

ACKNOWLEDGEMENT OF RECEIPT

I, _____, _____
(print name) *(print title)*

of _____ hereby acknowledge that on this date I received,
(print name of department)

and read, the following County Policies and Compliance Plan:

(Instructions: place your initials to the right of each individual document to indicate that you received and read it.)

Initials

MENTAL HEALTH COMPLIANCE PLAN

COUNTY POLICIES

1. Political Activities
(last revised on September 17, 1996) _____
2. Violence in the Workplace
(last revised on January 9, 2001) _____
3. E-Mail Policy
(last revised on April 28, 2003). _____
4. Internet Usage
(last revised on April 28, 2003) _____
5. Information Technology Security
(last revised on March 24, 2003) _____
6. Reporting of Convictions
(last revised on March 29, 1999) _____
7. Equal Employment Opportunity
(last revised on May 14, 2002) _____
8. Drug Free Workplace
(last revised on April 8, 1999) _____
9. Portable Computing
(new – April 28, 2003) _____
10. FMLA (Family Medical Leave Act) Policy

(new – December 4, 2001)

DEPARTMENT POLICIES

- 11. Incompatible Activities _____
(provided by the Department)

- 12. Privacy Policy (HIPAA Departments Only) _____
(new – April 28, 2003)

- 13. Sanctions Policy (HIPAA Departments Only) _____
(new – April 28, 2003)

- 14. Other Department Policies _____
(provided by the Department)

By signing I also acknowledge my responsibility to abide by these policies.

Signature: _____

Date: _____