

GOOD SISTERS & BROTHERS HOMECARE SERVICES

INDEPENDENT CONTRACTOR: CHECK TITLE RN LPN CNA HHA

PRINT NAME: _____ DATE: _____

I. OVERVIEW OF GOOD SISTERS & BROTHERS HOMECARE SERVICES

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3. Application Process
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 - m. LPN/RN Proficiency Test
 - n. Application to Register Form
 - o. I-9 Employment Eligibility Verification Forms
 - p. W-9 Form for Independent Contract
 - q. Background Screening Request Form
 - r. Level II Background Screening Results
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 - t. Physician's Statement Form
 - u. Job Responsibilities
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II. REGISTRATION POLICIES

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Orientation to Time Sheet
Compensation
Maintaining a Professional Image
Code of Ethics
Independent Contractor's Service Agreement
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Job Description per Discipline (59A-18.007 RN/LPN) (59A-18.0081 C.N.A./HHA)
F.S. Sections 400.506, 400.512, 400.462 C.N.A./HHA
F.S. Sections 400.506, 400.484, 400.488, 400.462 and 59A.18.009 Homemaker/Companions

III. POLICY AND PROCEDURES

Policy on Acceptance of Patients
Patient Handbook/Patient Clinical Record Contents (59A-18.001, 59A-18012)
Incident Reports
Privacy / Confidentiality of Patient's Medical Data (H.I.P.A.A.)
Policy on Drugs and Biologicals (59A-18.013) RN/LPN
Policy on Client / Patient Grievance/Abuse 408.810 (5)(a) F.S.
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F.S. Section 400-506, 400-512, 400-484, 400-462, 400.488, 408.810 (5)(a) F.S

IV. ACKNOWLEDGEMENT OF COMPLETION

By signing below I, _____ acknowledge that I attended the Orientation Program & received information on the above listed topics and applicable rules and statutes.

X _____
Independent Contractor's Signature Date

X _____
Trainer's Signature Date

DRIVERS SAFETY AGREEMENT

My signature below verifies that I have read and understand the following:

1. Holding a current valid Florida driver's license and carrying liability insurance on personally owned vehicles used for company business.
2. Using agency vans and automobiles only for employee transporting and related company business.
3. Taking the most direct route to my destinations and deviating only for work related reasons.
4. Locking doors and keeping windows closed when vehicle is parked and not in use.
5. Wearing seatbelts when vehicle is in use.
6. Not transporting or providing rides to unauthorized people during work hours.
7. If an accident occurs, completing an Accident Report Form and notifying my supervisor immediately.
8. Not admitting any liability if in an accident.
9. Personally, resolving any citations received for violation of Florida driving regulations.
10. Understanding that suspension or revocation of my driver's license will automatically negate my privilege to drive as a representative of this registry.

INDEPENDENT CONTRACTOR'S SIGNATURE

DATE

**ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATION
BY INDEPENDENT CONTRACTORS REFERRED BY A NURSE
REGISTRY**

Patients who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a patient whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person **may occur only upon a documented request by, and the written informed consent of, a patient or the patient's surrogate, guardian, or attorney in fact.** For purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms, and topical ophthalmic, and nasal dosage forms, including solutions, suspensions, sprays, and inhalers.

- (1) Assistance with self-administration of medication includes:
 - (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the patient.
 - (b) In the presence of the patient, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
 - (c) Placing an oral dosage in the patient's hand or placing the dosage in another container and helping the patient by lifting the container to his or her mouth.
 - (d) Applying topical medications.
 - (e) Returning the medication container to proper storage.
 - (f) Keeping a record of when a patient receives assistance with self-administration under this section.

- (2) Assistance with self-administration does not include:
 - (a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
 - (b) The preparation of syringes for injection or the administration of medications by any injectable route.
 - (c) Administration of medications through intermittent positive pressure breathing machines or a nebulizer.

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- (d) Administration of medications by way of a tube inserted in a cavity of the body.
 - (e) Administration of parenteral preparations.
 - (f) Irrigations or debriding agents used in the treatment of a skin condition.
 - (g) Rectal, urethral, or vaginal preparations.
 - (h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed", unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent patient.
 - (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
- (3) Assistance with self-administration of medication by an unlicensed person as described in this section does not constitute administration of medication by an unlicensed person as described in this section does not constitute administration as defined in s. 465.003.
- (4) The agency may by rule establish procedures and interpret terms as necessary to administer this section.

INDEPENDENT CONTRACTOR'S SIGNATURE

DATE

GOOD SISTERS & BROTHERS HOMECARE SERVICES, LLC

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1016 N.E Jensen Beach Blvd
Jensen Beach, FL 34957

CONFIDENTIALITY STATEMENT

All medical, financial and personal information is confidential and is protected from unauthorized viewing, discussion and disclosure. All independent contractors have the right to confidentiality regarding their personnel records and medical information.

In order to assure and protect confidentiality, independent contractors may look at, use, or disclose patient information only as it relates to the performance of their duties. Any unauthorized viewing, discussion or disclosure will provide ground for termination. Whenever it is questionable as to what information is confidential it is your responsibility to discuss the matter with your supervisor before any breach of confidentiality occurs.

I acknowledge I have read this statement concerning confidential information and agree to uphold the expectations of this statement.

Independent Contractor's Signature

Date

MAINTAINING A PROFESSIONAL IMAGE

YOUR APPEARANCE AND ETHICS REFLECT YOUR PROFESSIONALISM

Due to the fact that Independent Contractors represent GOOD SISTERS & BROTHERS HOMECARE SERVICES's, image, all professionals should be well groomed and dressed in proper attire according to OSHA dress requirements. Failure to dress and appear appropriately at the client's location could result in the process of contract termination.

PERSONAL PHONE CALLS

Independent contractors are not permitted to make any personal calls by using the client's phone while on duty. If an emergency call must be made, you must ask the client for approval. If you're working in a full-time position such as live-in, you are allowed to make local phone calls with the permission of the patient. **No long-distance** calls are allowed under any circumstance on the client's phone.

If your family needs to contact you, while you are on duty, have them call the office. Our coordinators will immediately relay the message. Home Health Aides and Companions are not to call the patient's doctor, except to schedule an appointment for the patient. Only a nurse is permitted to receive orders from the patient's physician.

HANDLING MONEY

Do not accept money or any form of gift from the patient. Independent contractors must produce receipts for all purchases made on behalf of the patient.

SOLICITATION

Solicitation while on duty interferes with the business of the Registry. Solicitation of any kind is not permitted.

PUNCTUALITY

All Independent Contractors are expected to be at their work area on time. If any emergency is likely to cause tardiness of more than fifteen minutes, telephone your client and give him/her the expected time of arrival.

Please **DO NOT** call the office after business hours for availability. (The person on-call is only available for **EMERGENCIES**).

All notification for time off or relief must be submitted 5 business days prior.

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CHANGES WITH PATIENT

All abnormalities observed with patient must be reported to the registry office immediately. This includes aides that are on staff in a facility. **(PLEASE NOTE THAT THE SUPERVISOR AT THE FACILITY MUST ALSO BE NOTIFIED).**

TIME OFF

If you are unable to report to an assignment due to unforeseen circumstances, the office must be notified within 48-72 hours in order to provide a suitable replacement.

WORKER'S COMPENSATION AND LIABILITY INSURANCE

Due to the fact that you are an independent contractor, in accordance with your agreement with the Registry you are required to purchase and maintain you own Worker's Compensation and Liability Insurance.

INDEPENDENT CONTRACTOR NAME (Please Print)

INDEPENDENT CONTRACTOR SIGNATURE

DATE

INDEPENDENT CONTRACTOR'S ACKNOWLEDGEMENT

Statement of PPE Possession

This statement serves to inform GOOD SISTERS & BROTHERS HOMECARE SERVICES that as an independent contractor representing the nurse registry, I am in possession of the necessary Personal Protective Equipment (PPE) necessary to perform the duties as required for the protection and safety of the client that I serve. These include but are not limited to gloves, hand sanitizers, goggles, masks, face shields and gowns.

I am aware that I am responsible for taking appropriate precautionary measures, consistent with CDC Guidelines, while providing services to my clients. I also agree that I will always have adequate supplies on hand to protect myself and the client from unwarranted exposure to the COVID-19 virus as we work hard to safely provide care during this ongoing crisis.

Printed Name and Title: _____

Signature: _____

Date: _____

**COPY OF COMPLETED
COMPETENCY TEST**

GOOD SISTERS & BROTHERS HOMECARE SERVICES, LLC

HHA / CNA

COMPETENCY

TEST

FEBRUARY 2024