A picture containing vector graphics

Description automatically generated

Consumer & Personal Representative Orientation

POLICY ORIENTATION RECEIPT

Name: Date of admission: 02/25/2021

The following review of and information regarding policies and procedures and associated documents will be completed by the Designated Coordinator/Manager with the person and/or legal representative and case manager within five (5) working days of service initiation. 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.

1. *Policy and Procedure on* *Reporting of Maltreatment of Vulnerable Adults*.
2. *Policy and Procedure on Reporting of Maltreatment of Minors.*
3. *Policy and Procedure on Grievances*.
4. *Policy and Procedure on Data Privacy*.
5. *Policy and Procedure on Temporary Service Suspension* and *Termination.*
   1. *Policy and Procedure on Emergency Use of Manual Restraint.*
6. *Rights of Persons Served.*

1. *Program Abuse Prevention Plan*, if applicable. This orientation must occur within 24 hours of admission or within 72 hours for persons who would benefit from a later orientation.

The Designated Coordinator/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  I decline to receive a copy

These policies and procedures and rights have been explained to me in a manner that I understand.

Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person served and/or legal representative signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case manager signature Date

\_\_\_\_\_\_

Dynamic Services Representative Date