

Open Door Living Association Inc. is a contractual provider of services to Detroit Wayne Integrated Health Network. As such, we must ensure our workforce who has regular direct access to consumers of DWIHN's community mental health system and/or protected health information is properly screened, trained, and monitored. At minimum, background checks will be completed prior to an offer being extended and at least annually on all existing community mental health children’s service provider employees.

Prior to extending an offer we will complete the following checks:

1. ICHAT - Internet Criminal History Access Tool ([www.michigan.gov/ichat](http://www.michigan.gov/ichat))
2. Search of the Medicare/Medicaid Office of Inspector General Exclusion List (https://exclusions.oig.hhs.gov/)
3. Search of the System for Award Management (SAM.gov)

Additionally, you will be provided the MDDHS Central Registry Clearance Form. This is a one-time form which you will need to take to a MDHHS office for submission. This clearance will then be returned to Open Door Living Association (typically in 2 weeks) and a copy will be provided to you for your records.

**Background Check: Authorization**

**I understand that access to protected health information, to some degree, is a requirement of the position I am being considered for. I agree to allow the Open Door Living Association Inc. to check the following prior to hire and to check these periodically thereafter:**

1. **ICHAT - Internet Criminal History Access Tool (**[**www.michigan.gov/ichat)**](http://www.michigan.gov/ichat%29)
2. **Search of the Medicare/Medicaid Office of Inspector General Exclusion List (https://exclusions.oig.hhs.gov/)**
3. **Search of the System for Award Management (SAM.gov)**

**I understand that the Company will use this information for employment purposes only and not furnish this information to a third party without my written consent.**

**I agree to release Open Door Living Association Inc., its employees and those who supplied you with the information from any liability for any damage which may result from furnishing the requested information or my failure to be contracted and/or hired for the position for which I am applying.**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Select Race**: \_\_American Indian/Alaskan Native \_\_Asian or Pacific Islander \_\_Black \_\_Unknown/Other \_\_White

**Select Gender**: \_\_Male \_\_Female \_\_Unknown/Other

**Signature** **Date**

ODLA New Hire Consent to Background Rev. 9/20 Page **1** of **1**