



PACIFIC HEALTH SYSTEMS

PRIVATE HOMECARE SERVICES

Service Delivery Policies

At the Pacific Health Systems orientation forum, employees were told of the significance of rendering quality service to our clients. Please initial the following statements and sign below:

_____ I am aware of the agency policy of No "EVV Login, No pay". I understand that I have to complete my hours daily for the previous two weeks prior to payroll week by 12:00PM on the Wednesday of the Payroll week and send in the copies of the Progress Notes by email to payroll@pacifichealthsystems.net or post latest Friday of the week of the payroll week

_____ I understand that NO CALL, NO SHOW results in immediate termination

_____ Should there be a need to attend to non-business or family matters during my scheduled hours, I understand that I have to let the Administrator or my supervisor know of my plans to be off-duty as early as possible.

_____ I understand that it is against agency policy to borrow money from my client or tell my client about my personal challenges.

_____ I understand that services are performed at client's home and I must seek agency approval before driving the client on Doctor's appointments, grocery shopping, purchase medication etc..

Employee Signature

Date

Agency's Signature

Date