Longs Peak Family Practice

New Hire Onboarding Packet

WELCOME to LPFP!

We are pleased to have you join our team. This onboarding packet contains the forms and acknowledgments required for employment. Please complete all sections and return them to the Practice Manager as soon as possible.

We look forward to working with you and supporting your success.

NEW-HIRE INFORMATION FORM

Full Name: _____

Preferred Name: _____

Address: _____

City/State/ZIP: _____

Phone Number: _____

Email: _____

Position: _____

Start Date: _____

Starting Pay: _____

Date of Birth: _____

Employee Signature: _____

EMERGENCY CONTACT

Primary Contact Name: _____

Relationship: _____

Phone Number: _____

Secondary Contact Name (optional): _____

Relationship: _____

Phone Number: _____

AT-WILL EMPLOYMENT ACKNOWLEDGMENT

I understand that my employment with Longs Peak Family Practice is at-will, meaning either I or the practice may terminate employment at any time, with or without cause or notice. I understand that nothing in the employee handbook or onboarding materials creates a contract of employment.

Employee Signature: _____ **Date:** _____

CONFIDENTIALITY & HIPAA AGREEMENT

I acknowledge that during my employment I may have access to confidential patient information protected under HIPAA and Colorado law. I agree to:

- Maintain strict confidentiality
- Access only the minimum necessary information
- Never disclose patient information without authorization
- Follow all HIPAA and practice privacy policies

I understand that violations may result in disciplinary action, up to and including termination.

Employee Signature: _____ **Date:** _____

TECHNOLOGY & SECURITY AGREEMENT

I agree to comply with all technology, cybersecurity, and EHR policies, including:

- Using practice devices for business purposes only
- Protecting passwords and login credentials
- Logging out of systems when leaving a workstation
- Not installing unauthorized software
- Following all documentation standards

Employee Signature: _____ Date: _____

WORKPLACE CONDUCT & HARASSMENT POLICY ACKNOWLEDGMENT

I acknowledge that I have received and reviewed the practice's Workplace Conduct and Harassment Policy. I understand that:

- Harassment, discrimination, and retaliation are prohibited
- I am responsible for maintaining a respectful workplace
- I must report concerns immediately
- Violations may result in disciplinary action

Employee Signature: _____ Date: _____

DRUG-FREE WORKPLACE ACKNOWLEDGMENT

I acknowledge that Longs Peak Family Practice is a drug-free workplace. I understand that:

- I may not be impaired at work
- Illegal drug use is prohibited
- Misuse of prescription medications is prohibited
- Violations may result in disciplinary action

Employee Signature: _____ Date: _____

JOB DESCRIPTION ACKNOWLEDGMENT

I acknowledge that I have received and reviewed the job description for my position. I understand:

- The essential duties and responsibilities
- The physical and technical requirements
- The reporting structure
- That duties may change based on practice needs

Position: _____

Employee Signature: _____ **Date:** _____

EMPLOYEE HANDBOOK ACKNOWLEDGMENT

I acknowledge that I have received the Longs Peak Family Practice Employee Handbook. I understand that:

- I am responsible for reading and complying with all policies
- The handbook may be updated at any time
- Employment is at-will

Employee Signature: _____ **Date:** _____

REQUIRED FEDERAL & STATE FORMS

The following forms must be completed and submitted:

- **I-9 Employment Eligibility Verification**
- **W-4 Federal Tax Withholding**
- **Colorado State Withholding Form (DR 0004)**

These forms are required by law and must be completed before your first day of work.