashko Date: 3/28/18

CORPORATE POLICY

SUBJECT: Tobacco Free Policy

CATEGORY: HR
ORIGINAL DATE: May 1, 1996
REVIEWED DATE: February 22, 2017
REVISION DATE: February 22, 2017

I. POLICY:

It is the policy of the Lake County Health Department and Community Health Center to prohibit tobacco use on all agency premises (both internal and external) in order to provide and maintain a safe and healthy work environment for all employees and visitors. This policy covers the act of lighting, smoking or carrying a lighted or smoldering cigarette, cigar or pipe of any kind and the use of smokeless or chewing tobacco. Electronic smoking devices, including e-cigarettes are also prohibited from being used on all agency premises.

A. According to the Smoke-Free Illinois Act, all businesses and organizations in the State of Illinois must be smoke-free 15 feet from all doors, windows that open, and vents.

B. Administration of Policy

1. Any employee who violates this policy will be subject to disciplinary action in accordance to the LCHD/CHC Personnel Policies section 10.1 On-the-Job Employee Behavior.
2. No employee shall suffer any form of retaliation for raising a complaint against an individual or supervisor who violates the policy.
3. The Directors and supervisors will be responsible for the ongoing compliance with the tobacco-free policy within their work areas and resolve issues of nonconformance. (For example, topic discussed at staff meetings, supervisory meetings, and annual trainings.)
4. Any employee who witnesses anyone using tobacco products on the premises, should politely inform them that this is a tobacco free campus and to please refrain from the use of the product.
5. Employees who witness other employees violating the Tobacco Free policy can either report incident to your supervisor or submit an anonymous email through the LCHD intranet site.
6. Visitors or customers who refuse to comply with signs and repeated requests to stop using tobacco products will be asked to leave the property.

CORPORATE POLICY

II. SCOPE:

- A. This policy applies to all employees at the following locations:
Belvidere Medical Building, Immunizations, 3002, 3004, 3008 and 3010 Grand Avenue, WRS, Midlakes Medical/Dental Health Center, Zion Satellite Health Center, Lake Villa, T.B. Clinic, North Chicago Health Center, Animal Control, Group Home, Central Permitting Facility and North Shore Health Center
- B. The Tobacco-Free Workplace policy applies to:
 - 1. All employees, visitors, customers and vendors of the agency
 - 2. All contractors and consultants and/or their employees working on agency premises
 - 3. All temporary and flex employees and student interns
 - 4. All internal areas of Health Department facilities
 - 5. All external areas of Health Department property, including door entrances, parking lots and grassy or sidewalk areas
 - 6. All vehicles owned or leased by the agency
 - 7. All personal vehicles on the premises
- C. Exceptions:
The only exception to this policy is for the clients receiving treatment in the residential programs and Drop-in Centers (WRS, ATP, CCP, Group Home and WCD Drop-in Centers). Smoking areas should be designated to be consistent with minimizing exposure to second hand smoke for employees, clients and visitors.

III. PROCEDURE:

- A. Employees will be informed of policy through posted signs, the policy manual, electronic communications, orientation and training.
- B. Visitors and vendors will be informed of this policy through signs and explanation by their host, if needed. If applicable, the mention of the Health Department being a Tobacco Free campus should be included in contracts or external invites to meetings, events, etc.
- C. The Health Department will assist employees who wish to quit smoking/use of tobacco products by facilitating access to tobacco cessation programs and materials.
- D. Smoking/use of tobacco products will not be permitted in any building areas (both internal and external).
- E. Employees and visitors are not permitted to smoke/use tobacco products in the external designated smoking areas of the residential programs.
- F. Smoking will be prohibited in all agency vehicles (at all times) and personal vehicles when on Lake County property.



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G. Employees are not allowed to leave the facilities to smoke during working hours unless the time is their meal break. Employees who smoke are not entitled to longer breaks, or extra time than non-smoking employees.

H. All employees are responsible for acknowledging that they have read this policy.

IV. REFERENCES: NONE

V. AUTHORS/REVIEWERS:

Designated Review Team, Corporate Policy and Procedure Committee, Executive Team, and Lake County Board of Health Personnel Committee,

VI. APPROVALS:

Lake County Board of Health President

Signature: TE Jasako Date: 2-22-17

Previous Revisions: August 17, 2005, August 17, 2011, February 18, 2015

CONFIDENTIALITY ACKNOWLEDGEMENT

I _____ have been informed and
(Please PRINT Name)

understand that information concerning treatment of patients is confidential and will not be disclosed to any person or entity without appropriate patient authorization, subpoena, or court order. As a condition of my employment or association with the Lake County Health Department and Community Health Center, I agree not to directly or indirectly disclose any information without proper authority and specifically agree with the following requirements:

1. I will avoid any action that will provide confidential information to any unauthorized individual or agency.
2. I will not review medical records or files for which I have no authorization.
3. I will not make copies of any **protected health information** or data except as specifically authorized.
4. I will not remove confidential identifying information from the facility except as authorized in the performance of my duties.
5. I will not discuss in any manner with any unauthorized person any information that would lead to the identification of individuals seen for patient care.
6. If I observe unauthorized access or divulgement of confidential information or data to another person, I will report it immediately to my supervisor.
7. I understand that failure to report violations of confidentiality by others is just as serious as my own violation.

I understand that confidential information or data is defined as any information when the individual, and/or any aspect of their care is identified or implied. As an employee or an associate, breach of confidentiality may be cause for immediate termination of my employment or association with the Lake County Health Department and Community Health Center, and possible civil and criminal penalties.

I have read this acknowledgement and will demonstrate my understanding and willingness to abide by this policy and procedure by affixing my signature and the date below.

Signature: _____ Date: _____

Email form to: LJohnson@lakecountil.gov or Fax: 847-984-5975

Job Title: _____ Job Posting #: _____

Hiring Supervisor: _____

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF
A CONSUMER REPORT**

In connection with your application for employment, The Lake County Health Department and Community Health Center may procure a consumer report on you from First Advantage as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the federal Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

Please print clearly when completing the below information:

Applicant's Name: _____

Other Names Used: _____

Applicant's Address: _____

City / State / Zip: _____

Telephone Number: _____

Social Security Number: _____

Drivers License Number and State: _____

Name as appears on Drivers License: _____

Date of Birth: _____

NOTE: Date of Birth information is used **ONLY** for First Advantage Screening

Solutions for verification of identity and is not used for any purpose by the Employer.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Applicant's Signature: _____

HR USE ONLY: Date Requested: _____ Results Received: _____
Approved Not approved

LAKE COUNTY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received and read a copy of the following documents:

- Electronic Communications Policy
- Email Encryption of Confidential Information
- Personal Device Usage
- Information Security Handbook

I understand and acknowledge that I am expected to comply with these documents and failure to do so may result in disciplinary action or termination. I also understand that I do not have a right to privacy in any information created, sent, received, accessed, or stored on Lake County's electronic communication systems.

Student Signature

Date

Student Name (Print: First, Middle Initial, Last)

Date

LAKE COUNTY HEALTH DEPARTMENT

Prevention Services – Communicable Disease – COVID 19

Program

Contingent Worker Acknowledgement Form

Policies

I acknowledge receipt of the following policies. I understand it is my responsibility to read these policies within the first week of my rotation/assignment.

- **Harassment**
- **Identification Cards and Security Access Cards**
- **Standards of Conduct**
- **Drug Free Workplace Act**
- **Tobacco Free Policy**
- **Dress Code**

The above policies have been explained to me and I understand that compliance with these policies are a term and condition of my rotation/assignment and that any violation by me may result in discipline, up to and including termination.

I understand that I must agree to report any conviction for a violation of a criminal drug statute, involving the workplace, as defined in the policy, to the Human Resource office within five working days of such conviction.

Signature

Date

**Agreement #20108 for Temporary Employee Services for
the Lake County Health Department and Community Health Center**

This Agreement ("Agreement") is entered into by and between the Lake County Health Department and Community Health Center (hereinafter "the Health Department") and _____ (hereinafter the "Contractor").

RECITALS

WHEREAS, the Health Department is seeking a Contractor to provide Temporary Employee Services and for the Health Department; and

WHEREAS, the Contractor has the ability to provide Temporary Employee Services as defined in the Agreement Documents; and

WHEREAS, the selection committee has determined that the Proposal submitted by the Contractor on September 25, 2020 is one of the most advantageous proposals received, and best serves the interests of the Health Department; and

WHEREAS, the Lake County Board of Health passed a resolution at its regular meeting on October 28, 2020 authorizing the Executive Director, or his designee to execute this Agreement.

NOW, THEREFORE, the Health Department and the Contractor agree as follows:

SECTION 1. AGREEMENT DOCUMENTS

The Agreement Documents that constitute the entire Agreement between the Health Department and the Contractor are:

- a. This Agreement and all Exhibits thereto; and
- b. Request for Proposals (RFP) Number 20108 and all Addendums thereto; and
- c. The Contractor Response to RFP Number 20108 dated *September 25, 2020*.

In the event of conflict between the RFP as modified herein and the Response to Request for Proposals Number 20108, the provisions of the RFP shall control.

SECTION 2. SCOPE OF WORK

The Contractor agrees to provide Temporary Employee Services in accordance with the specifications of the Agreement Documents and as specified in RFP #20108 and all Addendums thereto.

SECTION 3. AGREEMENT PRICE

The Health Department will pay the Contractor based on the rates submitted in their RFP response, on the Price Sheet and Contract-To-Hire Conversion Rate Sheet, dated *September 25, 2020*, attached hereto as Exhibit A. A Purchase Order will be issued for the work covered by this Agreement. The Contractor shall submit invoice(s) detailing the product and services provided as specified in the RFP. Identify the Purchase Order number on all invoices.

SECTION 4. INVOICES & PAYMENT

The Contractor shall submit invoices in accordance with the payment provisions of this Agreement. All payments shall be made in accordance with the Local Government Prompt Payment Act. Contractor will address invoices to:

Lake County Health Department and Community Health Center
Attention: Accounts Payable
3010 Grand Avenue, 3rd Floor
Waukegan, IL 60085

SECTION 5. INDEMNIFICATION

The Contractor agrees, to the extent permitted by law, to indemnify, defend and hold harmless the Health Department, its officers, agents and employees from any and all third party claims or losses, arising or resulting from the Contractor's actions or omissions in its performance of any of the Contractor's obligations under this Agreement and any activities or services supported hereunder.

The Health Department agrees to indemnify, defend and hold harmless the Contractor, its officers, agents and employees from any and all third party claims or losses, arising or resulting from the Health Department's acts or omissions in its performance of any of the Health Department's obligations under this Agreement and any activities or services thereunder.

SECTION 6. INSURANCE

The Contractor(s) shall maintain for the duration of the proposed Agreement and any extensions thereof insurance issued by a company or companies qualified to do business in the State of Illinois, in the following types and amounts:

- **Workmen's Compensation Insurance** covering all liability of the Contractor(s) arising under the Workmen's Compensation Act and Workmen's Occupational Disease Act; limits of liability not less than statutory requirements.
- **Professional Liability** to include, but not be limited to, coverage for Errors and Omissions to respond to claims for loss there from:
 - General Aggregate Limit** \$ 2,000,000
 - Each Occurrence Limit** \$ 1,000,000
- **Commercial General Liability** in a broad form, to include, but not be limited to, coverage for the following where exposure exists: Premises/Operations, Independent Contractors, Products/Completed Operations, Personal Injury and Contractual Liability, limits of liability not less than:
 - General Aggregate Limit** \$ 2,000,000
 - Each Occurrence Limit** \$ 1,000,000

Contractor(s) agrees that with respect to the commercial general liability insurance, Health Department shall be:

- named as **additional insured by endorsement** as their interest may appear;
- provided with thirty (30) days-notice, in writing, of cancellation or material change;
- provided with Certificates of Insurance evidencing the above-required insurance, prior to commencement of the proposed Agreement and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least thirty (30) days prior to the expiration of cancellation of any such policies. Forward Notices and Certificates of Insurance to: Lake County Health Department, Materials Management Office, 2400 Belvidere Road #L-50, Waukegan, IL 60085-4350.

Failure to Comply: In the event the Contractor(s) fails to obtain or maintain any insurance coverage's required under the Agreement, the Health Department may purchase such insurance coverage's and charge the expense thereof to the Contractor(s).

SECTION 7. JURISDICTION, VENUE, CHOICE OF LAW

This Agreement shall be governed by and construed according to the laws of the State of Illinois. Jurisdiction and venue shall be exclusively found in the 19th Judicial Circuit Court, State of Illinois.

SECTION 8. INDEPENDENT CONTRACTOR

The Contractor shall, at all times, be deemed to be an independent contractor and shall not be deemed to be an employee or agent of the Health Department or Lake County.

SECTION 9. TERMINATION

The Health Department reserves the right to terminate this Agreement, or any part of this Agreement, upon thirty (30) days written notice. In case of such termination, the Contractor shall be entitled to receive payment from the Health Department for Work completed to date in accordance with the terms and conditions of this Agreement. In the event that this Agreement is terminated due to Contractor's default, the Health Department shall be entitled to purchase substitute items and/or services elsewhere and charge the Contractor with any or all losses incurred, including attorney's fees and expenses. In such case of Agreement termination, the Health Department shall not be responsible for any costs incurred by the Contractor to initiate services or discontinue services.

SECTION 10. DISPUTE RESOLUTION

All issues, claims, or disputes arising out of this Agreement shall be resolved in accordance with the Appeals and Remedies Provisions in Article 9 of the Lake County Health Department and Community Health Center's Purchasing Policies and Procedures.

SECTION 11. SEVERABILITY

If any part of this Agreement shall be held to be invalid for any reason, the remainder of this Agreement shall be valid to the fullest extent permitted by law.

SECTION 12. CHANGE IN STATUS

The Contractor(s) shall notify the Health Department promptly of any change in its status resulting from any of the following and state its commitment to continue to provide services: (a) Contractor(s) is acquired by or merged with another party; (b) Contractor(s) becomes insolvent; (c) Contractor(s), voluntary or by operation law, becomes subject to the provisions of any chapter of the Bankruptcy Act; (d) Contractor(s) ceases to conduct its operations in normal course of business. The Health Department shall have the option to terminate its Agreement with the Contractor(s) immediately on written notice based on any such change in status.

IN WITNESS HEREOF, the undersigned have caused this Agreement to be executed in their respective names on the dates hereinafter enumerated.

Lake County Health Department
and Community Health Center

Contractor Name_____

Jerry Nordstrom
Director of Administrative Services
Date _____

[Name here]
Title _____
Date _____

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement, effective _____ (“Effective Date”), is made by and between the Lake County Health Department and Community Health Center (“Covered Entity”) and _____ (“Business Associate”). Covered Entity and Business Associate are also referred to in this Agreement individually as “Party” and collectively as the “Parties”.

1. Definitions:

Unless otherwise provided in this Agreement, capitalized terms used in this Agreement have the same meaning as set forth in HIPAA Privacy and Security Regulations (and particularly at 45 C.F.R. §§ 160.103 and 164.501), and applicable HITECH Act of 2009 amendments and regulations establishing standards for the privacy, security and security breach notification provisions applicable to a Business Associate under Subtitle D of the Health Information Technology for Economic and Clinical Health Act of 2009.

2. Permitted Uses and Disclosure of Protected Health Information (hereafter “PHI”):

2.1 Services. Business Associate may assist in the performance of:

- a. A function or activity involving the use or disclosure of individually identifiable health information; or
- b. Any other function or activity regulated by HIPAA or HITECH amendments.

3. Responsibilities with Respect to Protected Health Information:

3.1 Responsibilities of Business Associate. With regard to the use and/or disclosure of PHI, Business Associate hereby agrees:

- a. Business Associate will not use or disclose PHI received from Covered Entity in any way other than as permitted or required under HIPAA or the HITECH Act of 2009, or regulations thereunder, or pursuant to Section 2 of this Agreement or as otherwise required by law.
- b. Business Associate will put in place reasonable precautions and appropriate safeguards necessary to prevent use or disclosure of PHI other than as provided by this Agreement.
- c. Business Associate will mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI by Business Associate or any agent or subcontractor, in violation of HIPAA or HITECH, or regulations thereunder, the provisions of this Agreement.
- d. Business Associate shall report to Covered Entity’s Privacy Officer when Business Associate becomes aware of uses or disclosures not provided for by this Agreement, or that are a breach of unsecured PHI as defined in 45 C.F.R. §165.500, et seq. or HITECH §13402.
- e. Business Associate shall ensure that any agents, including subcontractors, to whom Business Associate provides Protected Health Information received from, or created or received by the Business Associate on behalf of the Covered Entity, agrees to the same restrictions and conditions that, apply to the Business Associate with respect to such information.
- f. At the request of Covered Entity, Business Associate shall provide access to PHI, within 7 calendar days, to Covered Entity or as directed by Covered Entity to an Individual, in order to meet the requirements of HIPAA, or the HITECH Act of 2009, or regulations thereunder.
- g. Business Associate shall make available PHI for amendment and incorporate any amendments to PHI, within 7 calendar days of request by Covered Entity, in accordance with 45 C.F.R. § 164.526, and other applicable HIPAA and HITECH regulations.
- h. Business Associate shall make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, to the Secretary within 14 calendar days of Covered Entity’s written request, or as otherwise designated by the Secretary, for the purpose of the Secretary determining Covered Entity’s compliance with the Privacy Rules.
- i. Business Associate shall document disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528, or other applicable HIPAA and

HITECH regulations.

- j. Business Associate shall provide to Covered Entity or an Individual within 14 calendar days from Covered Entity's written request, information collected in accordance with Section 3.1 (i) of this Agreement, and other applicable HIPAA and HITECH regulations, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosure of PHI in accordance with 45 C.F.R. § 164.528, or other applicable HIPAA and HITECH regulations.
 - k. Business Associate shall provide all appropriate training and education of its subcontractors or agents regarding the confidentiality of PHI and HIPAA and HITECH regulations.
 - l. Notwithstanding any other provisions herein, Business Associate agrees that, for any breach of unsecured PHI, as defined in 45 C.F.R. 164.400, et seq., by Business Associate, or any of its agent(s) or subcontractor(s), Business Associate shall undertake to give any and all notification(s) as may be required to any involved Individual(s), the press, and the Secretary, as may be required by either HIPAA or HITECH, or regulations thereunder, in addition to reporting any such incident to Covered Entity as provided herein.
 - m. Upon termination of its Agreement to provide service to Covered Entity, Business Associate will return all Protected Health Information. Business Associate further agrees to recover and return any PHI in the possession of its subcontractors or agents. If it is not feasible for Business Associate to return any and all PHI, Business Associate will notify Covered Entity in writing within 7 calendar days of knowledge of same. In such case, the rights, duties, and obligations relating to PHI established, under HIPAA or the HITECH Act of 2009, or regulations thereunder, or under this Agreement shall survive termination of the Agreement.
 - n. Business Associate agrees to defend and indemnify the Covered Entity where the Business Associate, or its agents or subcontractors to whom it provides PHI on behalf of the Covered Entity, violate this Agreement, the provisions of HIPAA, or the provisions of the HITECH Act, whether by or through their negligent, reckless, or intentional actions.
- 3.2 Responsibility of the Covered Entity: With regard to the use and/or disclosure of PHI by the Business Associate, Covered Entity hereby agrees to notify Business Associate, in writing in a timely manner, of any arrangements permitted or required of the Covered Entity under 45 C.F.R. part 160 and 164 that may impact in any manner the use or disclosure of PHI by Business Associate under this Agreement, including, but not limited to, restrictions on use and disclosure of PHI as provided in 45 C.F.R. § 164.522 agreed to by Covered Entity.

4. Term and Termination:

- 4.1 Term: This Agreement shall become effective on the date of signing and shall terminate when all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is returned to Covered Entity, or, if it is infeasible to return PHI, protections are extended to such information, in accordance with the termination provisions in this Section and applicable HIPAA and HITECH regulations.
- 4.2 Termination for Cause: Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
- a. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity; or
 - b. Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
 - c. If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary of the Department of Health & Human Services.
- 4.3 Effect of Termination:
- a. Upon termination of this Agreement, Business Associate shall return all PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to PHI that

is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

- b. In the event that Business Associate determines that returning the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return infeasible. Notification must be made in writing and must be received within 7 calendar days of termination of this Agreement. Upon notification that return of PHI is infeasible, Business Associate will extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return infeasible, for so long as Business Associate maintains such PHI.

5. Miscellaneous:

5.1 Amendments: This Agreement may not be modified, nor shall any provisions hereof be waived or amended, except in a writing duly signed by authorized representatives of the Parties or except as to comply with the requirements of the HIPAA Act of 1996, and HITECH Act of 2009. A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

5.2 Notices: Any notices to be given hereunder to a Party shall be made via U.S. Mail or express courier to such Party's address given below, and/or via facsimile to the facsimile telephone numbers listed below:

If to Business Associate, to: _____
Attention: _____
Address, City, State: _____
Phone: _____ Fax: _____
Email: _____

If to Covered Entity, to: Lake County Health Department and Community Health Center
Jerry Nordstrom, Director of Business Operations
3010 Grand Avenue – 3rd Floor
Waukegan, IL 60085
Phone: 847-377-8049
Fax: 847-984-5731
Email: jnordstrom@lakecountyil.gov

Each Party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner hereinabove provided.

5.3 Regulatory References: A reference in this Agreement to a section in the HIPAA Act or HITECH Act of 2009 shall mean the section as in effect or as amended.

5.4 Survival: The respective rights and obligations of Business Associate under Section 4.3 of this Agreement shall survive the termination of this Agreement.

5.5 Interpretation: Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the HIPAA Act of 1996, and HITECH Act of 2009.

IN WITNESS WHEREOF, each of the undersigned, being duly authorized, has caused this Agreement to be duly executed in its name and on its behalf.

COVERED ENTITY

By: _____
Print Name: Jerry Nordstrom
Print Title: Director of Business Operations
Date: _____

BUSINESS ASSOCIATE

By: _____
Print Name: _____
Print Title: _____
Date: _____

**LAKE COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER
NON-DISCLOSURE AGREEMENT**

_____ (hereinafter the "Contractor") hereby agrees to abide by the following terms and conditions with regards to any information or records, including electronically stored data or media, that the Contractor, receives from the Lake County Health Department and Community Health Center (hereinafter the "Client"), the employees or agents of the Client pursuant to the Agreement between the Client and the Contractor, for Temporary Employee services attached herein. This Non-Disclosure Agreement, in its entirety, shall survive the termination of this Agreement.

This Agreement shall apply to the performance of services as agreed and as are actually performed. The Client and the Contractor agree and understand the rendering of services by the Contractor, pursuant to this Agreement shall in no way alter the Client's exclusive supervision, management, and control of their property and records.

The Contractor agrees not to reproduce, copy, sell, assign, license, market, transfer, give or otherwise disclose or engage in any unauthorized use of records or information received from the Client, the employees or agents of the Client during the performance of or as the result of the attached Agreement between the Client and the Contractor, for assessment on compliance with HIPAA Security Rule and HITECH services. The Contractor further agrees not to disclose any information or records provided by the Client, the employees or agents of the Client to any third parties without the express written consent of the Executive Director for the Lake County Health Department and Community Health Center. The Contractor agrees to use safeguards to prevent unauthorized use or disclosure of the records or information provided by the Client. The Contractor will instruct its personnel to keep all such records and information confidential and to use the same care and discretion with those records and information as they would use with data belonging to the Contractor that the Contractor has designated as confidential.

If the Contractor receives a third party request for the Client's records, including any request pursuant to the Illinois Freedom of Information Act, the Contractor agrees to refer that party to the Client's Executive Director so that the Client may respond to said request.

The disclosure of information or records, when mandated by state or federal law, court order or lawful subpoena, shall not constitute a breach of this Agreement so long as the Contractor notifies the Executive Director upon receipt of such request and cooperates with efforts by the Client should they attempt, at their own expense, to challenge such a request.

The Contractor agrees to immediately notify the Executive Director if it becomes aware of any unauthorized use or disclosure of records or information belonging to the Client. The Contractor further agrees that it will destroy or return any records or copies of records, including electronically stored data or media received from the Client, the employees or agents of the Client within sixty (60) days from the termination of the Agreement. If said destruction is not witnessed by an agent, employee or officer of the Client, the Contractor, will send the Executive Director written notification confirming the destruction of said records within five (5) days from the date of destruction.

In the event that the Contractor commits a breach of this agreement, the Client shall retain the right to pursue all legal remedies at law or equity, including monetary damages and/or injunctive relief for that breach. The Contractor shall further be obligated to indemnify, save harmless and defend the Client, its agents, servants, employees as provided in the original Agreement between the Contractor, and the Client.

This Agreement may not be modified, nor shall any provisions hereof be waived or amended, except in writing duly signed by authorized representatives of both the Client and the Contractor.

**Lake County Health Department
Community Health Center**

Contractor

Name: Jerry Nordstrom

Name: _____

Title: Director of Business Operations

Title: _____

Signature: _____

Signature: _____

Acceptance Date: _____

Acceptance Date: _____