

HENRICO AREA MENTAL HEALTH & DEVELOPMENTAL SERVICES
ORIENTATION CHECKLIST - CLIENT - INITIAL SERVICES

All clients must be oriented to Agency within 30 days of starting services - in group or individual orientation - using this checklist and any written materials for consumers, e.g. pamphlets

GENERAL AGENCY ORIENTATION (Handbook provided at registration)

- Human Rights Brochure
- Code of Ethics Brochure (includes Conflict of Interest)
- Privacy Notice (Handout)
- Financial Assessment and Payment expectations
- Hours of Operation
- Emergency Services Program
 - Services provided
 - Hours of Operation
- Health and Safety
 - Emergency procedures
 - Evacuation Plan
- Outcomes

Client Signature:

Name: Client Name Date: 08/17/2012 Time: 2:50 p.m. Yes No N/A
Electronically Signed

Staff Signature:

Name: Staff Name Date: 08/17/2012 Time: 2:50 p.m. Yes No N/A
Electronically Signed

Staff Entering Data (if different from above)

Name: Staff Name Date: 08/17/2012 Time: 2:50 p.m. Yes No N/A
Electronically Signed