

## Acknowledgment of Receipt of Materials

I acknowledge that I have received and reviewed the following materials, and agree to be bound by the policies and procedures enclosed herein:

- ORIENTATION TO HOME CARE REQUIREMENTS
- HOME CARE BILL OF RIGHTS
- SERVICE DELIVERY POLICY
- SERVICE RECIPIENT RIGHTS
- HIRING AND TERMINATION
- TRAINING
- SUPERVISION
- PERSONAL CARE ASSISTANT JOB DESCRIPTION
- HOMEMAKER JOB DESCRIPTION
- EMPLOYEE MISCONDUCT
- DRUGS AND ALCOHOL
- INFECTIONS AND COMMUNICABLE DISEASES
- REQUEST TO DISCONTINUE LIFE SUSTAINING TREATMENT
- ADVANCED DIRECTIVE NOTICE
- FAIR AND ACCURATE BILLING
- CRIMINAL BACKGROUND CHECKS
- WORKPLACE SAFETY
- HEALTH AND SAFETY IN HOME ENVIRONMENTS
- TRANSPORTATION OF RECIPIENTS
- MALTREATMENT OF VULNERABLE ADULTS
- MALTREATMENT OF MINORS
- INCIDENT RESPONSE AND REPORTING
- EMERGENCY USE OF MANUAL RESTRAINTS
- HEALTH INFORMATION SECURITY
- HIGH RISK/COMPLEX CASES
- MEDICAL LEAVES OF ABSENCE
- CONFIDENTIALITY AND NON-SOLICITATION
- CONSENT TO ELECTRONIC DELIVERY
- OVERTIME
- ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS

I further acknowledge and understand that review of these materials by me shall be required annually to meet annual training requirements, and shall be available on the company website. I acknowledge and understand that my continued work shall be considered as my acknowledgement of having reviewed the materials annually and my acceptance of their terms.

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PCA Signature

Date: mm/dd/yy

Print PCA Name

NOTE: IT IS A **FEDERAL** CRIME TO PROVIDE FALSE INFORMATION ON BILLINGS FOR MEDICAL ASSISTANCE PAYMENT. PROVIDING FALSE INFORMATION ON PCA OR QUALIFIED PROFESSIONAL BILLINGS MAY RESULT IN YOUR TERMINATION.