



## **Mentor Acknowledgement of Reading and Understanding Policies**

### **Acceptable Use of Social Media**

I acknowledge the receipt of Policy on the Acceptable Use of Social Media and have read the policy prior to signing below.

### **Abuse Prevention Policy**

I acknowledge the receipt of Abuse Prevention Policy and have read the policy prior to signing below.

### **Conflict of Interest Agreement**

I agree to disclose all personal and financial interests, and the interests of members of my immediate family, in any business or entity with which I have direct contact while an employee or volunteer for READY FOR LIFE.

Check the appropriate statement below:

\_\_\_\_\_ I have nothing to disclose now, but understand that I have a continuing obligation to immediately make further appropriate disclosures should it be necessary.

\_\_\_\_\_ I am disclosing the following information now and understand that I have a continuing obligation to immediately make further appropriate disclosures should it be necessary:

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### **Emergency Response Plan**

I acknowledge the receipt of the Emergency Response Plan and have read the policy prior to signing below.



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### **HIPAA Privacy and Security Rules**

I understand and acknowledge I will not at any time - either during **or after** my affiliation with Ready For Life - use, access or disclose PHI except as authorized by my responsibilities for and in behalf of Ready For Life.

I understand that my obligations of non-disclosure and confidentiality continue beyond the termination of my employment or affiliation with Ready For Life. This obligation extends to all information I've obtained, whether oral, written or electronic.

### **Substance Abuse Screening Policy**

I have read this policy on substance screen testing and understand the purpose and procedures as stated. I agree to participate in the procedures and grant my permission for the results to be disclosed to READY FOR LIFE. I agree to cooperate fully in taking the substance screen test.

I hereby release READY FOR LIFE, its directors, officers, employees, agents and contractors from all liability, claims and damages whatsoever that I may have for administration of the substance screen test.

I understand that I am bound to follow the above policies and understand the consequences if I fail to do so.

Name: \_\_\_\_\_ Date: \_\_\_\_\_