## EMPLOYEE ACKNOWLEDGEMENT

**Confidentiality:** Agency maintains confidentiality of operations, activities, and business affairs of the Agency and the clients according to 1996, Health Information Portability and Accountability Act (HIPPA). Due to the nature of our work, each employee will gain, directly or indirectly, sensitive and confidential information on clients/patients and staff members. The health care professional safeguards the individuals' right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient information, etc. This information should be shared only with those persons who, due to their position, have a need to know. Sensitive or confidential information must never be used as the basis for social conversation or gossip. If an employee is in doubt as to whether or not certain information may be shared, she/he should consult with their supervisor.

**Drug Testing Policy:** Agency reserves the right to request a drug test if necessary, and/or request one if a complaint or need arises. Agency maintains a drug free workplace policy with regard to the possession, use, distribution and sale of drugs or alcohol. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on Agency paid time. Violation of this policy can result in disciplinary action, up to and including termination of employment. I acknowledge I have received a copy of the agency's policy on drug testing. An employee may be required to take a drug test if a vehicle incident occurs while driving a company vehicle.

**Harassment Policy:** This Agency is committed to providing a work environment that is free from all forms of discrimination and unlawful harassment including sexual harassment. This policy applies to all employees including management personnel. Sexual harassment is any unwelcome sexual advances either explicit or implicit as a term or condition of employment. Improper behavior may be verbal, visual, or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially and without fear of retaliation to the employee. An employee should report the alleged incident immediately and confidentially to the appropriate manager or Human Resources.

**Non Solicitation/Illegal Remuneration:** Agency does not reimburse or provide incentives to employees, physicians, durable equipment providers, family or other health professionals for patient referrals. Employees found in violation of this policy will be subject to discipline up to termination of employment.

**Non-Discrimination:** Agency does not discriminate against clients or employees based on race, color, religion, age, sex, national origin, marital status, or disability.

Abuse, Neglect, and Exploitation: Agency employees will report suspected abuse, neglect and/or exploitation to the state departments of both, the Texas Department of Family and Protective Services, the Department of Aging and Disability Services, and Agency management. Agency employees suspected of abuse, neglect or exploitation will be suspended immediately, an investigation will be conducted, and if the investigation validates the claim, the employee will be terminated.

**Workers' Compensation:** Agency does not have any Workers Compensation Insurance Coverage to protect you from damages because of work related illness or injury. We expect that you will practice Good Risk Management in all areas of Patient/Personal safety measures and good infection control. I understand that it is my responsibility to practice safe working procedures and good personal hygiene.

**Progressive Discipline Policy:** Agency utilizes a progressive discipline process in cases of misconduct or unacceptable performance. This includes verbal warning, written warning and final warning. Disciplinary action may begin at an advanced stage of the process or may result in immediate termination based upon the nature and severity of the offense, employees past record and other circumstances.

Agency Policies: I acknowledge that I have read, understand, and will comply with all applicable agency policies and guidelines.

Employee: \_\_\_\_\_

Date: \_\_\_\_\_