



## CODE OF CONDUCT

- A. DRESS:** As you are providing health care related services to our clients, it is expected that you dress appropriately. We prefer that you wear “scrubs” as they project a certain professional demeanor; however, conservative, comfortable attire is acceptable. Please keep your nails trimmed, hair pulled back and out of the way, and general hygiene.
- B. CELL PHONES:** We allow use of cell phones at work. But we also want to ensure that your devices will not distract you from your work or disrupt our workplace. We ask you to follow a few simple rules:
- \*Use your cell phone in a manner that benefits your work
  - \*Keep personal calls brief and private
  - \*Avoid playing games on your phone or texting excessively.
  - \*Don't use your phone for any reason while driving with a client
  - \*Do not use your phone to record confidential information.
- C. SOCIAL MEDIA:** You are permitted to access your personal account; however, we expect that you be disciplined and not allow it to interfere with your duties and responsibilities.
- D. VISITORS:** Remember that you are providing professional services to our clients in their home, and you must respect their privacy and the sanctity of their home. Generally, no visitation of any type is allowed. If for some reason, especially in live-in and or overnight assignments, you have a specific need for a visit you must advise the client, gain their permission, and keep the visit short; remind your visitor that you are working and ask them to act and behave in a professional manner.
- E. ATTENDANCE AND TIMELINESS:** Angel Care Home Companion Services goes to great lengths to ensure our clients and their families that the professional services they contract for are provided. We work closely with them and our staff to guarantee that all parties know when, where, and for how long our caregivers will be available and we will advise you of any changes to your schedule and or responsibilities. You must understand that any changes to agreed upon Care Plan with discussion and agreement can adversely affect our clients and their relationship with the agency. Therefore, the following rules apply:
- Immediately advise the assigned care/case coordinator of any changes in your availability.

- Immediately advised the assigned care/case coordinator of any request(s) by the client(s).
- Under **no** circumstances are you to leave an assignment and client without contacting the assigned care/case coordinator and discussing the reasons why such action is necessary.
- We, and our clients, understand that unexpected situations may arise which require alterations and or changes to your schedule; however, except in the most dire of circumstances, it is mandatory that you communicate with the assigned care/case coordinator before any changes to your schedule.

F. **CONFIDENTIALITY:** As professional healthcare providers with personal contact with our clients, it is not unusual for you to become aware of personal and private information about our clients' health and medical condition(s). You must be aware that the **Health Insurance Portability and Accountability of 1996 (HIPAA)**, creates and requires certain federal rules, regulations, and standards to protect health and medical information from being disclosed without their knowledge and written permission. **PLEASE NOTE** that any violation of this law, with or without any malicious intent, can result in criminal charges and massive fines against the agency and you personally.

G. **LEGAL LIABILITY:** Please note that the code of conduct is intended to protect you, our clients, and Angel Care Home Companion Services from any legal liability as well to ensure that we all provide the most professional experience for you and our clients. **PLEASE NOTE** that any violation or breach of this code of conduct by you which gives rise to any legal and or professional liability to Angel care Home Companion Services may result in the initiation of legal action against you to defend and protect the agency's interests.

I have read the above cited Code of Conduct, understand it fully, and agree to abide by all its conditions. I also understand that my actions and or lack of actions could and may result in legal liability against me.

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Print Name

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Sign

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Date