

VERIFICATION OF ORIENTATION TO AGENCY

Employee Name: _____

I have received orientation to the agency as follows:

- Agency Policies and Procedures
- Agency Mission, values, philosophy, objectives and goals
- Agency Organizational structure and Chain of command
- Agency Hours of operation/Scope of services/Service Area
- Client rights and responsibilities
- Rights of the Elderly
- Agency Policy on Confidentiality and HIPAA privacy practices
- Agency Complaint/Grievance procedure for Agency Clients
- Agency Complaint/Grievance procedure for Agency employees/Staff rights
- Agency Policy on Abuse, Neglect, and exploitation
- Agency Standards of care/OASIS Documentation standards for Licensed staff
- Agency Infection control policies
- Agency Disciplinary process
- Scheduling and Assignments
- Payroll and Benefits information

I have read and had explained to me all of the preceding Policies, Procedures, requirements and conditions of employment with the Agency.

I have read and understand the policies and procedures of the Agency and agree to comply with all applicable Agency Policies and Procedures.

I further understand that my failure to abide by them may be cause for disciplinary action, which may include termination of employment.

Employee Signature: _____

Signature of authorized Agency Representative: _____ Date: _____