



DHS BACKGROUND STUDY RELEASE FORM

First Name

FULL Middle Name

Last Name

/ /

Date of Birth

**Social Security Number (see below)*

Address on Driver's License:

Eye Color:

Hair Color:

City: State: Zip:

Height:

County:

Weight:

Race: Asian or Pacific Islander Native American

U.S. Citizen? Yes No

White African American Unknown/Other

Place of Birth:
State, Country, or Province

Sex: Male Female Other

Primary Phone:

Email Address

Secondary Phone:

Previous First/Last Names:

Out-of-State Addresses: City: State: Year From: Year To:

Within the last 5 years. City: State: Year From: Year To:

City: State: Year From: Year To:

Mailing Address:

Apt #:

City: State: Zip:

I have received and reviewed the DHS Background Study Privacy Notice.

Signature: _____

Date: _____

Fields in italics are optional.

**SSN required to have background study and fingerprints transferrable to future employers who require DHS studies.*



BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

Why is DHS asking me for my private information?

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

How will I be notified that a background study was submitted on me?

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

What information must I provide to complete the background study?

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number, and;
- fingerprints and a photograph.

How will the information that I give be used?

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice.

What may happen if I provide the information?

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared to work.

What if I refuse to provide the information?

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

Who will DHS give my information to?

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General, and;
- agencies with criminal record information systems in other states.

What information will DHS share with the entity that requested my background study?

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

What other entities might DHS share information with?

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.

What if my disqualification is set aside?

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A, or;
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2, or;
- DHS receives additional information indicating that you pose a risk of harm, or;
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

Will my fingerprints be kept?

DHS and the Bureau of Criminal Apprehension will not keep your fingerprints. However, if an FBI check is required for your background study, the Federal Bureau of Investigation (FBI) will keep your fingerprints and may use them for other purposes.

What information can the fingerprint and photo site view and keep?

The fingerprint and photo site can view identifying information to verify your identify. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

Who can see my photo?

Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

What are my rights about the information you have about me?

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask in writing a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

- (1) not been affiliated with any entity for the previous two years, and;
- (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services
Background Studies Division
NETStudy 2.0 Coordinator
PO Box 64242
St. Paul, MN 55164-0242

How long will DHS keep my background study information?

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on a you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

What is the legal authority for DHS to conduct background studies?

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C. Background studies are authorized under Minnesota Statutes, sections 256B.0943, subdivision 5a; 256B.0659, subdivision 11(a)(3); 241.021, subdivision 6(a); 144.057, subdivision 1; 518.165, subdivision 4, and 524.5-118;

What if I think my privacy rights have been violated?

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services
Privacy Official
PO Box 64998
St. Paul, MN 55164-0998



Employment Reference Request

I have applied for a position at Thomas Allen. I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you respond to the questions below. I hereby release you from any and all liability in supplying any information regarding my employment. Thank you!

Applicant Signature _____

Date _____

Last Name _____

First Name _____

Other Names Known By _____

Social Security Number _____

Company Name: _____

Address: _____

To Be Completed By Previous Employer

Last Position Held: _____

Dates of Employment: _____

Eligible for Rehire? Yes / No If no, why not? _____

Please write any other comments that would be helpful in making a hiring decision (positive feedback as well as comments regarding attendance, communication, judgment and any acts of violence, theft, harassment or illegal conduct documented in the personnel record.)

The information contained in this communication is privileged and confidential intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and delete or destroy the original message.

Signature of Company Representative _____

Date _____

Name of Company Representative _____

Title _____

Phone Number _____

Return this completed form to Human Resources at:

Fax: 651-789-5150

1550 Humboldt Ave, West St. Paul, MN 55118



Sexual Exploitation Request

I have applied for a position at Thomas Allen serving people with developmental disabilities. I authorize the release of the information requested below and any other information that is necessary for the purpose of complying with Minnesota law, relating to sexual exploitation of patients by psychotherapists. Thank you!

Applicant Signature _____

Date _____

Last Name _____

First Name _____

Other Names Known By _____

Social Security Number _____

Company Name: _____

Address: _____

To Be Completed By Previous Employer:

(Legally required information, see page 2 for more information)

Are you aware of any sexual contact between the applicant and a patient and/or former patient of your facility or agency?

I am **not aware** of any sexual contacts by the applicant with a patient or former patient of my facility or agency

I am **aware** that sexual contact was made by the applicant with patients or former patients of my facility or agency.

This question is not applicable to this place of business.

The information contained in this communication is privileged and confidential intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and delete or destroy the original message.

Signature of Company Representative _____

Date _____

Name of Company Representative _____

Title _____

Phone Number _____

Return this completed form to Human Resources at:

Fax: 651-789-5150

1550 Humboldt Ave, West St. Paul, MN 55118



ACTION FOR SEXUAL EXPLOITATION: PSYCHOTHERAPISTS MN STATUTE 604.201

604.20 DEFINITIONS.

Subdivision 1. **General.** The definitions in this section apply to sections 604.20 to 604.205.

Subd. 2. **Emotionally dependent.** "Emotionally dependent" means that the nature of the patient's or former patient's emotional condition and the nature of the treatment provided by the psychotherapist are such that the psychotherapist knows or has reason to believe that the patient or former patient is unable to withhold consent to sexual contact by the psychotherapist.

Subd. 3. **Former patient.** "Former patient" means a person who was given psychotherapy within two years prior to sexual contact with the psychotherapist.

Subd. 4. **Patient.** "Patient" means a person who seeks or obtains psychotherapy.

Subd. 5. **Psychotherapist.** "Psychotherapist" means a physician, psychologist, nurse, chemical dependency counselor, social worker, member of the clergy, marriage and family therapist, mental health service provider, licensed professional counselor, or other person, whether or not licensed by the state, who performs or purports to perform psychotherapy.

Subd. 6. **Psychotherapy.** "Psychotherapy" means the professional treatment, assessment, or counseling of a mental or emotional illness, symptom, or condition.

Subd. 7. **Sexual contact.** "Sexual contact" means any of the following, whether or not occurring with the consent of a patient or former patient:

(1) sexual intercourse, cunnilingus, fellatio, anal intercourse or any intrusion, however slight, into the genital or anal openings of the patient's or former patient's body by any part of the psychotherapist's body or by any object used by the psychotherapist for this purpose, or any intrusion, however slight, into the genital or anal openings of the psychotherapist's body by any part of the patient's or former patient's body or by any object used by the patient or former patient for this purpose, if agreed to by the psychotherapist;

(2) kissing of, or the intentional touching by the psychotherapist of the patient's or former patient's genital area, groin, inner thigh, buttocks, or breast or of the clothing covering any of these body parts;

(3) kissing of, or the intentional touching by the patient or former patient of the psychotherapist's genital area, groin, inner thigh, buttocks, or breast or of the clothing covering any of these body parts if the psychotherapist agrees to the kissing or intentional touching.

"Sexual contact" includes requests by the psychotherapist for conduct described in clauses (1) to (3).

"Sexual contact" does not include conduct described in clause (1) or (2) that is a part of standard medical treatment of a patient.

Subd. 8. **Therapeutic deception.** "Therapeutic deception" means a representation by a psychotherapist that sexual contact with the psychotherapist is consistent with or part of the patient's or former patient's treatment.

604.201 CAUSE OF ACTION FOR SEXUAL EXPLOITATION.

A cause of action against a psychotherapist for sexual exploitation exists for a patient or former patient for injury caused by sexual contact with the psychotherapist, if the sexual contact occurred:

(1) during the period the patient was receiving psychotherapy from the psychotherapist; or

(2) after the period the patient received psychotherapy from the psychotherapist if (a) the former patient was emotionally dependent on the psychotherapist; or (b) the sexual contact occurred by means of therapeutic deception. The patient or former patient may recover damages from a psychotherapist who is found liable for sexual exploitation. It is not a defense to the action that sexual contact with a patient occurred outside a therapy or treatment session or that it occurred off the premises regularly used by the psychotherapist for therapy or treatment sessions.

604.202 LIABILITY OF EMPLOYER.

(a) An employer of a psychotherapist may be liable under section 148A.02 if:

(1) the employer fails or refuses to take reasonable action when the employer knows or has reason to know that the psychotherapist engaged in sexual contact with the plaintiff or any other patient or former patient of the psychotherapist; or

(2) the employer fails or refuses to make inquiries of an employer or former employer, whose name and address have been disclosed to the employer and who employed the psychotherapist as a psychotherapist within the last five years, concerning the occurrence of sexual contacts by the psychotherapist with patients or former patients of the psychotherapist.

(b) An employer or former employer of a psychotherapist may be liable under section 148A.02 if the employer or former employer:

(1) knows of the occurrence of sexual contact by the psychotherapist with patients or former patients of the psychotherapist;

(2) receives a specific written request by another employer or prospective employer of the psychotherapist, engaged in the business of psychotherapy, concerning the existence or nature of the sexual contact; and

(3) fails or refuses to disclose the occurrence of the sexual contacts.

(c) An employer or former employer may be liable under section 148A.02 only to the extent that the failure or refusal to take any action required by paragraph (a) or (b) was a proximate and actual cause of any damages sustained.

(d) No cause of action arises, nor may a licensing board in this state take disciplinary action, against a psychotherapist's employer or former employer who in good faith complies with this section.

604.203 SCOPE OF DISCOVERY.

In an action for sexual exploitation, evidence of the plaintiff's sexual history is not subject to discovery except when the plaintiff claims damage to sexual functioning; or

(1) the defendant requests a hearing prior to conducting discovery and makes an offer of proof of the relevancy of the history; and

(2) the court finds that the history is relevant and that the probative value of the history outweighs its prejudicial effect.

The court shall allow the discovery only of specific information or examples of the plaintiff's conduct that are determined by the court to be relevant. The court's order shall detail the information or conduct that is subject to discovery.

604.204 ADMISSION OF EVIDENCE.

In an action for sexual exploitation, evidence of the plaintiff's sexual history is not admissible except when:

(1) the defendant requests a hearing prior to trial and makes an offer of proof of the relevancy of the history; and

(2) the court finds that the history is relevant and that the probative value of the history outweighs its prejudicial effect.

The court shall allow the admission only of specific information or examples of the plaintiff's conduct that are determined by the court to be relevant. The court's order shall detail the information or conduct that is admissible and no other such evidence may be introduced. Violation of the terms of the order may be grounds for a new trial.

604.205 LIMITATION PERIOD.

An action for sexual exploitation shall be commenced within five years after the cause of action arises.

PERSONNEL STATUS CHANGE NOTICE

EMPLOYEE: _____ **EFFECTIVE DATE:** _____

ADDRESS: _____

PHONE #: _____ **ID #:** _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Newly Hired
Session 1 <small>Click to enter a date.</small>
Session 2 <small>Click to enter a date.</small>
Med Admin <small>Click to enter a date.</small> | <input type="checkbox"/> Employee Info Change
<input type="checkbox"/> Re-evaluation of Current Job
<input type="checkbox"/> Change in Status
<input type="checkbox"/> Change in Scheduled Hours
From <u>Days/ Hours</u> scheduled
To <u>New Days/ Hours</u> scheduled
<input type="checkbox"/> Leave of Absence
Type _____
From Enter Date _____
To Enter Date _____
<input type="checkbox"/> Return from LOA | <input type="checkbox"/> Suspension
<input type="checkbox"/> Return from Suspension
<input type="checkbox"/> Termination of Employment w/TA
<input type="checkbox"/> Voluntary
<input type="checkbox"/> Involuntary
<input type="checkbox"/> Resigned Position at this division
<input type="checkbox"/> Remaining on-call; on-call letter sent
<input type="checkbox"/> Continuing to work in another division
<input type="checkbox"/> Layoff/ Furlough
<input type="checkbox"/> Retirement
<input type="checkbox"/> Other: <u>Describe Reason for PSCN</u> |
| <input type="checkbox"/> FT Combo with: <u>PSCN for each division</u>
<input type="checkbox"/> Hired to new position at same division
<input type="checkbox"/> Promotion
<input type="checkbox"/> Merit Increase (Letter attached)
<input type="checkbox"/> Hired to New Division
<input type="checkbox"/> Transfer to PSCN for each division
<input type="checkbox"/> Employee works at list divisions | | |

CHANGES	Previous Information/ Resignation	Current or New Information
DIVISION		
Rate Desc./ Job Title	1.	1.
	2.	2.
	3.	3.
	4.	4.
STATUS:		
WAGE OR SALARY		

Job Classification: Non-Exempt

Primary Division _____

Hired to work: Average Hrs/Wk _____

Hrs/Wk 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Su	M	T	W	Th	F	S a
Hrs/Wk 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS
 (Ex. split of hrs, percent per position for combo positions, etc.)

If Term: Recommended for Rehire

Authorized By: _____
 Sign, Authorize, Date

Approved By: _____
 Sign, Approve, Date

<input type="checkbox"/> Track Affirm Act Chg <input type="checkbox"/> Benefits Packet Sent <input type="checkbox"/> COBRA Notice Sent <input type="checkbox"/> Insurance Cancelled <input type="checkbox"/> Insurance Info Updated <input type="checkbox"/> SUI Code Chg: <u>Code</u>	<input type="checkbox"/> Emrgcy Con Card Sent <input type="checkbox"/> I-9 Updated <input type="checkbox"/> Transfer Checklist Sent <input type="checkbox"/> New Eval Date <input type="checkbox"/> New PTO Accr. Date	<input type="checkbox"/> Run New DHS BGC <input type="checkbox"/> Pull File (Term)
		Processing date and initials

HR: _____ Payroll: _____ *Initials and Date BCA cleared on date: _____
