

North Country Community Mental Health

1420 Plaza Drive – Petoskey, MI 49770

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ACKNOWLEDGEMENT OF TRAINING MATERIAL

I, _____ have been trained or have received information, Policies, plans or guidelines on the following, and understand my responsibility as it applies thereto.

(Please Initial)

- _____ Bloodborne Pathogens
- _____ Infection Control & Safety Manual
- _____ Regulatory Compliance Plan and Whistleblowers Protection Act
- _____ Cultural Competency Plan and Limited English Plan
- _____ HIPAA
- _____ Confidentiality of Patient Records and Substance Abuse Patient Records
- _____ Preventing Sexual Harassment
- _____ Medicaid False Claims and Regulatory Compliance
- _____ Recipient Rights Policy, Summary of Abuse and Reporting Requirements, DCH Administrative Code Part 7, and Chapter 7 of the Michigan Mental Health Code
- _____ Code of Ethics
- _____ Risk Management Policy and Procedure
- _____ Person Centered Planning Guidelines
- _____ Grievance and Appeal Procedure
- _____ Advanced Directives Policy
- _____ Quality Improvement Plan

Signature: _____

Date: _____ , _____