

CENTRAL STATE HOSPITAL
POLICY

SUBJECT: **Polygraph Examinations**

ANNUAL REVIEW MONTH: October

RESPONSIBLE FOR REVIEW: Risk Management Director

LAST REVISION DATE: June 2007 **(Reviewed 3/09)**

I. POLICY

A. PURPOSE:

The purpose of this policy is to delineate specific procedures and guidelines when coordinating or requesting polygraph examinations in conjunction with official investigations.

B. APPLICABILITY:

C. DEFINITIONS:

D. POLICY STATEMENT:

CSH is responsible for investigating any alleged violation, laws, any regulations of the Department of Human Resources, (DHR), Division of Mental Health, Developmental Disabilities, and Addictive Disease (DMHDDAD) or any internal facility policy, rule or regulation.

Employees shall cooperate fully with any official investigation to include any investigation which involves polygraph testing. Employees who fail or refuse to cooperate with any official investigation, to include failure or refusal to complete polygraph testing when directed, will be terminated from employment.

Approval for polygraph testing must be approved by the DMHDDAD Risk Management Section prior to conducting the examination. Please note that the Risk Management Director will be the primary contact with the DMHDDAD Risk Management Section when requesting or obtaining approval for polygraph testing.

The CSH Police Department shall be the designated area to execute tasks relating to the conduct of polygraph testing.

E. DISCUSSION:

CSH managers/service directors/supervisors will seek consultation from the Risk Management and Human Resources Directors, and if appropriate the CSH Police Chief (designee) relating to the utilization or consideration of polygraph testing prior to the examination.

II PROCEDURE

<u>RESPONSIBILITY</u>	<u>ACTION</u>
Director/Service Chief	<ol style="list-style-type: none">1. Ensure that each employee is familiar with and understands this policy and the procedures outlined in this policy.2. Upon receipt of investigation, consult Human Resources Director and initiate disciplinary action, if appropriate.
Person Conducting Investigation	<ol style="list-style-type: none">1. Consult with the Risk Management Director, and if appropriate, the CSH Police Chief, if a polygraph test is being considered in conjunction with the completion of an internal investigation.
Risk Management Director	<ol style="list-style-type: none">1. Upon direction from the Chief Executive Office, request approval for polygraph testing from the DMHDDAD Risk Management Section.2. Advise the person seeking the polygraph examination when approval/disapproval is obtained from DMHDDAD for polygraph testing.3. If approval is provided, notify the CSH Police Department to execute the process for polygraph testing.

CSH Police Chief (Designee)

1. Upon approval for testing arrange/coordinate polygraph testing with the GBI.
2. Hand deliver, to employee and assure employee is advised of his/her rights as listed in each of the below listed forms, no later than 24 hours prior to polygraph testing:
 - a. Notification concerning polygraph testing;
 - b. Notice of voluntary stipulation;
 - c. Notice of voluntary understanding;
 - d. And notice of refusal to submit to examination.
3. Inform employee s supervisor/manager and Risk Manager when an employee refuses to submit or cooperate with the completion of polygraph testing.
4. Receive polygraph testing results from GBI examiner and complete/forward final investigative reports to the appropriate manager/service director/supervisor/Risk Management Director/Human Resources Director.

CSH Employee(s) to be Examined

1. Cooperate with Police Chief (designee) in Completing polygraph related notices. (Note: Testing maybe completed without the signing of the above forms; however, the appropriate GBI documents must be completed prior to the examination. Refusal to sign the appropriate GBI documents will be construed as refusal of testing and the employee will be terminated).
2. Report to designated area at the designated time and provide full cooperation in conjunction with polygraph examination.
3. Provide to the Police Chief/designee

certification statement from the employee s attending physician that will outline any medical condition/or prescribed medication that would preclude polygraph testing.

Human Resources Director

1. Provide necessary consultation to manager/service director/supervisor.
2. Execute necessary disciplinary action in compliance with DHR Policy 1601-A, Disciplinary Actions, including Adverse Actions for Classified Employees or 1601-B, Disciplinary Actions and Separations of Unclassified Employees.

III REFERENCES:

DHR Policy 1201 Standards of Conduct and Ethics in State Government

CSH Policy 4.37, Allegations of Client Abuse - Investigative and Employee Actions to be Taken

Approved:

This policy has been approved by the CEO and CMO on 06/09.

NOTICE CONCERNING POLYGRAPH TESTING

Date:

TO: EMPLOYEE

FROM:

RE: Direction to Submit to Polygraph Examination

The _____ is currently conducting an internal investigation into alleged _____. As part of that investigation, you are hereby required to submit to a polygraph examination. Your polygraph examination will be administered on the _____ day of _____, 20__ at _____ (location and address) _____.

Please be advised that throughout these proceedings you have the right to exercise your constitutional privilege against self-incrimination. The _____ has no right to require you to waive the privilege and cannot condition your continued employment on your waiver of your privilege against self-incrimination. The purpose of this document is merely to advise you that you are being required to submit to the polygraph examination and your rights in connection with the administration of that examination.

Please be further advised that the questions asked during the polygraph examination will relate specifically and narrowly to matters concerning your duties at _____ and the investigation described above and that any answers you provide cannot be used against you in any criminal proceeding.

While the _____ is neither asking nor requiring you, as a condition of continuing employment, to waive any right guaranteed to you by the Constitution of the State of Georgia or the Constitution of the United States or any other law, the refusal to submit to this polygraph examination will result in a proposal that you be dismissed from employment.

SIGNED

DATE

WITNESS

(Optional form to be signed if employee so chooses)

STATE OF GEORGIA
COUNTY OF

VOLUNTARY STIPULATION

I understand that I am being requested by the _____ to submit to a polygraph examination as part of an internal investigative procedure arising out of _____.

I have been advised of the nature of the investigation and of my rights, in connection with this proceeding, under the Constitution of the State of Georgia or under the United States Constitution or under any state or federal law (including any right against self-incrimination under the Fifth Amendment of the United States Constitution).

While I am aware that refusing to submit to a polygraph examination in connection with the ongoing internal investigation into this matter will result in a proposal that I be dismissed from employment, I have been fully advised and I understand that I am not being asked or required as a condition of continuing employment to stipulate that the results of this examination be admissible in any proceeding or hearing, nor am I being asked or required as a condition of continuing employment to waive any right guaranteed to me by the Constitution of the State of Georgia or the Constitution of the United States or any other law.

Having been so advised and fully understanding my rights and options in connection with this matter, I freely and voluntarily agree to submit to a polygraph examination. I further voluntarily stipulate that the results of this polygraph examination may be admissible in any proceeding or hearing, either administrative or judicial.

SIGNED

DATE

WITNESS

STATE OF GEORGIA

COUNTY OF

VOLUNTARY UNDERSTANDING

I understand that I am being requested by the _____ to submit to a polygraph examination as part of an internal investigative procedure arising out of _____.

I have been advised of the nature of the investigation and of my rights, in connection with this proceeding, under the Constitution of the State of Georgia or under the United States Constitution or under any state or federal law (including any right against self-incrimination under the Fifth Amendment of the United States Constitution).

While I am aware that refusing to submit to a polygraph examination in connection with the ongoing internal investigation into this matter will result in a proposal that I be dismissed from employment, I have been fully advised and I understand that I am not being asked or required as a condition of continuing employment to stipulate that the results of this examination be admissible in any proceeding or hearing, nor am I being asked or required as a condition of continuing employment to waive any right guaranteed to me by the Constitution of the State of Georgia or the Constitution of the United States or any other law.

Having been so advised and fully understanding my rights and options in connection with this matter, I freely and voluntarily agree to submit to a polygraph examination.

SIGNED

DATE

WITNESS

REFUSAL TO SUBMIT TO POLYGRAPH EXAMINATION

I understand that I am being directed by the _____ to submit to a polygraph examination as part of an investigative procedure.

I further understand that I have not been directed to waive any right which has been guaranteed to me by either the United States Constitution, the Constitution of the State of Georgia or any federal or state law (including my right against self-incrimination under the Fifth Amendment to the United States Constitution). I further understand that the Department of Human Resources has not directed me to waive my right to object to answering any individual questions during the examination which I feel would tend to incriminate me or to otherwise expose me to criminal prosecution.

I further understand that my refusal to comply with this order will result in a proposal that I be dismissed from employment.

With these understandings in mind, I refuse to submit to a polygraph examination.

SIGNED

DATE

WITNESS