

**Marshfield Clinic Health System
Student Programs
Background Disclosure Form**

Student Programs Documents

Enclosed are the following:

- “Disclosure Regarding Background Investigation”**
- “Authorization and Acknowledgment Regarding Background Investigation”** – This document MUST be signed by every applicant BEFORE any clinical rotation or experience can be approved.
- Personal Identifying Information Needed For Background Check:** This document MUST be completed by every applicant BEFORE a clinical rotation or experience can be approved.
- “Additional State Law Notices”:** Some states require that applicants or employees receive additional information. These forms have been created with these applicants/students residing in, working, or applying to work in any of the 50 states. Accordingly, as presently constructed, the “Additional State Law Notices” MUST be provided to each applicant/student that receives the materials. Please note that state and local laws may change and additional requirements for employers may be created.
- Notice Regarding Background Investigation Pursuant To California Law:** This document MUST be provided to every applicant or student that is living in or may be in pursuit of a remote learning experience.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Marshfield Clinic, Inc. (“the Company”) may obtain information about you from a consumer reporting agency for employment or a clinical placement/experience purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment history conducted by Background Investigation Bureau, LLC, (“BIB”), 9713 Northcross Center Court Suite 201, Huntersville, NC 28078, (877) 439-3900. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

AUTHORIZATION AND ACKNOWLEDGMENT REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION, "ADDITIONAL STATE LAW NOTICES" and certify that I have read and understand those documents. I hereby authorize **Marshfield Clinic, Inc. and Background Investigation Bureau, LLC ("the Company")** to obtain "consumer reports" and/or "investigative consumer reports" about me at any time after receipt of this authorization and, if I am accepted, throughout my participation in the learning experience. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer or supervisor, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by Background Investigation Bureau, LLC. (BIB), additional third-party organizations acting on behalf of Organization, and/or Organization itself. I authorize BIB, when necessary, to digitally sign any authorizations on my behalf to obtain requested background information. I agree that a facsimile ("fax") or photographic copy or digital copy of this Authorization or my signature shall be as valid as the original.

Signature: _____ **Date:** _____

Print Name: _____ **Date of Birth:** _____

- Please check this box if you are a **Minnesota or Oklahoma** applicant or employee and would like to receive a copy of a consumer report if one is obtained by the Company.
- Please check this box if you are a **California** applicant or employee and you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. By signing above, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Personal Identifying Information Needed For Background Check – To facilitate a background check on you, please complete the information below and include all past or current names used (e.g., maiden, surname, alias).

Last Name		First	Middle	
Last Name		First	Middle	
Last Name		First	Middle	
Home Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date of Birth	Social Security No.		Gender	Race
Drivers License Number		State Issued		Expires

ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking a **clinical rotation/experience or** work for **Marshfield Clinic, Inc.** (“the Company”) in Massachusetts, Minnesota, New Jersey, New York, or Washington State, please note:

MASSACHUSETTS APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9713 Northcross Center Court Suite 201, Huntersville, NC 28078, (877) 439-3900.

MINNESOTA APPLICANTS/EMPLOYEES: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of any consumer report by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9713 Northcross Center Court Suite 201, Huntersville, NC 28078, (877) 439-3900. The consumer reporting agency must make this disclosure within five days of receipt of your request or of Company’s request for the report, whichever is later.

NEW JERSEY APPLICANTS/EMPLOYEES: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9713 Northcross Center Court Suite 201, Huntersville, NC 28078, (877) 439-3900.

NEW YORK APPLICANTS/EMPLOYEES: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9713 Northcross Center Court Suite 201, Huntersville, NC 28078, (877) 439-3900. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting BIB with the contact information above.

WASHINGTON STATE APPLICANTS/EMPLOYEES: If Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the consumer reporting agency, Background Investigation Bureau, LLC, (“BIB”), 9713 Northcross Center Court Suite 201, Huntersville, NC 28078, (877) 439-3900, a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Marshfield Clinic, Inc., (the “Company”) intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for **clinical rotation/experience** or employment purposes. Thus, you can expect to be the subject of “investigative consumer reports” obtained for **these** purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making **clinical rotation/experience** decisions. The source of any investigative consumer report (as that term is defined under California law) will be Background Investigation Bureau, LLC, (“BIB”), 9713 Northcross Center Court Suite 201, Huntersville, NC 28078, (877) 439-3900.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.