



PACIFIC HEALTH SYSTEMS
PRIVATE HOMECARE SERVICES

Documentation of Orientation

After attending the Pacific Health Systems Services orientation, please initial the following statements and sign below:

_____ I have read and understand the policies and procedures regarding scope of services and the types of clients served

_____ I have read and understand my assigned duties and responsibilities

_____ I understand to report client emergencies, problems and/or progress to supervisory nurse.

_____ I understand that I must report suspected exposure to TB to the agency

_____ I have read and understand the client rights.

_____ I have read procedures regarding handling of complaints, medical emergencies and other incidents.

_____ I have read and understand the required daily documentation of activities as client is being served

_____ I have received a copy of the Pacific Health Systems Employee Handbook

Employee Signature

Date

Agency's Signature

Date