



COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH
HUMAN RESOURCES



AGREEMENT OF UNDERSTANDING ■ NON-COUNTY WORKER

EMPLOYEE NAME: (Please PRINT Last, First)	WOC#:
POSITION TITLE:	DEPT #:

DPH POLICY/ GUIDELINES	TITLE	EMPLOYEE INITIALS / DATE
113	Elder/Dependant Adult Abuse	
325	Hand Hygiene in Healthcare Settings	
340	Confidentiality of Non-Patient Public Health Records	
DHS 361.23	Safeguards for Protected Health Information (PHI)	
701	Possession of a License or Certificate	
704	Professional Appearance in the Workplace	
714	Identification Badges	
722	Nepotism	
723	Designation of Sensitive Positions and Requirements for Criminal History Information	
728	Capping	
729	Political Activity	
746	Threat Management "Zero Tolerance" Policy	
748	Diversity Policy	
DHR 812	County Policy of Equity	
1000	Public Health Information Technology and Security Policy	
1016	Acceptable Use Policy for County Information Technology Resources	
1103	Exclusion of Individual/Entities from Federal Health Care Programs	
	Acceptance of Gifts Prohibitions	
	Notice of Child Abuse, Elder/Dependent Adult Abuse, Domestic/Intimate Partner Violence Reporting	

I acknowledge that I have read and reviewed the listed policies/guidelines and will comply with them in my work environment. I understand that if at any time during my service as a non-County worker I have questions or concerns regarding these policies/guidelines, they shall be directed to my County supervisor or to the DPH Human Resources Office. I am aware that if I violate the above policies/guidelines I will be subject to release from service.

Non-County Worker Signature: _____ Date: _____

Reviewed by: _____ Date: _____
 (DPH Program/Division Manager)

Orig: HR File
 Copy: Non-County Worker
 Rev. 03/09/2012