

HOSPICE OF GARRETT COUNTY, INC.

RECEIPT AND UNDERSTANDING OF SOCIAL MEDIA POLICY

I acknowledge that I have received and read the social media policy and/or have had it explained to me. I understand that my affiliation with Hospice of Garrett County, Inc. holds me to a certain standard of conduct regarding my interactions on social media. Integrity is of utmost importance and I will strive to serve Hospice and conduct myself in a positive manner.

(Print Name)

(Signature)
