



## Family Service Bureau of Newark

Newark Office: 274 South Orange Avenue, Newark, New Jersey 07103

Tel: 973-412-2056 Fax: 973-484-3452

West Hudson Office: 379 Kearny Avenue, Kearny, New Jersey 07032

Tel: 201-246-8077 Fax: 201-955-6165

[www.newcommunity.org](http://www.newcommunity.org)



### NCC Dress Code

The following information is an excerpt of the Policies & Procedures of New Community Corporation and its affiliates including, New Community Extended Care, Inc. and the Family Service Bureau (hereinafter collectively referred to as “NCC”) as of the version indicator found on the back cover.

NCC expects all employees to comply with “all” Policies & Procedures contained in this handbook, wherever applicable. Any employee who violates these Policies & Procedures will be subject to disciplinary action, up to and including termination from employment.

**PLEASE BE AWARE THAT AS AN INTERN YOU ARE ALSO CONSIDERED NCC STAFF AND THEREFORE YOU MUST COMPLY AS APPLICABLE.**

#### 7:2 Dress Code

The way we dress often determines the way we act. It follows, therefore, that the more professional our dress, the more professional our actions. Appropriate dress may be determined in New Community by the work we do. For example, some departments; Maintenance, Security, Food Services, etc. wear uniforms. All office workers are expected to dress from business casual to business professional, and to be neat and clean in appearance.

Otherwise, the following clothing must not be worn to work:

- Shorts
- Sneakers
- Leggings, stretch pants, or sweatpants
- Jeans and other denim items
- Sweatshirts or T-shirts
- Tank or tube tops, halter tops, tops with spaghetti straps, or strapless tops or dresses
- Any tight, low cut, or sheer clothing, or any attire that exposes the skin of a person’s midriff
- Mini skirts or deeply slit skirts
- Flip flop sandals
- Headwear such as baseball caps, visors, durags, or hats, except for religious reasons
- Undergarments that are visible through clothing
- Tattoos and unconventional body piercings are to be covered or removed when at work.

Those working in specific positions within the Early Learning Centers or the Extended Care Facility may be allowed to wear jeans and other denim items as deemed appropriate by the Director/Administrator.

Intern Name: \_\_\_\_\_

Date: \_\_\_\_\_



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

DOB: \_\_\_\_\_

**Intern Interview Sheet**

**Please note: we cannot accommodate hours after 5:00pm or on weekends**

Intern: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor: \_\_\_\_\_

School: \_\_\_\_\_

Degree: \_\_\_\_\_

Program: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Desired Internship Start: \_\_\_\_\_

Psychopathology Taken? Yes No

Required Internship Hours: \_\_\_\_\_

What is it about this profession that interested you?

\_\_\_\_\_  
\_\_\_\_\_

What are your strengths? \_\_\_\_\_

Areas needing improvement: \_\_\_\_\_

What are your hopes for this internship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you know about FSB? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is it about the urban experience that interests you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Explain your work ethic and how has it been evident in your life: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Give an example of when you were in a difficult work or school situation and how did you handle it? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What therapeutic model or counseling technique that you have learned appeals to you the most? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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### Internship Application Form

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

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

\_\_\_\_\_

School Email: \_\_\_\_\_

\_\_\_\_\_

Personal Email: \_\_\_\_\_

University: \_\_\_\_\_

Program: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Advisor's Email: \_\_\_\_\_

Hours Required: \_\_\_\_\_

First or Second Year Internship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Available Days and Hours

Monday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Available as of: \_\_\_\_\_

Semester: \_\_\_\_\_

Related Course work: \_\_\_\_\_

Please write a brief statement of your expectations, please be as specific as possible.

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## HIPAA EMPLOYEE/INTERN/VOLUNTEER CONFIDENTIALITY AGREEMENT

THIS AGREEMENT entered into this \_\_\_\_\_, 20\_\_\_\_ by and between Family Service Bureau of Newark, known as the “Healthcare Facility”, and \_\_\_\_\_, known as the “Employee/Intern”, and known collectively as the “Parties”, set forth the terms and conditions under which information created or received by or on behalf of this Healthcare Facility (known collectively as protected health information or “PHI”) may be used or disclosed under State law and the Health Insurance Portability and Accountability Act of 1996 and updated through HIPAA Omnibus Rule of 2013 and will also uphold regulations enacted there under (hereafter “HIPAA”).

THEREFORE, in consideration of the premises and the covenants and agreements contained herein, the Parties hereto, intending to be legally bound hereby, covenant and agree as follows:

**1. Confidential Information.** The Parties acknowledge that meaningful employment may or will necessitate disclosure of Confidential Information by this Healthcare Facility to the Employee/Intern and use of Confidential Information by the Employee/Intern/Intern. The term “Confidential Information” includes, but is not limited to, PHI, any information about patients or other Employee/Interns, any computer log-on codes or passwords, any patient records or billing information, any patient lists, any financial information about this Healthcare Facility or its patients that is not public, any intellectual property rights of Practice, any proprietary information of Practice and any information that concerns this Healthcare Facility’s contractual relationships, relates to this Healthcare Facility’s competitive advantages, or is otherwise designated as confidential by this Healthcare Facility.

**2. Disclosure.** Disclosure and use of Confidential Information includes oral communications as well as display or distribution of tangible physical documentation, in whole or in part, from any source or in any format (e.g., paper, digital, electronic, internet, social networks, magnetic or optical media, film, etc.). The Parties have entered into this Agreement to induce use and disclosure of Confidential Information and are relying on the covenants contained herein in making any such use or disclosure. This Healthcare Facility, not the Employee/Intern, is the records owner under state law and the Employee/Intern has no right or ownership interest in any Confidential Information.

**3. Applicable Law.** Confidential Information will not be used or disclosed by the Employee/Intern in violation of applicable law, including but not limited to HIPAA Federal and State records owner statute; this Agreement; the Practice’s Notice of Privacy Practices, as amended; or other



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limitations as put in place by Practice from time to time. The intent of this Agreement is to ensure that the Employee/Intern will use and access only the minimum amount of Confidential Information necessary to perform the Employee/Intern's duties and will not disclose Confidential Information outside this Healthcare Facility unless expressly authorized in writing to do so by this Healthcare Facility. All Confidential Information received (or which may be received in the future) by Employee/Intern will be held and treated by him or her as confidential and will not be disclosed in any manner whatsoever, in whole or in part, except as authorized by this Healthcare Facility and will not be used other than in connection with the employment relationship.

**4. Log-on Code and Password.** The Employee/Intern understands that he or she will be assigned a log-on code or password by Practice, which may be changed as this Healthcare Facility, in its sole discretion sees fit. The Employee/Intern will not change the log-on code or password without this Healthcare Facility's permission. Nor will the Employee/Intern leave Confidential Information unattended (e.g., so that it remains visible on computer screens after the Employee/Intern's use). The Employee/Intern agrees that his or her log-on code or password is equivalent to a legally binding signature and will not be disclosed to or used by anyone other than the Employee/Intern. Nor will the Employee/Intern use or even attempt to learn another person's log-on code or password. The Employee/Intern immediately will notify this Healthcare Facility's HIPAA Privacy Officer upon suspecting that his or her log-on code or password no longer is confidential. The Employee/Intern agrees that all computer systems are the exclusive property of Practice and will not be used by the Employee/Intern for any purpose unrelated to his or her employment. The Employee/Intern acknowledges that he or she has no right of privacy when using this Healthcare Facility's computer systems and that his or her computer use periodically will be monitored by this Healthcare Facility to ensure compliance with this Agreement and applicable law.

**5. Returning Confidential Information.** Immediately upon request by this Healthcare Facility, the Employee/Intern will return all Confidential Information to this Healthcare Facility and will not retain any copies of any Confidential Information, except as otherwise expressly permitted in writing signed by this Healthcare Facility. All Confidential Information, including copies thereof, will remain and be the exclusive property of this Healthcare Facility, unless otherwise required by applicable law. The Employee/Intern specifically agrees that he or she will not and will not allow anyone working on their behalf or affiliated with the Employee/Intern in any way, use any or all of the Confidential Information for any purpose other than as expressly allowed by this Agreement. The Employee/Intern understands that violating the terms of this Agreement may, in this Healthcare Facility's sole discretion result in disciplinary action including termination of employment and/or legal action to prevent or recover damages for breach. Breach reporting is imperative.

**6. Breach.** The Parties agree that any breach of any of the covenants or agreements set forth herein by the Employee/Intern will result in irreparable injury to this Healthcare Facility for which money damages are inadequate; therefore, in the event of a breach or an anticipatory breach, Practice will be entitled (in addition to any other rights and remedies which it may have at law or



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in equity, including money damages) to have an injunction without bond issued enjoining and restraining the Employee/Intern and/or any other person involved from breaching this Agreement.

**7. Binding Arrangement.** This Agreement shall be binding upon and endure to the benefit of all Parties hereto and to each of their successors, assigns, officers, agents, Employee/Interns, shareholders and directors. This Agreement commences on the date set forth above and the terms of this Agreement shall survive any termination, cancellation, expiration or other conclusion of this Agreement unless the Parties otherwise expressly agree in writing.

**8. Governing Law.** The Parties agree that the interpretation, legal effect and enforcement of this Agreement shall be governed by the laws in the State of New Jersey and by execution hereof, each party agrees to the jurisdiction of the courts of the State. The Parties agree that any suit arising out of or relation to this Agreement shall be brought in the county where this Healthcare Facility’s principal place of business is located.

**9. Severability.** If any provision under this Agreement shall be held invalid or unenforceable for any reason, the remaining provisions and statements shall continue to be valid and enforceable.

IN WITNESS WHEREOF, and intending to be legally bound, the Parties hereto have executed this Agreement on the date first above written, when signing below and after training on HIPAA Law with full understanding this agreement shall stand.

**EMPLOYEE/INTERN DOCUMENTATION OF HIPAA PRIVACY TRAINING**

The Health Insurance Portability Act of 1996 (HIPAA) requires our privacy officer to train Employee/Interns on our health information privacy policies and procedures to the HIPAA Omnibus Standards of 2013 which also includes HI-TECH and Protected Health Information (PHI), Electronic Protected Health Information (ePHI) and Electronic Health Records (EHR). All Employee/Interns with treatment, payment or healthcare operations responsibilities, which allow access to protected health information, are trained with updates periodically as State and Federal mandates require. HIPAA also requires that we keep this documentation (that the training was completed) for six years after the training.

I, the undersigned, do hereby certify that I have received, read, understood and agree to abide by this Healthcare Facilities HIPAA Policies and Operating Procedures.

**Employee/Intern’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





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Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### FSB Acceptance /Intern Agreement

Date: \_\_\_\_\_

INTERN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Dear \_\_\_\_\_,

We would like to take this opportunity to welcome you to Family Service Bureau of Newark and look forward to working with you as a \_\_\_\_\_ intern. Your start date is scheduled for \_\_\_\_\_ at \_\_\_\_\_ a.m./ p.m. A supervisor familiar with your academic program will be assigned to you.

As an intern of Family Service Bureau of Newark, you will be required to abide by the following:

1. Attend clinical meetings as required.
2. Masters level interns will participate in clinical services including but not limited to: scheduling of assigned clients, assessments, facilitating clinical sessions that may involve individuals, couples, groups and/or families.
3. Have the ability to travel to our Kearny office and other client sites in Newark including Newark Public schools.
4. Complete Fingerprints before internship start date and send results to agency. Cost will be reimbursed.
5. Ensure that progress notes, case management, documentation and outreach to clients is completed in a timely manner (within 24hrs of scheduled shift)
6. Maintain and be responsible for your electronic calendar with at least two (2) weeks of scheduling in advance.
7. Honor New Community Corporation's, our parent organization, dress code.
8. Honor the schedule that you have agreed to prior to your start date and remain on site during the duration of that time.
9. Family Crisis Intervention hours do not count as family hours unless family is contact and present for a session.

**Intern reviews will be conducted every ninety (90) days by your supervisor and the clinical staff to ensure the above requirements are being fulfilled. If at any point in time during the reviews it is decided an intern is not fulfilling their obligations, (a) your institute may be informed, (b) a verbal warning and probationary period may be established, (c) termination from Family Service Bureau as internship site may occur.**



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**It is understood that both the urine screening and the background check require favorable results in order to be a part of Family Service Bureau.**

**Family Service Bureau employees and interns may be subject to random urine screenings at any time.**

\_\_\_\_\_  
**Intern Supervisor**

\_\_\_\_\_  
**Executive Director**

**My signature below indicates that all of the above has been discussed and explained to me and I am in agreement with the internship regulations at Family Service Bureau of Newark.**

**I agree to all of the above terms and conditions,**

\_\_\_\_\_  
**Intern Signature**

\_\_\_\_\_  
**Date**

### Acknowledgement of Responsibilities

**I understand and acknowledge that:**

It is my legal and ethical responsibility to preserve and protect the privacy, confidentiality and security of all Family Service Bureau (FSB) records, proprietary and other confidential information relating to FSB, its clients, activities and affiliates in accordance with the law and FSB policy. The only exception to confidentiality is based on responsibilities of mandated reporting (i.e. abuse and neglect, risk of suicide, harm to self or another as required by law).

**I agree to discuss confidential information only in Family Service Bureau, with the exception of videotaping for training purposes and supervision at FSB and my university (with the permission**





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signed by subject(s) bring taped). I will not knowingly discuss any confidential information within the hearing of other persons who do not have the right to receive the information. Further, I will not acknowledge clients outside of FSB only, if said client acknowledges FSB worker first and with their permission. Also, I will not acknowledge a client that I may be familiar with outside FSB (neighbors, friends) if client is in for treatment. I agree to protect the confidentiality of any medical, proprietary, or other confidential information which may be incidentally disclosed to me in the course of my relationship with FSB.

I understand that the psychiatric records, drug abuse records, and any and all references to HIV testing, such as clinical tests, laboratory, or otherwise, used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected by law.

I understand that my access to all FSB electronic systems is subject to audit in accordance with the FSB policy.

I agree not to share my login or user ID with anyone and that any access to FSB electronic information systems made using my login or user ID is my responsibility to maintain. If I believed someone else has used my login or user ID, I will immediately report the use to the compliance director and request a set of new information be assigned. I understand that I may be personally liable for harm resulting from my breach of this agreement and that I may also be held criminally liable under the HIPPA privacy regulations for an intentional and/or malicious release of protected health information.

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

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