

Divine Home Health Care Agency, LLC

Homemaker/Companion Services

HIPPA Confidentiality statement

As an employee of Divine Home Health Care Agency, LLC, I understand and acknowledge that: I must hold confidential and private all information pertaining to patients, patient's records, client facility policy and procedures.

All protected patients' information shall be kept safeguarded pursuant to the policies and procedures of Divine Home Health Care Agency, LLC and in accordance with Health Insurance Portability and Accountability Act of 1996 (HIPPA), the regulations issued there under and any applicable state law to prevent impermissible disclosure, loss of misuse and to ensure that only authorized persons have access to such protected information.

I have received training in the confidentiality policies and procedures of DHHCA, LLC and I will consult the Facility Private Officer Liaison in the event I have any questions regarding the scope of application of the privacy policies described in this statement.

Private and confidential information will only be released to an outside party when legally required to do so and to the extent minimally necessary to respond to the request. Failure to maintain confidentiality and privacy may lead to disciplinary action up to and including termination as well as any actions designated by the appropriate disciplinary and/ or credentialing board.

I understand that any breach of confidentiality may be grounds of immediate termination of employment as well as any appropriate legal actions.

Employee Name (Print)

Date

Employee Signature

Divine Home Health Care Agency, LLC

Homemaker/Companion Services

New Employee Hiring Checklist

1. Employee Application
2. Service Agreement Sub-Contractor
3. Non-Disclosure/Non-Compete
4. Emergency Contact
5. W-4 Federal Withholding
6. Employment Eligibility Verification (I-9)
7. Subcontractor (W-9)
8. Good Moral Character
9. Job Description CNA LPN RN OTHER _____
 - CNA Skill LPN Skills RN Skills
 - CNA medication Denial Form
10. Policy and Procedure Booklet (Company)
11. Policy and Procedure TB & Hepatitis
12. Employee Drug Screening Agreement
13. Criminal History Consent Form/ Live Scan Results
14. Code of Ethics
15. Physical Exam Yearly
16. Employee Health Record
17. TB Test (copy)
18. Hepatitis Vaccine/Declination form
19. Universal Precaution form
20. Direct Deposit Authorization form
21. HIPPA Confidentiality Statement
22. References Checked by Employer Dated _____
23. Copies in file
 - _____ CNA certificate _____ LPN license _____ RN license
 - _____ Driver's License _____ CPR Card _____ First Aide
 - _____ SS card _____ Local background _____ Live Scan
 - _____ Resume _____ HIV/AIDS _____ H.S. Diploma/GED
 - _____ Med Adm. _____ HIPPA _____ Zero Tolerance
 - _____ Core Competencies (Intro to DD and Health & Safety)

Employee's signature

Title Date

Employer's Signature

Title Date

Divine Home Health Care Agency, LLC

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Employee Emergency Instructions

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact:

1. Name: _____

Relationship: _____

Phone/Cell #: _____

2. Name: _____

Relationship: _____

Phone/Cell #: _____

3. Name: _____

Relationship: _____

Phone/Cell #: _____

Pertinent Health Info:

Allergies: _____

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Character Statement

Never have been shown by credible (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

Sign: _____

Date: _____

Divine Home Health Care Agency, LLC
Homemaker/Companion Services
Policy and Procedure Signature Page

I, _____ (print name) acknowledge receipt and understand of the following Divine Home Health Care Agency LLC policies and procedures. Please initial beside each policy.

- _____ Introduction
- _____ Continuum Care
- _____ Client Access to Service
- _____ Consent
- _____ Client Rights and Responsibilities
- _____ Assessment Process
- _____ Service Plan
- _____ Client Records
- _____ Types of Care
- _____ Home Care Services
- _____ Service Providers
- _____ Nursing Practice
- _____ Home Care Client Fees and Charges
- _____ Quality Monitoring and Improvement
- _____ Occupational Health and Safety
- _____ Employment
- _____ Condition of Employment

Signature

Date

Divine Home Health Care Agency, LLC
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POLICY AND PROCEDURE FOR REPORTING AND
EXPOSURE TO TB OR HEPATITIS:

ANY EMPLOYEE OF Divine Home Health Care Agency, LLC including HOMEMAKERS', COMPANION'S, CNA'S, LPN's and RN's ARE TO REPORT ANY EXPOSURE TO TB OR HEPATITIS.

EMPLOYEE IS REQUIRED TO REPORT TO SUPERVISOR AND TO THE LOCAL HEALTH DEPARTMENT ANY EXPOSURE:

CONTACT INFORMATION IS AS FOLLOWS:

Divine Home Health Care Agency, LLC
HOME CARE SERVICE
725 Newton Ave,
Uniondale, NY, 11553
516-331-2914
ADMINISTRATOR, Maria Messias

I _____, understand policy and procedure for handling any exposure to TB or Hepatitis. Date: _____

Divine Home Health Care Agency, LLC
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Employee Drug Screening Agreement

I _____, state that I am not using any illegal drugs. I also agree, if I am suspected of using illegal drugs I will submit to a drug screening test.

Signature of Employee

Notarized:

By: _____

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NONDISCLOSURE AND NONCOMPETITION

1. At all times while this agreement is in force and after its expiration or termination, _____ (employee name) agrees to respect the confidentiality of Divine Home Health Care Agency, LLC patents, trademarks, and trade secrets, and not to disclose them to anyone.

2. _____ (employee name) agrees not to make use of research done in the course of work done for DHHCA, LLC while employed by a competitor of DHHCA, LLC.

3. _____ (employee name) agrees not to set up in business as a direct Competitor of DHHCA, LLC within a radius of 30 miles of DHHCA, LLC, 725 Newton ave, Uniondale, NY, 11553, for a period of 5 years following the expiration or termination of this agreement.

4. _____ (employee name) agrees to pay liquidated damages of \$10,000.00 if any violation of this paragraph is proved or admitted.

IN WITNESS WHEREOF, DHHCA, LLC and _____
(employee name) have signed this agreement.

Employee Name

Date