

Employee Sign Off Regarding HIPAA

this policy on protecting Consumer should any situation arise where I be and including termination. I hereby agree to maintain Consum discussing Consumers information have "a need to know" and are active I further acknowledge that I have be compliance during orientation and the PHI to be disclosed. I further agree that I will protect PH homes and will not allow any PHI to	mployee of Reliable Home Health have read and as Health Information (PHI) and security. I undoreach Consumer's confidentiality I will be discover's confidentiality in the strictest manner posses only with those designated care providers or survely involved in the care services provided to the een trained in the provisions and laws related to those Consumers must sign written permission. If while driving in my vehicle servicing Consumers be visible inside my vehicle; I will not bring the homes/facilities of Consumers I am servicing	erstand that ciplined up to tible, sharing or upervisors who he Consumers. to HIPAA to allow their mers in their any PHI
Employee Signature:	Date:	
Incident/Acc	idents Reporting Acknowledgement	
MUST report ALL incidents/accide Consumers IMMEDIATELY to the	been thoroughly informed by Reliable Home Hents and any medical, physical, or mental change Supervisor and/or Scheduling Coordinator. It that I become injured, even a minor injury, I assoon as possible after the injury.	es in my
Employee Signature:	Date:	
	LE BY PHONE 24 HOURS A DAY, THE ANS ER 5PM WEEKDAYS AND ON WEEKENDS	
Acknowledgement & Unde	erstanding of Zero Tolerance Sexual Abu	se Policy
to me. I understand that the organization member or third party who commits those who are found to have commit understand that it is my responsibility understand how to report incidents of	and read the sexual abuse policy and/or have hation will not tolerate any employee, volunteer, sexual abuse. Disciplinary actions will be take tted sexual abuse. It to abide by all rules contained in the policy of sexual abuse as set forth in the abuse policy, lunteer exercising his or her rights under the po	board en against . I also including
Employee Printed Name	Signature	Date