



# C.H.T.Services,Inc.

2901 Campus Road, Brooklyn, NY 11210  
**Phone:** (718)874-6226 Ext. 101. **Fax:** (718)874-0041  
**www:** chtservices.com

## Orientation Checklist

Applicants Name: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

1	<b>Copy of Job Description</b>	
2	<b>Policy &amp; Confidentiality</b>	
3	<b>Health Safety &amp; Sanitation Policy &amp; Procedure</b> -Infection Control- Universal Precaution- Exposure control Plan- Policy in Smoking & Service - Reporting Suspected Child Abuse & Mal Treatment	
4	<b>Fire Safety Module, Receipt of Emergency/ Disaster Preparedness Policy &amp; Procedure</b>	
5	<b>Policy of Confidentiality, including HIV Confidentiality</b>	
6	<b>Policy on Required Assessment of Safety in the place of Service Provision</b>	
7	<b>Policy on Lead Prevention</b>	
8	<b>Patient Rights</b>	
9	<b>Policy on Parent Notification of Provide, Child Sick Policy &amp; Make up Procedure</b>	
10	<b>Policy of Behavioral Intervention Protocol</b>	
11	<b>Company Forms:</b> ___Progress Notes Progress ___Report (3/6) ___Justification Letter ___Request for change in services (increase/decrease/terminate) ___Explanation for Delay/ Interruption in Service Billing Invoices 30 Day Notification of Dropping Case	
12	<b>Documentation &amp; Billing of Provided Services /HR Compliance Training Checklist</b>	
13	<b>CPT codes</b>	

I have received, and read the Orientation material, covering the topics as stated above, and understand my responsibilities. Additionally, I have received training and education regarding policy and procedure on Universal Precautions/Exposure Control practices, Compliance Policy, and Code of Conduct and fully understand their contents. All questions have been fully answered to my satisfaction. In the future, if additional clarification is necessary, I will contact C.H.T.Services, Inc.

Print Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_

Reviewed by: \_\_\_\_\_