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ACKNOWLEDGEMENT FORM
ANNUAL MANDATED TOPICS

I hereby acknowledge receipt and understanding of the following Mandated Topics from *Staffing Helpers*.

Topics Included:

- ❖ Fire Safety
- ❖ Electrical Safety
- ❖ Infection Control/Universal Precautions
- ❖ Hepatitis C
- ❖ Hepatitis B
- ❖ HIV Testing and Related Information
- ❖ Age Specific Care
- ❖ Sexual Harassment
- ❖ Pain Management
- ❖ Patient Abuse
- ❖ Multi-Cultural Aspects of Patient Care
- ❖ HIPAA Privacy Regulations
- ❖ National Patient Safety Goals
- ❖ Patient Rights
- ❖ Domestic Violence
- ❖ Restraints
- ❖ Blood Glucose Monitoring & Management
- ❖ Advance Directives
- ❖ Agency Administrative Policies and Procedures
- ❖ Emergency Preparedness Plan
- ❖ Prevention of Medical Errors

I understand that as an employee of *Staffing Helpers*, at any client facility, it is my responsibility to protect the confidentiality of the patients' medical information. Failure to maintain patient confidentiality may lead to discharge or other disciplinary action.

I have read and understand the above policy.

Print Name

Title

Signature

Social Security #