

Policy Acknowledgement

I acknowledge that I have received the following policies within my employee packet:

- _____ *Age-Specific Care*
- _____ *HIPAA: Privacy Compliance*
- _____ *Bloodborne Pathogens*
- _____ *Hazard Communication*
- _____ *Hazard Communication Plan Form*
- _____ *Injury and Illness Prevention Summary*
- _____ *Harassment Policy and Written Complaint Form*

I understand that it is my responsibility to read and comply with these policies. I further understand that I should consult the *Human Resources Department* regarding any questions raised by these policies and not answered by the above referenced documents.

Please sign this form as acknowledgement of receipt of the policies outlined herein.

Employee name (printed): _____

Employee signature: _____

Date: _____

SSN#: _____