

Grace Home Care Provider, LLC

Employee Orientation Acknowledgement

I understand that I must report client progress and problems immediately.

I understand that I must call 911 for medical emergencies.

I agree to follow the client care plan and company policies.

I will report exposure to communicable diseases such as TB or Hepatitis.

I understand my job responsibilities and scope of services.

I agree to respect client rights and confidentiality.

I will follow complaint reporting procedures.

Employee Name

Employee Signature

Date

Administrator Signature