



Seneca Healthcare District  
130 Brentwood Drive / P.O. Box 737  
Chester, CA 96020  
(530) 258-2151

Dear Doctor:

Thank you for your interest in joining Seneca Healthcare District Hospital's Medical Staff. The bylaws/rules relevant to your category of service is enclosed. A full copy of the bylaws/rules is available upon request.

Please complete the application along with the delineation of privileges. Check only what you will do in this facility, making sure we have the appropriate equipment for the procedures requested.

We will also need copies of the following:

1. Current License
2. Current DEA
3. Current Malpractice
4. Current ACLS, ATLS, PALS, etc. – if applicable
5. CME's for the past two years
6. Current CV
7. Current PPD (provided for you at this facility if needed)
8. Copies of board certifications and school certificates of attendance
9. Application fee of \$100.00 made payable to Seneca Medical Staff - if applicable
10. Any other pertinent information.

If you have any questions, please feel free to contact me at (530) 258-3981 or email at [pmonath@senecahospital.org](mailto:pmonath@senecahospital.org).

Respectfully,

Patricia Monath, CPMSM, CPCS  
Medical Staff Coordinator



Statement of Confidentiality

As a member of a medical staff committee involved in the evaluation and improvement of the quality of care rendered in the hospital, I recognize that confidentiality is vital to the free and candid discussion necessary to effective medical staff peer review activities. Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, records and other information generated in connection with these activities and to make no voluntary disclosures of such information except to persons authorized to receive it in the conduct of medical staff affairs.

Furthermore, my participation in peer review and quality assurance activities is in reliance on my belief that the confidentiality of these activities will be similarly preserved by every other member of the medical staff or other individual involved. I understand the hospital and the medical staff are entitled to undertake such action as is deemed appropriate to ensure that the confidentiality is maintained, including action necessitated by any breach or threatened breach of this agreement.

Print Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Stamped Signature is Not Acceptable)*



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## SIGNATURE VERIFICATION FORM

Physicians, Allied Health Professional, Nursing and others who authenticate medical record entries:

Please print your name, followed by all forms of your signature and initials that you might sign on any medical record at Seneca Healthcare District.


Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

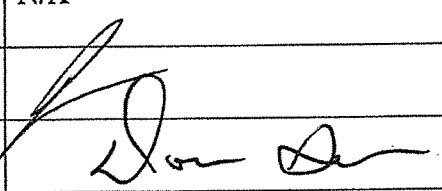
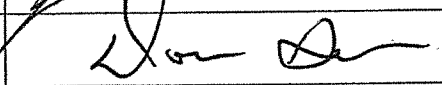
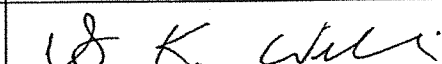
Other Forms of Signature: \_\_\_\_\_

Initials: \_\_\_\_\_

cc: Physician/AHP or Employee File  
Medical Record Department

 <b>SENECA HEALTHCARE DISTRICT</b> <b>POLICY</b>	
<b>DEPARTMENT:</b> Medical Staff <b>POLICY TITLE:</b> Limitation of Work Hours <b>POLICY NUMBER:</b> N/A <b>COMPLIANCE REQUIREMENT:</b> N/A	<b>Page 1 of 2</b>
	<b>Date of Origin:</b> 10/22/09
	<b>Revision Date:</b>
<b>AUTHOR:</b> Kay Probst, Medical Staff Assistant	

**POLICY:** It is the policy (purpose) of the Physician Well-Being Committee to improve the quality of care and patient safety by attempting to resolve matters related to Medical Staff member's health and well-being prior to their evolving into significant patient care problems. Whereas it has been established that fatigue contributes to lack of attentiveness, propensity to error and compromised judgment, a practitioner shall not work longer than seventy-two (72) hours consecutively without at least a twenty-four hour rest period. This will mean all cumulative hours worked in the capacity of providing health care, including those worked outside of Seneca Healthcare District.

Authorization:	Signature:	Date:
Department Head	N/A	
Medical Department Chair	N/A	
Chief Nursing Officer	N/A	
Medical Chief of Staff		10/24/09
Administration		10/23/09
Governing Board		10/29/09

 COPY

**POLICY NUMBER REFERENCE: N/A**

**PROCEDURE: All Medical Staff members will sign an attestation statement that he/she will not accept assignments that will constitute violation of the Limitation of Work Hours policy.**

**REFERENCES: N/A**

**SENECA HEALTHCARE DISTRICT  
MEDICAL STAFF**

 **COPY**

**Attestation Statement  
Limitation of Work Hours**

**I hereby attest that I will comply with the Medical Staff policy entitled "Limitation of Work Hours".**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# SENECA HEALTHCARE DISTRICT POLICY

<b>DEPARTMENT: MEDICAL STAFF</b> <b>POLICY TITLE: PROTECTION AND CONFIDENTIALITY OF MEDICAL STAFF RECORDS</b> <b>POLICY NUMBER: MDSTF-003.002</b>  <b>COMPLIANCE REQUIREMENT: N/A</b>	<b>Page 1 of 4</b>
	<b>Date of Origin:</b> unknown
	<b>Revision Date:</b>
	<b>Periodic Review</b> <b>By:</b> <b>Date:</b>
<b>AUTHOR: Unknown</b> <b>REVISED BY: Elizabeth L Steffen, Director of Information Technology and Policy Committee Chair AND Dr. Dana S. Ware, MD, Chief of Staff</b>	<b>Policy Rescinded by</b> <b>Policy #:</b> <b>Effective Date:</b>

**1. SCOPE**

This Policy and Procedure applies to all records maintained by or on behalf of the Seneca District Hospital Medical Staff, including the records and minutes of all medical staff committees and the credentials and peer review files for individual practitioners.

**2. GENERAL POLICY**

The Medical Staff recognizes that it is important to maintain the confidentiality of medical staff records for both legal and policy reasons. Accordingly, disclosures of medical staff records shall only be permitted under the conditions set forth in this Policy.

**3. LOCATION AND SECURITY PRECAUTIONS**

All Medical staff records shall be maintained in the Medical Records Department, access to which is strictly controlled, in accordance with the rules set out in this Policy. Such records shall be maintained in a file cabinet, under the custody of the Medical Staff Secretary. The file cabinet shall be locked except during such times as the Medical Staff Secretary is physically present and able to monitor access in accordance with this Policy.

**4. ACCESS BY PERSONS WITHIN THE HOSPITAL OR MEDICAL STAFF**

**a. Means of Access**

All requests under this section for medical staff records shall be made to and recorded by the Medical Staff Secretary, who shall be responsible for preserving the confidentiality of the records in accordance with this Policy. Request by persons described in Section 4b shall be routinely noted by the Medical Staff Secretary and disclosure may be authorized by that individual. Requests by other persons must be forwarded by the Medical Staff Secretary to those persons or committees empowered to decide disclosure under the rules of this Policy. Unless otherwise stated, a person permitted access under this section shall be given a reasonable opportunity to inspect the records in question and to make notes regarding them, but not to remove them or to make copies of them. Removal or

copying shall only be upon the express written permission of the Administrator or his designated representative.

- b. **Access by Persons Performing Official Hospital or Medical Staff Functions**  
Medical Staff officers, department heads, medical staff committee members, members of the Board of Directors, consultants, the Medical Staff Coordinator/Secretary, and the Administrator or his/her designated representative shall have access to medical staff records to the extent necessary to perform official functions. More particularly:

- i. **Medical Staff Officers.** Medical staff officers shall have access to all medical staff records.
- ii. **Department Heads.** Department heads shall have access to all medical staff records pertaining to the activities of their respective departments.
- iii. **Medical Staff Committee Members.** Medical staff committee members shall have access to the files of committee on which they serve and to the credentials and peer review files of practitioners whose competency or performance the committee is reviewing.
- iv. **Consultants.** Consultants (who may or may not be members of the Medical Staff) reviewing a practitioner's performance at the request of a medical staff committee or department shall have access to the credentials and peer review files of the practitioner being reviewed and to any other pertinent medical staff committee records.
- v. **Administrator or Designated Representative.** The Administrator or his designated representative shall have access to all medical staff records.

- c. **General Access by Practitioners to Medical Staff Records**

- i. **Credentials and Peer Review Files.** A practitioner shall have access to the credentials and peer review files of other practitioners only as set out in Section 4b above. A practitioner shall have the right to copies of any documents in his or her own credentials and peer review file which he or she submitted. (e.g., his application, reapplication, privileges list, or correspondence from him) or which were addressed or copied to him. A practitioner shall be allowed access to any further information in his credentials and peer review only if, following a written request by the practitioner, the medical Staff Executive Committee and either the Board of Directors or the Board's designated representative grants written permission for good cause.
- ii. **Medical Staff Committee Files.** A practitioner shall be allowed access to medical staff committee files (including committee minutes) only if, following a written request by the practitioner, the Medical Staff Executive Committee and either the Board of Directors or the Board's designated representative grants written permission for good cause.

## **5. Access by Persons or Organizations Outside of the Hospital Medical Staff**

- a. **Credentialing or Peer Review at Other Hospitals**

- i. **Routine Requests for Information.** If a practitioner has not encountered disciplinary or peer review problems at this Hospital, or been denied privileges at the hospital then the (Administrator) (President of the Medical Staff) (Credential Committee Chairman) may release information contained in his credentials and peer review file in response to a request from another hospital, or is an applicant for medical staff membership or privileges. Disclosure shall be limited to the information requested.



- ii. Non-Routine Requests for Information. If a practitioner has encountered disciplinary or peer review problems at this Hospital, or been denied privileges at this hospital then no information shall be released until a copy of a signed release, is deemed satisfactory by legal counsel, has been received from this requesting institution. Additionally, all responses shall be reviewed and concurred on by the President of the Medical Staff, who shall have the option of consulting legal counsel.
- b. Other Requests
  - i. All other requests by persons or organizations outside the Hospital for information contained in the medical staff records shall be forwarded to the Administrator. The release of any such information shall require the concurrence of the Medical Staff executive Committee, or its designated representative and the Board of Directors (Trustee) or its designated representative. The Executive Committee and Board of Directors may enact disclosure policies applying to specific types of requests (i.e., BMQA, PSRO, etc.). When such disclosure policies are enacted, they shall be appended to this Statement of Policy and shall be controlling.
- c. Subpoenas
  - i. All subpoenas of medical staff records shall be referred to the Administrator, who is required to consult the President of the Medical Staff and legal counsel.

**6. Responsibilities of Members of the Medical Staff**

- a. Recognizing the importance of preserving the confidentiality of this information, all the members of the medical staff agree to respect the confidentiality of all information obtained in connection with their responsibilities as staff members. This requirement of confidentiality extends not only to the information obtained in the physical files of the medical staff members and committees but to the discussions and deliberations which take place within the confines of medical staff committees.

Authorization	Signature	Date
Department Head		
Medical Department Chair		
Compliance Officer		
Chief Nursing Officer		
Administration		
Medical Chief of Staff		
Governing Board		

**POLICY NUMBER REFERENCE: MDSTF-003.002**



**POLICY ACKNOWLEDGMENT SHEET**

**I have read and understand and will abide by the Seneca Healthcare District Medical Staff Policy MDSTF-003; Protection of the Confidentiality of Medical Staff Records.**

<u>Printed Name</u>	<u>Signature</u>	<u>Date</u>

*(Stamped Signature is Not Acceptable)*