Prevention Personnel Acknowledgement

Name of Program:

◯ Employee ◯ Contract Staff ◯ Volunteer

Name:

◯ Yes ◯ No I have received and agree to abide by federal regulations on confidentiality of AoD abuse patient records (42 CFR, Part 2).

◯ Yes ◯ No I have received and agree to abide by the personnel policies and procedures.

◯ Yes ◯ No I have received and agree to abide by the client abuse/neglect policies and procedures.

◯ Yes ◯ No I have received and agree to abide by the child abuse/neglect policies and procedures.

◯ Yes ◯ No I have received and agree to abide by the client rights policy.

◯ Yes ◯ No I have received and agree to abide by the client grievance procedure.

Signed By

Date