

HOSPICE OF GARRETT COUNTY, INC.

RECEIPT AND UNDERSTANDING OF SEXUAL ABUSE POLICY

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me. I understand that Hospice of Garrett County, Inc., will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

Employee/Volunteer/Board Member
(Print Name)

Employee/Volunteer/Board Member
(Signature)

Date of Annual Review