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

Staff Signature:

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

Staff Entering Data (if different from above):

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

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