



# “You Could Look It Up”

Apologies to Casey Stengel aside, every practice needs a rule book.

BY LYNN HOMISAK, PRT

*To Our Readers: There are no foolish questions. Chances are that if you have a question or concern in your practice, others are experiencing a similar situation. We're here to help. PM [doctor and staff] readers are encouraged to submit questions to lynn@soshms.com which will be printed and answered in this column anonymously.*

## Subject: Establishing Written Office Policies

Dear Lynn,

*We are in the process of creating our Employee Policy Manual. What would you say are the most important policies we need to start with?*

First, please understand, employee manuals are “rule books” created to address ALL the policies in your office. Whether a pre-school snack policy or the Super Bowl, there are rules to follow, or mayhem ensues! Having everyone aligned with practice philosophies safeguards intra-office communications and ensures all are treated fairly.

What I can offer is an outline of policies that seem to cause the most confusion if they are not clearly defined:

- **PTO or Hourly Pay**—If PTO (Paid Time Off), who is entitled? Full time employees? Part time? How is it earned? Is it lost if not used? Can unused time be carried over to the following year? Are employees paid for unused time? If out for more than a couple of days, is a note required indicating evidence of an illness?

- **Leave of Absence (LOA)**—What days are employees entitled to? Are

they paid or unpaid? Identify specific holidays, emergency time off (what constitutes an emergency?), parental leave (formerly maternity leave), bereavement, weather conditions, jury duty and civic responsibility, military leave, LWOP (Leave without pay)? Does your state have a law that regulates benefits?

- **Overtime and Time Records**—Be sure to follow State and Federal Law regulating minimum wage, overtime and salaried employees. For example:

- Replace “salaried” and “hourly” with “exempt” and “non-exempt.”

- **Attendance and Punctuality**—Define tardiness as being late without prior authorization, state protocol for anticipated tardiness and consequence for ignoring policy or frequent absenteeism including the effect that it has on the efficiency of the practice.

- **Dress Code and Professionalism**—Define professionalism in terms of appropriate vs. inappropriate dress (including shoes), cleanliness, personal grooming, jewelry, perfume, piercings, tattoos and fingernails. Photo examples may be necessary.

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**Have your lawyer review  
the employee manual for accuracy and  
don't assume your staff recognizes the significance of  
your rule book.**

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- Describe exempt vs. non-exempt employees: Designating an employee exempt and paid a salary must meet specific lawful requirements. Determine which salaried employees may be non-exempt within DOL guidelines.

- Define “normal work week” hours, overtime rules, and outline a plan for employees “heading towards overtime.”

- Non-exempt employees working over 40 hours per week are entitled to time and a half pay.

- Put STRICT rules (and consequences) in place re: time clocks

- State exceptions, if any.

- **Emergency Action Plan**—Be prepared. Layout specific plan in the event of a medical emergency, confidentiality/HIPAA breach, fire; earthquake; volcanic eruptions; tornado; flooding or accident, theft, computer crash, belligerent patient, or sexual abuse.

- **Smoking, Drug, and Alcohol Substance Abuse**—This includes possession, consuming, use, distribution, and circumstances re: drug screening mandatory drug testing. Offer confidential options for anonymous reporting and retaliation.

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# THE CONSULTANT IS IN

Look It Up (from page 37)

- **Sexual and Other Forms of Harassment**—Describe the protocol for making a complaint and the assurance

Educate all employees by reviewing the manual chapter by chapter at the onset of their employment. It is also a great idea to have an annual review during a staff meeting. Discuss any

To properly respond to your question, I contacted Michael L. Brody, DPM, Certified HIPAA Professional and President of TLD Systems (<http://www.tldsystems.com>), who offered the following advice:

## Contact the patient each time you want to use them as a reference and get a specific consent for each instance.

First, the doctor should explain to the new patient that under HIPAA he/she has the responsibility to protect the privacy of all previous patients, the same way that the doctor must protect the privacy of new/current patients. Then tell the patient that the doctor will reach out to a few patients and see if they are willing to be contacted.

The doctor would need written permission from the patient who

of a non-retaliation clause. Such actions include, but are not limited to, dirty jokes, inappropriate inquiries into personal matters, comments about a person's body, unwanted physical touching, display of offensive or sexually explicit pictures, magazines, books or cartoons, sexual advances or favors, mental or physical intimidation, explicit sexual misconduct.

issues of concern and have all employees sign off on their acceptance. Playing by a well-written, well-conceived rule book offers everyone un-

had bunion surgery before sharing the name, contact information, and medical information with other patients. The consent form should clearly state what information will be shared and how the shared information will be used. I am not comfortable with a 'global' consent that would allow the doctor to share the patient info with anybody who asked. I would contact the patient each time you want to use them as a reference and get a specific consent for each instance.

- **Telephone, Internet Use and Social Media**—This covers multiple devices, the allowances/restrictions of each and zero expectations of privacy. This includes practice phones, personal cell phones, internet (downloads and pop ups), social media and office computers.



- **Disciplinary Action**—This is the key piece of any employee manual. Otherwise, why bother having policies in place? Instruct employees on the disciplinary structure as well as grievances and how to follow them. This would include clearly documented reasons for corrective action and the step-by-step process up to termination, including requests for voluntary resignation.

derstanding and reduces so much misunderstanding.

### Subject: Patient Recommendations and HIPAA

Dear Lynn,

*I have a new patient who wants a bunionectomy and wishes to speak to several of my patients who have had that procedure. I was wondering from a HIPAA standpoint what kind of documentation I would need from prior patients who had a similar surgery regarding their honest opinion about the procedure and their recovery? I am certain these surgical patients would not mind discussing their outcome with this new patient; but of course, I want to document properly.*

On the other hand, the patient could write a testimonial with before and after pictures, and provide the doctor with consent to share the testimonial. **PM**



**Ms. Lynn Homisak**, President of SOS Healthcare Management Solutions, carries a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations. She is the

2010 recipient of Podiatry Management's Lifetime Achievement Award and was inducted into the PM Hall of Fame. She is also an Editorial Advisor for Podiatry Management Magazine and is recognized nationwide as a speaker, writer, and expert in staff and human resource management.