

Receipt of Provider Handbook

We stress the need to read and understand all the components of this handbook. Before signing, if there are any areas you do not understand, please have your recruiter or a Human Resources Department representative explain them to you. By signing below, you acknowledge that you have read, understood, and received a copy of this handbook.

I, the undersigned, hereby understand and agree to abide by the policies and procedures set forth by the Allied Health Group in my Provider Handbook, or in any modifications and/or additions that may reasonably be communicated. This includes, but is not limited to, the Drug Free Workplace Policy.

I will abide by my obligation to maintain the confidential nature of the Allied Health Group's documents and records, including but not limited to, client and provider contracts, financial reports, and other information, even after being on active assignment with the Allied Health Group. I agree not to remove or make copies of any Allied Health Group records, reports or documents without prior management approval.

I have read, understood, and agree to follow the Allied Health Group's policy prohibiting harassment of any kind. I also agree to communicate with management and report any suspected or alleged instance of harassment that I become aware of.

I also acknowledge that I understand that the provisions contained in this Handbook are a summary guide only, and may be modified, changed, or deleted at any time. I further understand that neither this Handbook nor any other communication by management representative is intended in any way to create a contract of employment for any specific length of time.

Signed and understood,

Provider Signature

Date

Provider Printed Name

(To be returned to your recruiter for placement in your personnel file)