**ORIENTATION**

I certify that I have read the facility policy and procedures including;

1. Program Purpose
2. Program Description.
3. Client Rights, Responsibilities, and Complaints
4. Confidentiality
5. Other policies and procedures relevant to an employee’s range of duties and responsibilities
6. Universal Precautions for Infection Control
7. Use of Behavioral Management
8. Emergency Safety Interventions
9. Information about HIV/AIDS
10. Reporting client progress and problems to supervisory personnel, and
11. Procedures for handling medical emergencies or
12. Other incidents that affect delivery of treatment or services

I have filled out all the necessary employment releases and agreements.

I have read the rules and agreed to the confidentiality agreement.

I have been provided with a job description and I understand the scope of my duties at Recovery Works.

Date of Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_