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## Form #440

### 2. OTHER ORIENTATION AREAS:

|   | Yes                      | No                       |  | Yes                      | No                       |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Objectives, Mission, Vision & Philosophy  | <input type="checkbox"/> | <input type="checkbox"/> | Practices that assure human rights respect including orientation to human rights regulations | <input type="checkbox"/> | <input type="checkbox"/> |
| Practices of confidentiality including: access, duplication and dissemination of individual's services record | <input type="checkbox"/> | <input type="checkbox"/> | Personnel policies, code of ethics including benefits  | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency preparedness procedures   | <input type="checkbox"/> | <input type="checkbox"/> | Infection control practices and measures   | <input type="checkbox"/> | <input type="checkbox"/> |
| Person-centeredness   | <input type="checkbox"/> | <input type="checkbox"/> | Other policies & procedures  | <input type="checkbox"/> | <input type="checkbox"/> |

Incident Reporting: \_\_\_\_\_ Yes \_\_\_\_\_ No: \_\_\_\_\_

Orientation to the specific consumers for which the staff person will be responsible.

Office Manager or designee (Name/Signature)

Date

Employee (Name/Signature)

Date