



Home Health Foundation

The Leaders in Home Health and Hospice Care

- I attended an informational session regarding the Home Health Foundation’s Corporate Responsibility/Standards of Conduct Program.
- I received a copy of the Foundation’s Corporate Responsibility/Standards of Conduct policy.

I understand my responsibilities as an employee of the Foundation and its family of agencies – Home Health VNA & Merrimack Valley Hospice. Additionally, I have been instructed that should I have any questions regarding its content, I may refer them to my supervisor/manager. If I have any knowledge of facts concerning this agency’s activities that I believe might be a suspected violation of the law or agency Standards of Conduct, I will report the matter immediately to my supervisor or to the agency’s Corporate Compliance Officer whose duties are shared by the Vice President of Human Resources and the President/CEO of the organization.

- I understand that if I report a suspected violation that I am protected as a Whistleblower under various Federal and State Statutes.

Employee Signature

Print Name

Date





Home Health Foundation

The Leaders in Home Health and Hospice Care

- I have received and understand the Orientation Manual which includes the following policies and topics:
 - A. Home Health Foundation History
 - B. Home Health VNA Mission Statement
 - C. Patient Rights and Responsibilities
 - D. Confidentiality & Confidentiality Statement/HIPPA/Privacy Security
 - E. Corporate Responsibility/Standards of Conduct
 - F. Written Information Security Plan (WISP)
 - G. Internet use
 - H. CQI/Incident/Complaint Reporting/National Patient Safety Goals
 - I. Advanced Directives/Ethics
 - J. Standard Precautions, Bloodborne Pathogens, TB Precautions and Infection Control Reporting
 - K. Safety/Security-Fire, Personal and Office
 - L. Right to Know Law (MSDS)
 - M. Emergency Preparedness
 - N. Dress Code
 - O. Cultural Diversity
 - P. Medicare Advantage – Prescription Drug, Fraud, Waste and Abuse
 - Q. Sexual Harassment Training
 - R. Weapons Policy
 - S. Workplace Violence Policy
 - T. Social Media Policy
 - U. RISE HI Document

- I understand my responsibilities to comply with the Agency’s requirements as listed above.

Print Name

Signature

Date

