|  |
| --- |
| POLICY ORIENTATION RECEIPT |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The following review of and information regarding policies and procedures and associated documents will be completed by the Designated Coordinator and/or Designated Manager with the person and/or legal representative and case manager. Copies will be provided of those policies and procedures that affect the person’s service-related and protection-related rights. Copies of other policies and procedures are available upon request.  Orientation to the following items will be completed in a manner that facilitates understanding by the person and/or legal representative and case manager.  **Within 24 hours of admission** or for persons who would benefit from a later orientation (and that reason can be documented), the orientation may take place **within 72 hours**:   1. *Policy and Procedure on* *Reporting of Maltreatment of Vulnerable Adults*. 2. *Program Abuse Prevention Plan*, if applicable.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person served and/or legal representative signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Case manager signature Date  It is possible that orientation to these two documents could be delayed if the person would benefit from a later orientation. As applicable, the documented reason for delay was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Within five (5) working days of service initiation**:   1. *Rights of Persons Served* 2. *Policy and Procedure on Reporting of Maltreatment of Minors.* 3. *Policy and Procedure on Grievances*.    1. *Policy and Procedure on Data Privacy*.    2. *Policy and Procedure on Temporary Service Suspension.*    3. *Policy and Procedure on Service Termination.*    4. *Policy and Procedure on Emergency Use of Manual Restraint.*     The Designated Coordinator and/or Designated Manager has informed the person served and/or legal representative and case manager of the company’s other policies and procedures required by 245D.  **Acknowledgements:**  I have received a copy of the policies and procedures that affect service-related and protection-related rights including a copy of the *Rights of Persons Served*.  Yes  No  These policies and procedures and rights have been explained to me in a manner in which I understand.  Yes  No  I have received orientation to the *Program Abuse Prevention Plan*, if applicable, and I understand a copy is available upon my request.  Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person served and/or legal representative signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Case manager signature Date |