

Employee Name:

**DUTY STATEMENT
DEPARTMENT OF STATE HOSPITALS - NAPA**

**JOB CLASSIFICATION: OFFICE TECHNICIAN (TYPING)
(Health Information Management Department)**

1. MAJOR TASKS, DUTIES, AND RESPONSIBILITIES

Perform a variety of general and difficult office work; exercise a high degree of initiative, independence and originality in performing assigned tasks.

- 40 % Provides clerical support services including:
- **Typing assignments such as correspondence, reports, forms;**
 - **Taking and preparing minutes of meetings;**
 - **Arranging meetings, and scheduling appointments;**
 - Opening and distributing mail; and,
 - Answering telephones.
- 30 % **Provides and maintains various record keeping and filing systems, such as time keeping, classifying, sorting and filing of various documents, and necessary purging.**
- 10 % Duplicates material using photocopying equipment.
- 10 % Other related duties as assigned.
- 10 % **SITE SPECIFIC DUTIES**
Scans and emails documents relevant to patients' medical records to staff as needed. Under minimum supervision, ensures that all copies of psychiatric, medical, and legal records are sent to recipients in a secured, confidential manner. Verifies and assigns Admission, Discharge, Transfer (ADT) codes; accepts subpoenas; and, performs admission and discharge record tracking. Performs support tasks for billing, record completion, and census.
- 0 % **TECHNICAL PROFICIENCY**
None

2. SUPERVISION RECEIVED

The Office Technician (Typing) is supervised by the Health Record Technician II (Supervisor).

Revised 06/24/2024

* Bolded duties have been identified as Essential Functions.

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3. SUPERVISION EXERCISED

The Office Technician (Typing) does not exercise supervision but may act as a lead for Office Assistants and Student Assistants.

4. KNOWLEDGE AND ABILITIES

KNOWLEDGE OF:

Modern office methods, supplies and equipment; business English and correspondence; principles of effective training.

ABILITY TO:

Perform difficult clerical work, including ability to spell correctly; use good English; make arithmetical computations; operate various office machines; follow oral and written directions; evaluate situations accurately and take effective action; read and write English at a level required for successful job performance; make clear and comprehensive reports and keep difficult records; meet and deal tactfully with the public; apply specific laws, rules and office policies and procedures; prepare correspondence independently utilizing a wide knowledge of vocabulary, grammar and spelling; communicate effectively; provide functional guidance.

5. REQUIRED COMPETENCIES

SAFETY

Actively supports a safe and hazard free workplace through practice of personal safety and vigilance in the identification of safe or security hazards, including infection control.

CULTURAL AWARENESS

Demonstrates awareness to multicultural issues in the workplace which enable the employee to work effectively.

SITE SPECIFIC COMPETENCIES

N/A

TECHNICAL PROFICIENCY (SITE SPECIFIC)

N/A

6. LICENSE OR CERTIFICATION – NOT APPLICABLE.

7. TRAINING - Training Category = D

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The employee is required to keep current with the completion of all required training.

8. WORKING CONDITIONS

EMPLOYEE IS REQUIRED TO:

- Report to work on time and follow procedures for reporting absences;
- Maintain a professional appearance;
- Appropriately maintain cooperative, professional, and effective interactions with employees, patients, and the public; and,
- Comply with hospital policies and procedures.

The employee is required to work any shift and schedule in a variety of settings throughout the hospital and may be required to work overtime and float to other work locations as determined by the operational needs of the hospital. All employees are required to have an annual health review and repeat health reviews whenever necessary to ascertain that they are free from symptoms indicating the presence of infection and are able to safely perform their essential job functions.

_____ Employee Signature	_____ Print Name	_____ Date
_____ Supervisor Signature	_____ Print Name	_____ Date
_____ Reviewing Supervisor Signature	_____ Print Name	_____ Date

Revised 06/24/2024

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