

SAFETY AND MEMBER RIGHTS TRAINING SIGN-IN SHEET

Provider/Clinic Name:	Date:
Clinic Address:	
Instructor Name:	Instructor Signature:

Agenda

1	Biohazard Waste Handling (REQUIRED ANNUALLY)	8	Fire Safety and Prevention
2	Bloodborne Pathogens Exposure Prevention (REQUIRED ANNUALLY)	9	Grievance/Complaint Procedure
3	Child/Elder Abuse/Domestic Violence Reporting	10	Health Plan Referral & Prior Authorization (Process/Procedure/Resources)
4	Cultural and Linguistics	11	Infection Control/Universal Precautions (REQUIRED ANNUALLY)
5	Disability Rights & Provider Obligation	12	Informed Consent for Invasive Procedures
6	Emergency Medical Procedures	13	Patient Confidentiality
7	Emergency Non-Medical Procedures (Earthquake, Disaster, Violence, etc.)	14	Sensitive Services/Minor Rights

Participants:

Name: _____ Signature: _____ Title: _____

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