

New Hire Packet



MODERN HOMECARE

APPLICATION PACKET CHECKLIST

Name		Title	
Address			
City		State	Zip
Date of Birth	Social Security Number		Phone
Date of Hire		Termination Date	Comments
PRE-JOB OFFER			
APPLICATION	<input type="checkbox"/>	HEPATITIS B DECLINATION	<input type="checkbox"/>
RESUME	<input type="checkbox"/>	HEPATITIS B VAC.	<input type="checkbox"/>
DRIVERS LICENSE	<input type="checkbox"/>	CRIMINAL HISTORY AFFIDAVIT	<input type="checkbox"/>
SOCIAL SECURITY CARD	<input type="checkbox"/>	CRIMINAL HISTORY CHECK	<input type="checkbox"/>
I-9	<input type="checkbox"/>	Copy of PROFESSIONAL LICENSE	<input type="checkbox"/>
W-4	<input type="checkbox"/>	LICENSE VERIFICATION	<input type="checkbox"/>
CPR CERTIFICATION	<input type="checkbox"/>	MISCONDUCT CHECK	<input type="checkbox"/>
REFERENCES	<input type="checkbox"/>	CNA REGISTRY CHECK	<input type="checkbox"/>
AUTO INSURANCE	<input type="checkbox"/>	OIG Exclusion Results	<input type="checkbox"/>
TB SKIN TEST/XRAY	<input type="checkbox"/>	NATIONAL SEX OFFENDER REGISTRY	<input type="checkbox"/>
TB QUESTIONAIRE	<input type="checkbox"/>	LIFT ASSESSMENT	<input type="checkbox"/>
CONDITIONAL JOB OFFER (If all necessary papers are not provided)	<input type="checkbox"/>	DRUG AND ALCOHOL ABUSE	<input type="checkbox"/>
POST JOB OFFER			
Job Description	<input type="checkbox"/>	In-Services (Annually)	<input type="checkbox"/>
P&P Manual Agreement	<input type="checkbox"/>	Emergency Preparedness Plan	<input type="checkbox"/>
Competency	<input type="checkbox"/>	Patient Complaints/Grievances	<input type="checkbox"/>
Direct Deposit Form	<input type="checkbox"/>	Infection Control	<input type="checkbox"/>
Texas New Hire Form	<input type="checkbox"/>	Cultural Diversity	<input type="checkbox"/>
HIPPA Exam	<input type="checkbox"/>	Communication and Language barriers	<input type="checkbox"/>
Proof of Orientation	<input type="checkbox"/>	Ethics training	<input type="checkbox"/>
Conflict of Interest Statement	<input type="checkbox"/>	Compliance	<input type="checkbox"/>
Confidentiality Agreement	<input type="checkbox"/>	Workplace and patients safety (OSHA)	<input type="checkbox"/>
Wages & Benefits	<input type="checkbox"/>	Patient Rights and Responsibility	<input type="checkbox"/>
Employee Handbook	<input type="checkbox"/>	Waived Testing	<input type="checkbox"/>
COMMENTS:			
Verified by:		Updated by:	
Updated by:		Updated by:	

Employment Offer Letter (conditional employment)

RE: CONDITIONAL JOB OFFER FOR _____

I am pleased to offer you a conditional position with Modern Homecare.

This offer is conditional, pending the results/return of:

- Criminal History Check
- Reference Checks (2 required)
- Hepatitis B Vaccine
- Covid-19 Vaccine
- Lift Assessment
- CPR Certification
- License Verification
- Proof of Auto Insurance

These must be completed at least 30 days after employment commences.

You may begin our Agency Orientation but may not have direct patient contact until the identified items above have returned and they find you meet the qualifications for permanent employment.

You will begin your conditional Full-time Part-time Per Visit or Salary (choose one) position on _____.

Your employment location is: Territory 1 2 3 4 5

Your salary offer for this position is \$ _____ per year per hour per visit

Benefits are currently offered upon completion of your 90-day probationary period. The agency offers Medical, Dental, Paid Time Off, and Continuing Education allowances. Consult your employee handbook or the Administrator for other benefit information.

Sincerely,

Edrick Baham, Administrator

Offer accepted by	
_____ Employee	_____ Date

Modern Homecare



10777 Westheimer Road Suite 1100
 Houston, Texas 77042
O: 281-501-0350
F: 888-891-6316
E: admin@modernhh.com
W: modernhh.com

Employment Application				Date:
Last Name		First		M.I.
Street Address				Apartment/Unit #
City	State	ZIP Code	Phone	Alt. Phone:
Phone:	Alt. Phone:		Email:	
Social Security No.	Date Available		Desired Salary	
EMERGENCY CONTACT			PHONE	
Address				
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for this company?		Have you ever been convicted of a felony?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when:		If yes, explain:		
EDUCATION				
High School		Address		
Diploma	City	State	Zip Code	
University		Address		
Diploma	City	State	Zip Code	
Other		Address		
Diploma	City	State	Zip Code	
Language Skills	<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> German	<input type="checkbox"/> Other:
Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Per Visit <input type="checkbox"/>	Contract <input type="checkbox"/>	<input type="checkbox"/> Other:
License Type:	Licence Number:		State:	Expiration:
License Type:	Licence Number:		State:	Expiration:
CERTIFICATES EXPIRATION DATE:	CPR:	ACLS:	PALS:	OTHER:
PREVIOUS EMPLOYMENT				



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Company			Address		
City	State	Zip Code	Job Title	Starting Salary	
Responsibilities:					
From	To	Reason for leaving			
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				Ending Salary	
Company			Address		
City	State	Zip Code	Job Title	Starting Salary	
Responsibilities:					
From	To	Reason for leaving			
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				Ending Salary	
Company			Address		
City	State	Zip Code	Job Title	Starting Salary	
Responsibilities:					
From	To	Reason for leaving			
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				Ending Salary	
MILITARY SERVICE					
Branch	From	To	Rank at Discharge		
Type of Discharge	If other than honorable, explain:				
ACKNOWLEDGEMENTS					
I understand that I must report all accidents to my immediate supervisor and Modern Homecare, LLC – No matter how light.					
I also understand that I must wear all required personal protection equipment (PPE). The penalty for not wearing PPE is disciplinary action, up to and including termination.					
Signature					



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Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name. Have you ever been convicted of violating any law? (Please omit minor traffic violations.) Yes No if yes, please list conviction(s), date(s), and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above-referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history, or work ethic.

Signature

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Modern Homecare, LLC permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Modern Homecare, LLC with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Modern Homecare, LLC may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Modern Homecare, LLC, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information. This agency will check the employee misconduct registry (EMR) maintained by DADS. As required by TAC 93.3 and Chapter 253, Texas Health and Safety Code.

In consideration of my employment and of my being considered for employment by Modern Homecare, LLC, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Modern Homecare, LLC or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Modern Homecare, LLC, at any time, can constitute a contract of employment. No representative or agent of Modern Homecare, LLC, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that Modern Homecare, LLC is not involved in the day-to-day supervision or decision concerning patient care. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Modern Homecare, LLC against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage, and other responsibilities as found under state prime contract law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature

Date

TEXAS CRIMINAL ATTESTATION STATEMENT

By execution of this document, I acknowledge that I have been informed that a criminal history check will be performed on my name. I have informed the Agency of all names (maiden name, aliases) that I have used in the past. I acknowledge that I have been hired provisionally basis and that employment is temporary pending the results of the criminal history check. I also acknowledge that the Agency will not hire me if I have been convicted of the offenses enumerated below as disqualifying by the state. I also understand that the Agency will search all available registries and other sources to determine whether any acts of abuse, neglect or exploitation have occurred and whether my name is designated on any registry. If my name is designated on either registry, I understand the Agency will deny me employment.

DISQUALIFYING OFFENSES

TX Chapter 250, Health and Safety Code, requires that persons convicted of certain crimes may not be employed in direct contact with an individual in specified agencies providing care to the aged and disabled.

CONVICTIONS THAT ARE AUTOMATIC BARS TO EMPLOYMENT:

- Any offense under Chapter 19, Texas Penal Code (criminal homicide). Includes murder, capital murder, manslaughter and criminally negligent homicide.
- Any offense under Chapter 20, Texas Penal Code (kidnapping and unlawful restraint). Includes kidnapping, aggravated kidnapping and false imprisonment.
- An offense under Section 21.11, Texas Penal Code (indecenty with a child).
- An offense under Section 22.011, Texas Penal Code (sexual assault).
- An offense under Section 22.02, Texas Penal Code (aggravated assault).
- An offense under Section 22.04, Texas Penal Code (injury to a child, elderly individual or disabled individual).
- An offense under Section 22.041, Texas Penal Code (abandoning or endangering a child).
- An offense under Section 22.08, Texas Penal Code (aiding suicide).
- An offense under Section 25.031, Texas Penal Code (agreement to abduct from custody).
- An offense under Section 25.08, Texas Penal Code (sale or purchase of a child).

PLEASE SPECIFY ANY OTHER CONVICTIONS NOT LISTED ABOVE

I have not be convicted on any crime list above as disqualifying for employment.

I further confirm that there are no charges currently pending against me with respect to the above charges in this state or any other state.

Name:

Maiden Name or Alias:

Address:

Social Security #:

Driver's License #:

Signature:

Date:

APPLICANT REFERENCE CHECK

To Whom It May Concern:				
The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.				
To be filled out by applicant:				
Applicant Name:			Date:	
Prev. Employer:		Contact Person:		
Address:			Phone:	
City, State, Zip:			Fax:	
I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.				
Applicant's Signature:			Date:	
To be completed by previous employer:				
Employment	From:	To:	Position Held:	
Responsibilities:				
Reason for separation:				
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary:		
EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				
Comments:				
Reference provided by:			Title:	
Reference obtained by:		Via:	Date:	

APPLICANT REFERENCE CHECK

To Whom It May Concern:				
The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.				
To be filled out by applicant:				
Applicant Name:			Date:	
Prev. Employer:		Contact Person:		
Address:			Phone:	
City, State, Zip:			Fax:	
I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.				
Applicant's Signature:			Date:	
To be completed by previous employer:				
Employment	From:	To:	Position Held:	
Responsibilities:				
Reason for separation:				
Would you rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary:		
EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				
Comments:				
Reference provided by:			Title:	
Reference obtained by:		Via:	Date:	

TB Medical Questionnaire

APPLICANT'S NAME:	
1. Have you ever had a positive TB skin test or history of TB infection? If the answer is YES, please answer the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had the BCG vaccine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have prolonged or recurrent fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you recently lost weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have a chronic cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you cough up blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have sweating at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any of the following risk factors which may substantially increase the risk of tuberculosis?	
<input type="checkbox"/>	Gastrectomy
<input type="checkbox"/>	Silicosis (Lung Disease)
<input type="checkbox"/>	Intestinal Bypass
<input type="checkbox"/>	Weight 10% or more below ideal body weight?
<input type="checkbox"/>	Chronic Renal Disease
<input type="checkbox"/>	Diabetes Mellitus
<input type="checkbox"/>	Prolonged high-dose corticosteroid therapy or other Immunosuppressive therapy
<input type="checkbox"/>	Hematologic Disorder i.e. leukemia or lymphoma
<input type="checkbox"/>	Exposure to HIV or AIDS
<input type="checkbox"/>	Other malignancies

Applicant's Signature	Date
-----------------------	------

Hepatitis B Declination Statement

Employee Name:

The following statement of declination of hepatitis B vaccination must be signed by an employee who chooses not to accept the vaccine. The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration, and benefits of vaccination, and that the vaccine and vaccination are provided free of charge to the employee. The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring a hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to me; however, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Applicant's Signature

Date

Orientation Instruction Page Sign-Off For All Employees

Modern Homecare uses a unique method to orient its new employees so that we are assured that every employee receives ALL the information needed on your hiring date.

We ask that you have the complete hiring packet and your job description prior to starting the exercise.

As you go through the packet, each document will be reviewed. You should have the document being reviewed in front of you and you should read through it as we proceed. As we finish each document you will sign and date each document and put it aside in the order we go through.

Use care on the document marked "Reference Request". We require you to provide 2 written references in your file. Fill in the name of the company or person and the email address or fax number you would like us to send the reference request to (at the top of the document). If you don't know the addresses during orientation please find it out as soon as you leave today and call us before the day is over.

The section called "Orientation for All Employees" and the document called "Orientation for Direct Care Employees" are in a table format. As we complete each section, you will put today's date and your initials in the right-hand column indicating that you had that section reviewed with you.

Please inform us right away if you suspect that something negative will come back on your Criminal Background Check. Not all convictions will eliminate you from working in home healthcare but you must understand that we are responsible for assuring the safety of vulnerable clients (elderly and children). Speak to the Administrator privately if you suspect a problem will be identified.

Many home healthcare employees work for more than one company at the same time. It is essential that you let us know if you are working for another agency. Remember that any clients you service for us are **OUR** clients. Should you ever decide to leave us for any reason, clients you are servicing for us **MUST NEVER** be encouraged to transfer to another company where you might be working. This is clearly a conflict of interest and will not be tolerated. Our legal department will be notified immediately should this occur.

Please have your documents ready to copy before Orientation begins:

Drivers License, Car registration, Social Security Card, Legal Immigration documents (if applicable), Current Professional license, copy of professional liability insurance, Home Health Aide training certificate/competency, TB questionnaire.

Employee Signature

Date

Agency Representative Signature

Date

ALL EMPLOYEE/CONTRACTORS SIGN OFFS

____ INITIAL

Employee Sign Off Regarding HIPAA Privacy

I have read and understand this policy on Protected Health Information (PHI) and security. I understand that should any situation arise where I breach client privacy I will be disciplined up to and including termination. I hereby agree to maintain client confidentiality in the strictest manner possible, sharing or discussing client information only with those designated care providers or supervisors who have “a need to know” and are actively involved in the care of services provided to the clients. I further acknowledge that I have been trained in the provisions and laws related to HIPAA compliance during orientation and those clients must sign written permission to allow their health information (PHI) to be disclosed. I further agree that I will protect PHI while servicing clients and will not allow any PHI to be visible anytime; I will not bring any PHI related to another client into the setting of clients I am servicing.

____ INITIAL

Corporate Compliance Employee Sign Off

Our Agency is committed to providing the highest ethical health care and upholding conduct standards and corporate legal compliance. Our policies and Corporate Compliance Plan clearly supports a ‘zero’ tolerance to any form of fraud or misconduct. This applies to all employees, direct and contracted, regardless of position or title. I, as an employee of the Agency, acknowledge that I have apprised of and agree to comply with the Agency’s Corporate Compliance Policy. I understand that in no way does this create an obligation or contract of employment and that I, as well as the Agency, have the right to end the employment relationship at any time.

____ INITIAL

Incident/Accidents Reporting Acknowledgement

I have been thoroughly informed by the Agency that I **MUST** report **ALL** incidents/accidents and any medical, physical, or mental changes in my Members **immediately** to the Supervisor/office. I further understand that in the event that I become injured, even a minor injury, I am required to report that incident to my office as soon as possible after an injury.

OUR AGENCY IS AVAILABLE BY PHONE 24 HOURS A DAY. THE ANSWERING SERVICE WILL RESPOND AFTER 5 PM WEEKDAYS AND ON WEEKENDS/HOLIDAYS

____ INITIAL

Acknowledgement/Understanding of Zero Tolerance Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that the organization will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse. I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

____ INITIAL

Fraud/False Claims Laws/ Whistleblower Protection Policy Acknowledgement

I have received & reviewed the Agency policy on Fraud as part of my hire packet.

Employee Signature

Date

AVAILABILITY LIST

Employee Name:

Phone Number:

Cell Number:

Date of Hire (Orientation):

I am available on the following days and/or hours:

Available	From	To	Comments
<input type="checkbox"/> Sunday			
<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday			
<input type="checkbox"/> Saturday			

ONLY list sections you are willing to travel to:

- 1
- 2
- 3
- 4
- 5



Acknowledgment Employee Handbook/Do's & Don'ts

Listed are some pertinent references to employee policies from the Agency Employee Handbook. For more detailed information please refer to the Handbook. You may request to review any/all of the personnel policies pertinent to your employment at our Agency at any time.

1. Do wear scrubs to all your visits. However, if you do not have scrubs, you may wear business casual clothing. NO JEANS, scanty tops, see-through clothing, etc allowed.
2. Do wear your Agency Issued photo ID badge at all times when on agency business.
3. Do arrive on time for ALL assignments. Our Agency must be notified immediately if:
 - a. An emergency or situation arises that causes you to be late by five or more minutes.
 - b. You will be absent from your assignment.

Without calling the office, these situations are called NO CALL NO SHOW and are subject to termination.

4. Once you have been given an assignment, no more than 2 cancellations will be tolerated.
5. Don't use the client's phone. Cell phones are off during all visits.
6. Under no circumstances should you ever take the property, money, or "borrow" anything that belongs to a client or ever enter into any type of legal or financial agreement.
7. Don't discuss your rate of pay with your clients or any other employee of the Agency.
8. Do complete visit notes correctly and completely and have them signed by the client AT THE TIME OF THE VISIT.
9. Do call our coordinator to see if there are cases to be covered if you are not scheduled for work.
10. If any problem arises with your assignment, you must call the office immediately.
11. Do call the office immediately if the client does not answer the door for a scheduled visit. Failure to notify the office may be considered abandonment, especially if the client has had a medical emergency and is on the floor in need of medical assistance. DON'T assume they aren't home. CALL THE OFFICE.
12. Don't leave any assignment early without first calling your scheduling coordinator immediately.
13. Do report any incident/accident or unusual occurrence involving a Modern Homecare employee/client must be reported to our office **immediately**. If you are injured and unable to make the call have one of your family call us right away.
14. Do follow your schedule at all times WITHOUT MAKING ANY CHANGES.
15. Don't: Agency services do not include lifting or moving furniture, Scrubbing floors on hands and knees or window washing, hauling heavy trash barrels or raking leaves, or snow shoveling (if applicable).
16. Don't transport a client's in your car unless you have signed consent/authorization.
17. At the present time, our agency does not perform drug testing of staff but may do so at our discretion.
18. Cancellation Policy: A minimum of eight (8) hours of cancellation notice must be given at all times unless you are involved in an emergency. Sick calls shall be made with a 2-hour notice. Should you decide an assigned client must be removed from your schedule, the office requires a minimum of one week's notice to arrange a change of worker. 2 weeks' notice is preferred.

My signature acknowledges that I have received and have read the Employee Handbook and agree to the Agency's Dos & Don't as listed above & in the Handbook.

Employee Signature

Date

ORIENTATION FOR ALL EMPLOYEES			
TOPICS COVERED	DATE & INITIAL	TOPICS COVERED	DATE & INITIAL
Job Description review/sign off		Cultural/Ethnic Diversity	
Agency Organizational & Reporting Chart		Effective Communication techniques and language barriers	
Agency Mission/ History/Values/Care provided		Professional boundaries	
Recordkeeping/documentation		Quality Assurance Performance Improvement (QAPI) Program	
Confidentiality and Privacy of PHI/Electronic Protected Health Information		Service charges and patient disclosures	
Client Rights/Responsibilities		OSHA/Hazardous materials	
Advanced Directives		Corporate Compliance Program	
Conflict of Interest		Equipment usage	
<u>Review Policy manuals</u>		Incident/variance reporting	
Emergency/Disaster Plan review		Complaints/grievances process	
Job Specific Training		OASIS and other required documentation	
Agency specific training			
Background on Home Care industry (reimbursement, Regulatory, Accreditation)		Fraud/False claims laws Whistleblowers protections	
Office communication (suggestion box, staff meetings, memos etc)		Office protocols: use of office equipment/Phones/ fax/copier	
Infection Control/Standard Precautions		Abuse recognition/reporting	
Agency EEO Policy		Testing: HIPAA Exam	
Social Media Policy (in Employee Handbook)		<u>Company policies:</u> Dress Code/Office Hours Reliability/call-outs protocols Employee Handbook review Name tag/ ID card/ ID # assigned Review pay period/paydays/timesheets	
Applicant's Name	Date	Signature	
Trainer's Name	Date	Signature	

Confidentiality Agreement

This agreement is made between _____ (the "Employee") and Modern Homecare, (the "Employer") on the ____ of _____, 20 ____.

The Employee agrees to the terms of this Agreement:

- 1) As a condition of employment, the employer requires that all new employees agree to enter into this Confidentiality Agreement (the Agreement). The Employee acknowledges that employment with Employer is sufficient consideration for the Employee to enter into the Agreement.
- 2) The Employee acknowledges that, in the course of employment, the Employee will, and may in the future, come into possession of certain confidential information belonging to the Employer including but not limited to trade secrets, data, materials, products, technology, computer programs, specifications, manuals, business plans, software, marketing plans, financial information, and other information disclosed or submitted. This confidential information may be embodied in handwritten notes by the Employee, computer disks, tapes, paper, or any other media.
- 3) The Employee hereby covenants and agrees that she or he will at no time, during or after the term of employment with the Employer, use for his or her own benefit or the benefit of others, or discloses or divulge to others, any such confidential information.
- 4) Upon termination of employment, the Employee will return, retaining no copies or notes, all documents relating to the Employer's business including, but not limited to, reports, lists, correspondence, information, computer files, computer disks, and all other material and all copies of such material, obtained by the Employee during employment nor will the employee attempt to contact or solicit any clients that the employee may have worked with during employment.
- 5) The Employee recognizes that the Employer may be irreparably damaged by a breach of this Agreement and that the Employer shall be entitled to seek an injunction to prevent such competition or disclosure, and will entitle the Employer to other legal remedies, including attorney's fees and costs.
- 6) The obligations of Recipient herein shall be effective from the date Owner last discloses any Confidential Information to Recipient pursuant to this Agreement.
- 7) If any part of this Agreement is adjudged invalid, illegal, or unenforceable, the remaining parts shall not be affected and shall remain in full force and effect.
- 8) This instrument, including any attached exhibits and addenda, constitutes the entire Agreement of the parties. No representation or promises have been made except those that are set out in this Agreement. This Agreement may not be modified except in writing signed by all parties.
- 9) This agreement shall take effect as a sealed instrument and shall be construed, governed, and enforced in accordance with the laws of the State of TX, without regard to its conflicts of law provisions.
- 10) The descriptive headings used herein are for the convenience of reference only and they are not intended to have any effect whatsoever in determining the rights or obligations under this agreement.

Applicant's Signature

Date

Agency Representative's Signature

Date

Conflict Of Interest

POLICY:

No employee or member of the Governing Body, Advisory Committee, or other individual, committee, or entity shall derive any profit or gain directly or indirectly by reason of their association with the agency, without the prior knowledge and approval of the Governing Body. All board members and/or employees, at the discretion and specific request of the board, will be required to submit a disclosure statement annually.

If a matter arises in which a member of the board or employee has a conflict of interest, it shall be promptly disclosed to the Administrator and Governing Body.

In matters involving a conflict of interest, a board member must disclose any known significant reasons why a transaction might not be in the best interest of the agency and a board member shall not participate in discussions unless requested by the board nor vote on such transactions. The abstention and the reason for it shall be recorded in the minutes.

Field staff in any capacity understands that all clients are clients of the Agency not personal clients of the field staff. Clients may never be serviced privately by an employee of Our Agency for the financial gain of the employee. Should an employee terminate employment with Modern Homecare, the field staff understands that the client may not be encouraged or otherwise moved from our Agency to another agency.

INDIVIDUAL STATEMENT REGARDING CONFLICT OF INTEREST.

I, _____, have read and am fully familiar with the agency's policy statement regarding conflict of interest. I am not presently involved in any transaction, investment, or other matter in which I would profit or gain directly or indirectly as a result of my membership on the agency's Governing Body or its committees or my employment.

Furthermore, I agree to disclose any such interest which may occur in accordance with the requirements of the policy and agree to abstain from any vote or action regarding the agency's business that might result in any profit or gain directly or indirectly, for myself.

I also work for another home healthcare agency: Yes No

I am disclosing the name of the agency/agencies:

Applicant's Signature

Date

Worker's Comp Insurance Notification

TX NOTICE OF WORKER'S COMP INSURANCE

Our Agency DOES NOT offer Worker's Comp Insurance at this time.

TX Reference Rule 110.101

(a) In addition to the posted notice required by subsection (e) of this section, employers, as defined by Labor Code Section 406.001, shall notify their employees of workers' compensation insurance coverage status, in writing. This additional notice:

- (1) shall be provided at the time an employee is hired, meaning when the employee is required by federal law to complete both a W-4 form and an I-9 form or when a break in service has occurred and the employee is required by federal law to complete a W-4 form on the first day the employee reports back to duty;
- (2) shall be provided to each employee, by an employer whose workers' compensation insurance coverage is terminated or cancelled, not later than the 15th day after the date on which the termination or cancellation of coverage takes effect;
- (3) shall be provided to each employee, by an employer who obtains workers' compensation insurance coverage, not later than the 15th day after the date on which coverage takes effect, as necessary to allow the employee to elect to retain common law rights under Labor Code Chapter 406;
- (4) shall include the text required in the posted notice (see rule 110.101 (e)(1), (e)(2), (e)(3), (e)(4) for appropriate language); and
- (5) if the employer is covered by workers' compensation insurance (subscriber) or becomes covered, whether by commercial insurance or through self-insurance as provided by the Texas Workers' Compensation Act (Act), shall include the following statement:

NOTICE TO NEW EMPLOYEES

"You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained workers' compensation insurance coverage, you notify your employer in writing that you wish to retain your common-law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured."

Applicant's Signature

Date