



INFORMATION PACKET FOR PROSPECTIVE BOARD MEMBERS

Latest Revision: 04.13.20

Contact Information:

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MD 21918

Contact:

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WCHC

WE CREATE
HEALTHY
COMMUNITIES

Celebrating 10 years of compassionate care ❤️

Dear Prospective Board Member

I first want to thank you for your interest in serving not only WCHC, but our community. It is because of commitments like yours that we can continue to fulfill our mission of increasing access to comprehensive primary and preventive health care and improve the health care status of underserved, underinsured, and non-insured members of the communities we serve.

WCHC serves almost 8,000 unique patients annually with over 30,000 visits this past year. We offer comprehensive, integrated care services such as primary care, behavioral health, women's health, and dentistry. Three locations span two counties with Conowingo and Perryville in Cecil County, and Havre de Grace in Harford County. Our mission is to increase access to comprehensive primary and preventive health care and improve the health care status of underserved, underinsured and non-insured members of the communities we serve. WCHC hopes to become the provider of choice for health care services in the communities we serve.

WCHC has prided itself on its collaborative nature with multiple healthcare partners in the state including the Conowingo Lions Club, Health Departments from both Cecil and Harford County, Union Hospital, University of Maryland Upper Chesapeake Health, University of Maryland Baltimore School of Dentistry, Maryland Community Health Resource Commission, The Weinberg Foundation, and The Drescher Foundation. We feel that when we use the best parts of all our resources, we can provide the highest level of care to our patients.

But don't just take our word for it, listen to what our patients have to say:

"I highly recommend West Cecil Health and appreciate the care, kindness and understanding I receive every time I come to an appointment. When you can trust the care you receive from your doctor and they trust that you know your body best, that's really important to me."

"The whole entire staff are very kind, polite, and professional people. Throughout your entire visit, you can very well feel comfortable while you're there from entering and exiting the building. Without a doubt, they all genuinely care about you, your health, and your overall well being. The doctors, they don't make you feel judged, they are 100% upfront and honest with you, they actually listen to everything you say and give you the best helpful advice. You're not just another patient to them, after my 1st visit every single person I had talked to remembered me by my name, they asked me about things we had talked about in side convos that I forgot about. You just don't get amazing people like that anymore, it's amazing how they have a bunch all working at the same place. They changed my life for the better, I tell everyone about them, and when they go, they all have the same opinion as me. I love this place and everyone in it. This place is a true Blessing."

Please consider joining our efforts by applying to be a part of our Board of Directors.

Thank you for your time,

John Ness, MBA
President & CEO

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ACTIVE WCHC BOARD MEMBERS

Jeffrey Coale, Board Chair
Zack Royston, Vice Chair
Glenn Jensen, Treasurer
Bernie Brown, Secretary
Kathleen Brewer, Member
Pete Mahaffey, Member
Elyse Murray, Member
Linda Snyder, Member
Gale Sauer, Member



Board Member Information

A. Board Member Information

1. Position Description

The Board ensures that the organization achieves its mission in an ethical, transparent, accountable and prudent manner. Each Board Director is accountable for the functions described below, all of which are accomplished at Board meetings and by committee assignments through review of information, strategic questioning, conversations, and decision making.

Leadership, Governance and Oversight:

1. Serve a minimum of 1 three-year term on the Board; eligible to serve 2 three-year terms.
2. Be responsible for all aspects of WCHC governance but delegate administrative responsibility and authority to the President/Chief Executive Officer
3. Approve the selection and dismissal of the President/Chief Executive Officer of WCHC and conduct the performance evaluation for the President/Chief Executive Officer.
4. Approve the health center Public Health Service Act Section 330 grant applications and budgets, and other applications and budgets for grant funds as well as other HRSA requests regarding scope of project.
5. Establish and periodically update personnel policies, including recruitment, selection and dismissal procedures; salary and benefit scales; employee grievance and equal opportunity practices.
6. Adopt policies for financial management practices including a system to assure accountability for WCHC resources and assets and approval of (i) the annual operating budget (including the use of federal grant and non-grant funds), (ii) health center priorities; (iii) eligibility for services including fee schedules and the sliding fee discount program; (iv) billing and collection policies; and (v) long range financial planning.
7. Evaluate WCHC activities regarding services utilization patterns, provider productivity, quality of care, patient satisfaction, patient grievance process, and achievement of project objectives.
8. Conduct long-term strategic planning efforts that assure the position of the organization in the changing marketplace and that include regular updating of WCHC's mission, goals and plans when appropriate.
9. Assure that WCHC is operated in compliance with applicable Federal, State and local laws and regulations. The board is legally responsible for ensuring that the health center is operating in accordance with applicable federal, state, and local laws and regulations and is financially viable.
10. Select the services to be provided and the organization's hours of operations. The Board shall establish general health center policies and shall adopt policies that address such matters including, but not limited to, the scope and availability of services, location and hours of service, and quality of care audit procedures.
11. Select an independent auditor and officially accepting/approving the annual audit report as well as retain control of the major finance and resource decisions and monitor the financial viability of the organization by such means as review of monthly reports of income and expenses, variances from revenue and expenditure projections and the annual audit report.
12. Measure and evaluate the organization's progress in meeting its annual and long-term programmatic and financial goals and development plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, quality improvement and quality assurance information, and monitoring organizational assets and performance.
13. Evaluate itself periodically for efficiency, effectiveness and compliance with all Community Health Center (CHC)(Section 330 of the Public Health Service Act) requirements

A. Board Member Information

2. Code of Conduct

Board Members Code of Conduct

1. I will regularly attend board and committee meetings, whether general or special. I will prepare for these meetings by reviewing provided materials ahead of time I will participate in conversations and ask strategic questions at the meetings. If I am unable to attend, I will give prior notice. I understand that by committing to become a board member of WCHC, I am available to provide between 5-10 hours a month of volunteered time for Board meetings, Committee meetings, preparation, and communication.
2. I will act in a way that contributes to the effective operation of the Board; e.g, share my skills/expertise; use my knowledge to influence strategy; maintain confidentiality; support decisions once made (regardless of my vote); support the policies & procedures for conducting business; etc.
3. I will keep informed about WCHC. I will focus on the good of the organization, independent of personal agenda, self-interest, or influence of others. I will participate in opportunities to better understand the organization's mission and service delivery.
4. If I choose to be a non-consumer board member, I will help support the charitable contributions operation of WCHC by making an annual gift to the best of my personal ability, attending all events, and participating in other fund development activities by taking on various tasks tailored to my comfort and skills.
5. As appropriate, I will use my personal and professional contacts and expertise to benefit WCHC without compromising ethics or trespassing on relationships.
6. I will inform the Board of any potential conflicts of interest, whether real or perceived, and abide by the decision of the Board related to the situation.
7. I will respect the authority of the President/CEO and staff, realizing the difference between governance and management decisions.
8. I agree to step down from the Board if I am unable to fulfill these expectations.

Print Name

Signature

Date Signed



A. Board Member Information

3. HRSA Requirements

WCHC is a non-profit community health center regulated and governed by the Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services. Some of those regulations do concern board members, and we feel it is our duty to inform all prospective board members what may be asked of them.

- A majority of members of the board (at least 51%) are individuals who are served by the health center. These patient board members must be a current registered patient of the health center and must have accessed the health center in the past 24 months to receive at least one or more in-scope service(s) that generated a health center visit (visits are defined as documented, face-to-face contacts between a patient and a provider who exercises independent professional judgment in the provision of services to the patient)¹
- As a group, these “patient” or “consumer” board members represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex¹
- The remaining non-consumer members of the board shall be representative of the community in which the center’s service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community¹
- No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the healthcare industry¹
- One of the requirements for an entity’s participation in Medicare and Medicaid is to provide certain data about each of its Owners, Officers and Board members, including, the individual’s full legal name, date of birth, Social Security Number, any personally held Medicare- or Medicaid- assigned numbers, including the respective National Provider Identifier (NPI) number associated with the Medicare- or Medicaid- assigned number/s, and certain ownership or controlling interests that the individual may hold in other entities²

For more information on about the health center program, visit
<https://www.bphc.hrsa.gov/about/healthcenterfactsheet.pdf>

¹ *Health Center Program Site Visit Guide, HRSA. FY2015*

² *Electronic Code of Federal Regulations Title 42 Chapter IV Subchapter C §455.104 Disclosure by Medicaid providers and fiscal agents: Information on ownership and control.*

A. Board Member Information

4. Position Application

Board Member Personal Information		
Full Name (Last, First, MI)		Email Address
Home Address (Street, City, State, Zip)	Home Phone	Cell Phone
Employer (May we contact you at work: Y/N)	Job Title	Work Phone
SSN	Date of Birth	State of Birth
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African America <input type="checkbox"/> Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> More than One Race <input type="checkbox"/> Unreported/Declined to Report		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Unreported/Declined to Report
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unreported/Declined to Report		
Emergency Contact Information		
Full Name	Relationship	Phone Number
Full Name	Relationship	Phone Number
Volunteer History		
Please list Board and Committees that you serve on, or have served on, below. (i.e. business, civic, community, fraternal, political, professional, recreational, religious, and social).		
Organization	Role/Title	Dates of Service
Board Interest		
Type of Membership Applied for (check one): <input type="checkbox"/> Consumer (user of WCHC services) <input type="checkbox"/> Non-Consumer (community representative with special expertise)		
(Non-Consumer Applicants Only) Does more than 10% of your annual income derive from the healthcare industry? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Why are you interested in serving as a board member for WCHC		
What do you believe are the two most significant issues or problems WCHC patients experience		

What area of expertise do you feel you could contribute to the success of WCHC <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> Accounting/CPA</div> <div style="width: 25%;"><input type="checkbox"/> Strategic Planning</div> <div style="width: 25%;"><input type="checkbox"/> Human Resources</div> <div style="width: 25%;"><input type="checkbox"/> Banking/Controller</div> <div style="width: 25%;"><input type="checkbox"/> Fundraising</div> <div style="width: 25%;"><input type="checkbox"/> Legal Advocacy</div> <div style="width: 25%;"><input type="checkbox"/> Marketing</div> <div style="width: 25%;"><input type="checkbox"/> Legal</div> <div style="width: 25%;"><input type="checkbox"/> FQHC/Non-Profit</div> <div style="width: 25%;"><input type="checkbox"/> Medical/Health/Quality Assurance</div> <div style="width: 25%;"><input type="checkbox"/> Event Planning</div> <div style="width: 25%;"><input type="checkbox"/> Information Technology</div> <div style="width: 25%;"><input type="checkbox"/> Other:</div> </div>				
What time are you available to meet for committee meetings: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Do you have flexibility in your work schedule to attend committee and board meetings that may start before the end of the work day: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are a medical provider, lawyer, CPA, or hold another type of professional license, please provide the information requested below:				
Type of License	State	License Number	Issue Date	Expiration
Which Committee would you be interested in serving. (While we do our best to place you on a committee of your preference, we cannot guarantee any placements) <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> Finance</div> <div style="width: 33%;"><input type="checkbox"/> Building & Technology</div> <div style="width: 33%;"><input type="checkbox"/> Quality Assurance</div> <div style="width: 33%;"><input type="checkbox"/> Personnel/Nominating</div> <div style="width: 33%;"><input type="checkbox"/> Strategic Planning</div> <div style="width: 33%;"><input type="checkbox"/> Gala</div> </div>				
Background				
Education/Training Certificates				
How do you feel that WCHC would benefit from your involvement on the board?				
Please list any groups, organizations, or businesses to which you could serve as a liaison on behalf of WCHC				
Please tell us anything else you'd like to share.				
Applicant Signature				
I have completed and reviewed this entire form and attest that the information provided is true. I am volunteering my time for personal reasons. I understand I will not be paid for my services as a volunteer and I accept no compensation. CMS requires Federally Qualified Health Centers to run background checks on all board members with managing control. By signing below, I am agreeing to allow WCHC to conduct a background check as required by CMS. By signing below, I am agreeing to all terms, conditions, and statements listed within this application. Please attach a current copy of your curriculum vitae and/or resume.				
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> <div style="width: 45%; text-align: center;">Applicant Signature</div> <div style="width: 45%; text-align: center;">Date Signed</div> </div>				

A. Board Member Information

5. Board Calendar

FY 2020 Board Calendar

The board meets monthly on the fourth Tuesday of the month at 5:00PM. Dates subject to change

- August 27
- September 21*
- October 22
- November 19
- December 17
 - President/CEO Review
 - Self Evaluation
- January 28
- February 25
- March 24
- April 28
 - Nominations for New Slate of Officers
- May 26
 - Review Draft FY20 Budget
 - Review Annual Quality Report
 - Slate Approval
- June 23
 - Approve FY21 Budget
 - Officer Elections

*Board Retreats are scheduled on Saturdays from 8AM - 3PM

Standing Committee Meetings (meet monthly):

- Finance: Third Thursday of the Month
- Executive: Second Monday of the Month
- Quality Assurance: Second Monday of the Month, as needed
 - Governance: as needed



A. Board Member Information

6. Acronyms and Industry Terms

The following terms are commonly used during regular business practices at WCHC. All board members are requested to familiarize themselves with these terms.

340B

A discount prescription drug program that allows WCHC to purchase drugs at wholesale cost for pharmacies and pass that discount on to our self-pay patients. This adds a revenue stream for the organization. For more information on the 340B program, visit <https://www.hrsa.gov/opa/index.html>

CHC

Community Health Centers are a 501(c)3 designated non-profit providing healthcare to all regardless of ability to pay

HRSA

Health Resources and Services Administration is a federal agency governing CHCs and providing grant funding and regulations. For more information on HRSA, visit <https://bphc.hrsa.gov/about/index.html>.

NACHC

National Association of Community Health Centers provides education, training, guidance, and leadership to community health center's nationwide. There are three major annual conferences: Policy & Issue Forum (P&I), Community Health Institute (CHI) and Finance, Operations, and Information Technology (FOMIT). For more information on NACHC, visit <http://www.nachc.org/>

MACHC

Mid-Atlantic Association of Community Health Centers is member association of all the CHC's in Maryland and Delaware. MACHC offers technical assistance pertinent to Maryland and local conferences, educations, and guidance. For more information on MACHC, visit <https://www.machc.com/>

MCHRC

Maryland Community Health Resource Commission is a state agency providing grant funding to healthcare nonprofits of the state, and helps connect local resources in rural Maryland. For more information on MCHRC, visit <https://health.maryland.gov/mchrc/Pages/home.aspx>

EMR/EHR

Electronic Medical Record/Electronic Health Record, used interchangeably. It is the electronic platform used at WCHC for all scheduling, medical charting, billing, and reporting for all services

eCW

eClinicalWorks, the current EMR system used by WCHC

PCMH

Patient Centered Medical Home is a model of healthcare delivery that puts patients at the forefront of care. This is also a designation WCHC will be working to obtain in the near future. For more information on PCMH, visit <http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh>

UDS

Uniform Data System is an annual report mandated by HRSA for an in-depth look at the organization as a whole with integrated measures for clinical, financial, and staffing. For more information on UDS, visit <https://bphc.hrsa.gov/datareporting/reporting/index.html>

B. WCHC Information

1. Mission, Vision, Values Statement

Mission

The mission of WCHC is to increase access to comprehensive primary and preventive health care and improve the health care status of underserved, underinsured, and non-insured members of the communities we serve.

Vision

WCHC shall become the provider of choice for health care services in the communities we serve.

Values

Demonstrating our values through our teamwork, honesty, transparency, reliability, productivity and commitment to a staff reflecting the diversity of the community. Basing our delivery of services on the values of compassion, confidentiality, continuous quality improvement and responsible use of available resources.



B. WCHC Information

2. Program Descriptions

Primary Care

WCHC provides primary care services to all ages from infancy through the most advanced years. From well-visits and acute care, to chronic disease management and routine care. Our primary care providers can provide soft referrals to and work closely with providers from other departments for an integrated health care approach. Primary care is currently offered at Conowingo and Havre de Grace.

Behavioral Health

WCHC offers both counseling and medication management to meet the continued rise in demand of behavioral health resources in the community. LCSWs are able to provide the counseling and support in a non-invasive, welcoming environment, while our psychiatric staff are able to manage the expertise required for medication management. Behavioral Health providers work closely with our Primary Care providers to ensure patients are receiving well-rounded healthcare. Behavioral Health services are currently offered at Conowingo and Havre de Grace.

Women's Health

WCHC provides women's healthcare ranging from annual exams, contraceptive options, pregnancy testing and routine gynecological care. Our Women's Health specialists are able to see females of all ages as needed and offers services at both Conowingo and Havre de Grace.

Dentistry

A full-service dental suite allows WCHC to provide both preventive and restorative care to patients in need. From pediatric cleanings to denture care, WCHC offers pediatric and adult preventative and restorative care, replacement care with dentures, partials, and bridges, emergency care such as extractions and root canals, and cosmetic care to improve a healthy smile. Dental services are provided at Conowingo.

340B Prescription Drug

WCHC partners with local pharmacies to provide prescriptions at low-cost to patients. By buying drugs directly from the manufacturer at a discounted price, pharmacies can then pass along those discounts to our self-pay patients. When insurances cover the drug at the contracted amount, those profits come back to WCHC to continue to provide quality care to the communities we serve.



C. Organizational Structure

2. Senior Leadership Team



John Ness
President & CEO

A lifelong resident of Cecil County, John Ness manages the daily operations, strategic growth, and collaborative community relationships as President & CEO of WCHC. With 26 years of business

experience including finance, healthcare, and non-profit management, he oversees the daily operations of the company. John received his B.S. in Business Administration from West Virginia University and his MBA with a concentration in Healthcare Administration from Wilmington University. He is an active member of the Medical Group Management Association, the American College of Healthcare Executives, the Mid-Atlantic Association of Community Health Centers, and the Maryland Rural Health Association.



Holly Chattin
Chief Operations Officer

Holly Chattin is responsible for the operations and compliance at WCHC in her role as Chief Operating Officer. She brings 17 years of clinical experience and 11 years of leadership experience to her role where she transitioned the entire organization to a new electronic

health records system and facilitated the opening of the Perryville location. Throughout her career, Holly has established a corporate compliance program that has achieved full compliance with HRSA, CMS, HIPAA, PCI, and OSHA regulations and boasted one of the only perfect HRSA on-site visits in the nation. Holly received her B.S. in Nursing and her M.S. in Health Services Leadership and Management with an Executive Focus. She is a professional member of the ANCC, is an ANCC Board Certified Nurse Executive, and is Juran Lean Six Sigma Yellow and Green Belt Certified.



Grace Comello
Chief Financial Officer

Grace Comello, CPA, serves as the Chief Financial Officer of WCHC. She is responsible for all finance operations of the organization including designing business plans, budget generation, grants management, increasing revenue

streams, overseeing the HR department, and ensuring accuracy and completeness of financial records and reports. Grace was instrumental in improving collection practices, policies and procedures, and financial compliance per HRSA guidelines. Grace brings 23 years of experience including 5 years with the Big Four accounting firms and 4 years of international business experience in Germany. She received her B.S. in Accounting from Xavier University, her Masters of Business Administration from Colorado State University, and is an active member of the American Institute of Certified Public Accountants.



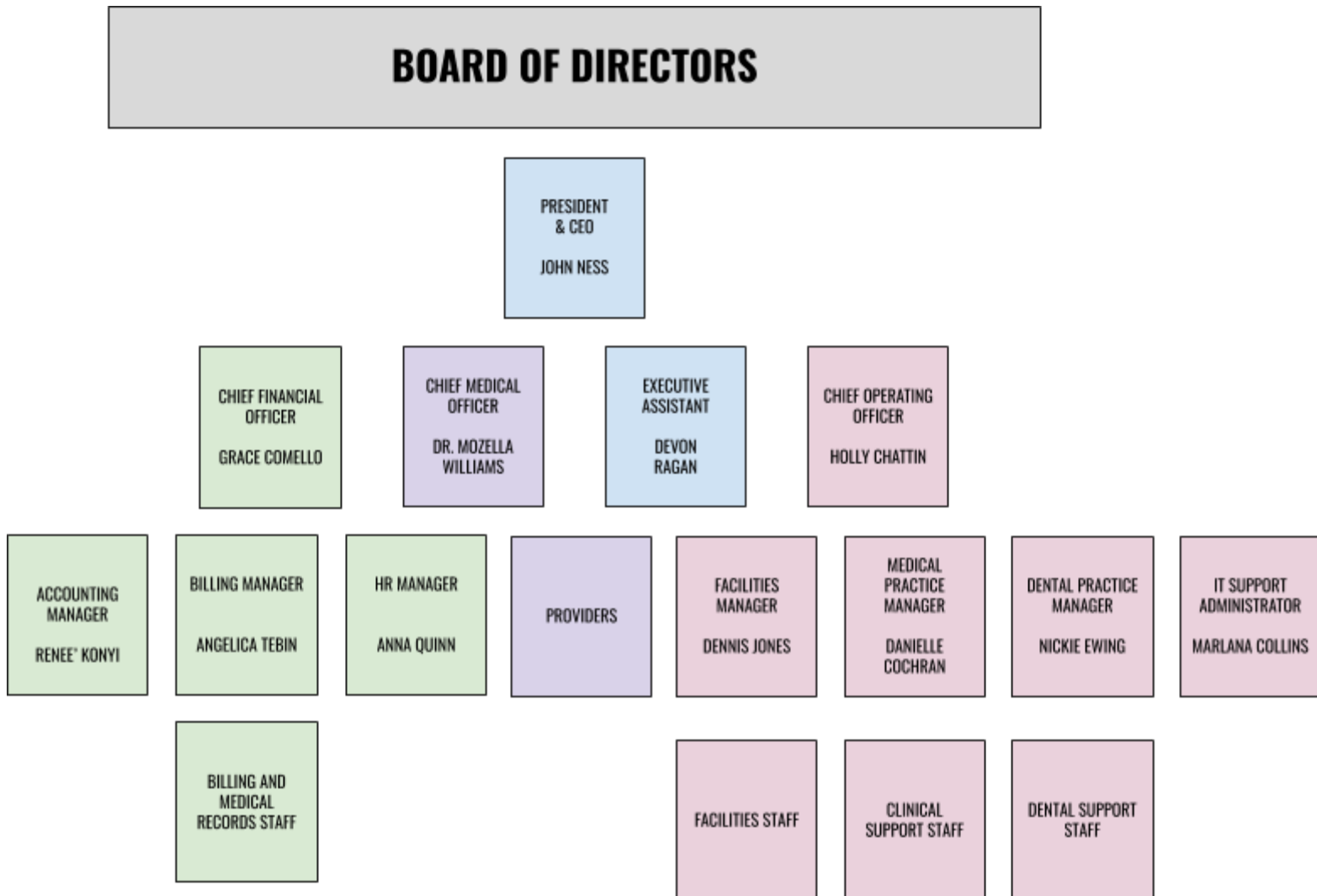
Dr. Mozella Williams
Chief Medical Officer

Mozella Williams, MD MBA, serves as WCHCs Chief Medical Officer with an interest in preventative healthcare, chronic disease reversal and management, women's health (including preconception and contraception care), men's health,

including prostate concerns and low energy, and the health of adolescents and children. She also is committed to improving health care disparity. She brings 13 years of healthcare experience to the company and is responsible for supervising all aspects of the clinical department ensuring a positive patient experience and an exceptional quality of care. Dr. Williams has a passion for medical education and for several years served as an Assistant Professor and the Associate Director of Medical Student Education at the University of Maryland School of Medicine in the Department of Family and Community Medicine. She attended Morehouse School of Medicine where primary care was an early interest, and she completed her residency at the University of Maryland. She has enjoyed her career in both academics and an innovative, integrated non-profit primary care model. To enhance these efforts, she recently finished a Masters in Business Administration at the University of Maryland.

C. Organizational Structure

1. Organizational Summary



Please refer to the following pages for detailed resumes of our key personnel.



WCHC

WE CREATE
HEALTHY
COMMUNITIES

DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosure

West Cecil Health Center, Inc. (the “Company”) may request from a consumer reporting agency and for employment-related purposes, a “consumer report(s)” (commonly known as “background reports”) containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC (“HireRight”) will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

Authorization

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name _____

Applicant Signature _____

Date _____

[END OF DOCUMENT]

PLEASE PROCEED TO THE NEXT DOCUMENT ENTITLED:

“OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES”

**OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND
INVESTIGATION FOR EMPLOYMENT PURPOSES**

Disclosures

Investigative Consumer Report:

West Cecil Health Center, Inc. (the “Company”) may request an investigative consumer report about you from HireRight, LLC (“HireRight”), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the “Additional State Law Notices” for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

San Francisco Fair Chance Ordinance Official Notice:

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

HireRight Privacy Policy:

Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate “Disclosure and Authorization Regarding Background Investigation for Employment Purposes”; and the separate “Summary of Rights under the Fair Credit Reporting Act” that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and

Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are “investigative consumer reports” by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

☐ **California, Minnesota or Oklahoma consumers:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.

Additional State Law Notices

Please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting

agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, LLC ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Additional California-specific information is set out below.

MASSACHUSETTS: Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

NEW YORK: You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Para información en español, visite <http://www.consumerfinance.gov/learnmore> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut St., Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314

3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

**West Cecil Health Center Board of Directors
Policy on Confidentiality and Conflict of Interest**

Confidentiality

All Directors shall respect and agree to hold in confidence all information relating to Board activities and proprietary information until they have been approved as action and declared for public record. In so doing, no Director will discuss any confidential information with any person(s) who is not a Director or agent of the Board. Breach of such confidentiality, on review of the situation in its entirety, may result in removal of the Director(s) from the Board.

Conflict of Interest

All Directors shall avoid any potential conflicts of interest, which may prevent him or her from adequately performing the responsibilities and duties as a Director. In the event that a conflict of interest has been identified, the Director shall: remove him/herself from the related business, abstain from voting or taking action that may influence such business, not be counted as part of a quorum for such business, and not be included in any matters in which the conflict of interest may affect the outcome of the business.

A breach of conflict of interest includes the solicitation of any gifts or acceptance of any gifts of a value greater than \$25 from any person or business organization that has or is negotiating a contract with WCHC. For purposes of this section, a “gift” includes the transfer of anything of economic value, regardless of form.

Directors shall disclose any and all relationships that may be considered as a potential conflict of interest in certain situation or business matters. Such potential conflicts may include:

1. Employment. Name and nature of all employees must be disclosed.
2. Membership on the board of directors or any fiduciary relationship with another organization.
3. All consultative or advisory arrangements for which monetary compensation is received.

Reporting and Review Process

Disclosures will be reviewed on an annual basis by the President of the Board. If any matters coming before the Board present a real conflict of interest for a Director(s), the Director(s) will be asked to leave the room which such business is discussed and asked to refrain from any such action in the matter. Failure to disclose any real or potential conflicts of interest, after review of the situation in its entirety, may result in removal of the Director(s) from the Board.

Annual Confidentiality and Conflict of Interest Statement

Name _____

Title _____

Place of Employment _____

Annual Confidentiality and Conflict of Interest Statement (continued)

My potential conflicts of interest include:

_____ Position	_____ Company or Organization
_____ Position	_____ Company or Organization
_____ Position	_____ Company or Organization
_____ Position	_____ Company or Organization
_____ Position	_____ Company or Organization

☐ I have no potential conflicts of interest.

I agree to respect and hold in confidence all information relating to WCHC Board activities and proprietary information until they have been approved as action and declared for public record. I understand that any breach of confidentiality may result in removal from the Board.

I further agree to remove myself from any Board matters where my relations with the above named companies/organizations will cause a conflict of interest or the appearance of a conflict of interest with members, officers, employees, consultants, and/or agents who provide services or furnish goods to the organization.

SIGNATURE

DATE



WCHC

WE CREATE
HEALTHY
COMMUNITIES

PHOTO RELEASE FORM

I _____ authorize West Cecil Health Center, Inc.
(Printed Name)

(subsequently referred to as “Health Center”) and its agents to take, use, reuse, publish and republish my picture and likeness as recorded by the Health Center for any purpose that the Health Center deems appropriate, including any and all media promotion or advertising efforts, both during and after employment. I specifically authorize the Health Center and its agents, to use, reproduce, exhibit, or distribute my likeness for such purpose in any communications medium currently existing or later created, including without limitation print media, television, and the Internet.

I release the Health Center and its agents, either in their individual capacities or by reason of their relationship to the Health Center, from liability for any violation of any personal or proprietary right I may have in connection with the above use. I understand that all recordings of my name, picture, and likeness, in whatever medium, shall remain the property of the Health Center.

I represent that I am at least 18 years of age and have the legal right to sign for myself. I further represent that I have read and understand this document completely before signing it. I agree that I will not revoke or disaffirm this Release at any time.

Employee Signature: _____ Date: _____