



WHY WORK FOR MED1CARE?!

- FULL BENEFITS PACKAGE INCLUDING
 DENTAL AND VISION PLAN
- BENEFITS AFTER 90 DAYS OF FULL TIME
- 401K WITH UP TO 5% MATCH
- EMPLOYEE APPRECIATION EVENTS
- FOOD TRUCK FRIDAYS
- EMPLOYEE OF THE MONTH RECOGNITION
- FLEXIBILITY
- HOME HEALTH OR STAFFING OPTIONS
 AVAILABLE
- COMPETITIVE WAGES
- VOTED TOP WORKPLACE IN 2019 & 2022
- MUST BE 18 YEARS OR OLDER TO APPLY

Interested in joining our Med1Care family?!

Call 419.866.0555 or visit med1care.org!







#1 in Quality Service and Quality Care

EMPLOYEE HANDBOOK

Findlay Office

116 South Main St. Findlay, OH 45840 Phone: 419-422-0305 Fax: 419-422-0306

Toledo Office

1225 Corporate Dr. Suite B Holland, OH 43528 Phone:419-866-0555 Fax: 419-866-0556

Welcome to Med1Care!

Thank you for choosing the only 5 star Home Health Care Agency in the area!

In this video, MedlCare will share what makes us a 5-star rated agency and leader in home health care, along with new hire information, including our **new employee** handbook and standard policies and procedures.

MedlCare has been in business for over two decades, servicing the Northwest Ohio region with skilled homecare and supplemental staffing solutions. We service Toledo, Findlay & 26 surrounding counties with more opportunity to expand in our future. Whether you are looking for a long-term career option or more per-diem work, consider MedlCare your home.

Our mission statement expresses our commitment to our patients and community to provide quality service and quality care: "With integrity, compassion, and competence, we will serve our customers in an extraordinary way." We will respect the sanctity of each patient's home and endeavor to enhance the quality of life by appropriately responding to the physical and emotional needs of our patients. Our health care team will respond to the requests of patients, physicians, staff and the community with professionalism, reliability, integrity and efficiency.

Our commitment to you!

We will:

- Have a registered nurse available for visit or phone consultation 24 hours a day, 7 days a week
- Provide a nursing evaluation within 24 hours of referral
- Bring professional health care to your home through staff that is knowledgeable and caring
- Communicate with your physician accurately and in a timely manner
- Provide care that is individualized to your needs
- Encourage you to participate in your care
- Provide education to your family as directed by your physician
- Treat you and your property with dignity and respect

To begin, I'd like to introduce you to MedlCare's employee handbook. The following information will outline MedlCare's guidelines for employment.

New Hire Information

Employees must maintain a current credential file with Med1Care, which is necessary to work in the healthcare field. This means the employee is responsible to complete all in-services, annual updates, and keep all physicals, TB records, Fingerprints, automobile insurance and other information as required by federal & state laws. If an employee fails to keep credentials up to date, the employee is subject to termination. All new employees are placed on a 90-day probationary period. The employee can be dismissed without recourse anytime during this 90-day period.

Maintaining an Active Employment Status

To maintain an active employment status with MedlCare, we must know your availability. You must contact the office on a weekly basis with your schedule. You must work at least five shifts per month to maintain an active status with MedlCare. Excessive rejection will result in termination of active status. Rejection of more than two cases in a 45-day period is considered excessive rejection and will result in immediate termination. Excessive complaints concerning performance will result in termination. Any complaints regarding care issues or falsification of time, warnings are not required, and first offenses will result in immediate termination.

Uniform Policy

All uniforms should be neat, clean and well fitting. Red or Black Scrubs are recommended. Shoes should be closed toe, with clean laces. A MedlCare ID badge must be worn at all times. Hair should be neat, clean and off the collar. Jewelry and makeup should be minimal. No perfume or cologne is to be worn. For your own safety, long piercings are not permitted. Personal hygiene should be excellent at all times.

Work Ethic/Confidentiality

All information concerning a patient must be kept confidential and should only be addressed with MedlCare or someone who is professionally concerned with the patient. Salary information is to be kept confidential and is to not be discussed with other employees or patients. MedlCare employees are prohibited from taking food, gifts or money from any client or patient. A code of ethics must be established to achieve a standard of professionalism. We appreciate your cooperation.

Work-Related Injuries or Accidents

Any injury or accident that occurs while on duty must be reported to the MedlCare office immediately and an accident report must be completed within 24 hours of injury, as well as a drug screen. This includes injuries to yourself, a patient in your care or any injuries witnessed while on duty.

Miscellaneous

Employees are responsible for their own transportation to and from work. **Employees are not to transport clients or patients**. Employees are prohibited from friends or relatives visiting them during work hours. Personal telephone calls are prohibited while on duty. If there is an emergency, and someone needs to get a message to you while you are at work, have them contact the MedlCare office and we will contact you. Do not release the phone number of the client or patient to anyone; do not give your phone number to a client. If the client needs to reach you, have them contact our office. In return, we will not release your phone number or personal information to anyone.

Complaint Process/Grievance Policy

Any employee who feels he/she has a complaint shall have an opportunity to confer with his/her supervisor about the complaint. This should be done in a timely fashion and, depending on the nature and severity of the complaint, shall be presented in writing. If the complaint is not resolved to the employee's satisfaction by the supervisor, the employee may consult with the Members of the LLC. The employee is responsible for presenting the complaint in writing.

Action taken by the Members of the LLC shall be presented in writing to the employee and shall be binding to all parties involved.

Exit Interview Policy

I understand that if for any reason I leave MedICare and any of its divisions, that I will be required to submit to an exit interview. The purpose of the exit interview is to provide an opportunity for existing employees and a representative from management to finalize the employment condition and to provide MedICare an opportunity to improve personnel management. I will also be required to return all equipment and supplies, including name badge, at the time of the exit interview and prior to receiving my last paycheck.

Employee Code of Ethics

Unprofessional, disrespectful, or illegal behavior, including but not limited to the following is prohibited during the provision of authorized services.

- 1. Consuming The consumer's food/drink or using the consumer;s personal property without the consumer's consent.
- 2. Bringing children, pets, friends, relatives or anyone else to the consumer's place of residence.
- 3. Taking the consumer to the provider's place of residence.
- 4. Consuming alcohol, medicine, drugs or other chemical substances not in accordance with the legal, valid, prescribed use and/or in any way that impairs the provider in the delivery of services to the consumer.
- 5. Discussing religion or politics with the consumer and others in the care setting.
- 6. Discussing personal issues with the consumer and others in the care setting.
- 7. Accepting, obtaining, or attempting to obtain money, or anything of value, including gifts or tips from the consumer, household members and family members of the consumer.
- 8. Engaging with the consumer in sexual conduct or in conductthat may reasonbly be interpreted as sexual in nature, regardless of whether or not the contact is consensual.
- 9. Leaving the home for a purpose not related to the provision of services without notifying the agency supervisor, the consumer's emergency contact person, any identified caregiver, and/or the consumer's case manager, or, for consumer-direct service providers, leaving the home without the consent and/or knowledge if the consumer.
- 10. Engaging in activities that may distract the provider from service delivery including, but not limited to:
 - Watching television or playing computer and/or video games;
 - Making or receiving personal telephone calls;
 - Providing care to individuals other than the consumer;
 - Smoking with or without the consent of the consumer;
 - Sleeping
- 11. Engaging in behavior that causes or may cause physical, verbal, mental, or emotional distress or abuse to the consumer.
- 12. Engaging in behavior that may be reasonably interpreted as inappropriate involvement in the consumer's personal relationships.

Employee Code of Ethics (Continued)

- 13. Being designated to make decisions for the consumer in any capacity involving a declaration for mental health treatment, power of attorney, durable power of attorney, or guardianship.
- 14. Selling or purchasing from the consumer products or personal items. The only exception to the prohibition occurs when the consumer is a family member and the provider is not delivering services.
- 15. Engaging in behavior that constitutes a conflict of interest or takes advantage of or manipulates services resulting in an unintended advantage for personal gain that has detrimental results for the consumer, the consumer's family or caregiver, or another provider.
- 16. Cannot transport clients anywhere.
- 17. Cannot use the client's car.
- 18. Breach client's privacy or confidentiality.
- 19. No employee will serve a consumer or client who is the parent, stepparent, or spouse of the employee.
- 20. It is my responsibility to report abuse, neglect, and/or exploitation of a consumer to the Med1Care office, Co, ODJFS or designee, including PP Case Manager, Notification within 24 hours.

Code of Ethics

INTEGRITY

Maintain honesty and clear communication in the workplace.

TEAMWORK

Work together to get the job done.

OBJECTIVITY

Don't make career decision based on whom you like best..

CONFIDENTIALITY

Maintain clients' condfidence at all times.

GROWTH

Always pursue professional growth.

Attendance Policy

MedICare's attendance policy is based on the calendar year and not your hire date. Any employee accumulating more than 6 points in a year will result in termination. The point system is as follows:

- Tardiness or leaving an assignment early 1 pt.
- Weekday call off 2 pts.
- Weekend or short-notice call off 3 pts.
- Holiday call off or no call/no show 6 pts.

Documentation is required for all excused absences. If proper documentation is not provided to the office within 24 hours, the absence(s) will be considered as unexcused. Extended illnesses or medical leaves will be handled on a case-by-case basis. Extended unpaid personal time off, such as unpaid vacation, must be submitted in writing at least 14 days in advance to ensure proper coverage, or may not be granted. Excessive time off requests can result in termination. If any employee quits without notice, or no call, no shows for an assignment, or call-offs on the weekend without proper documentation, all wages for that week will be at the federal minimum wage. Please note – a no call, no show is any call off with less than a 4-hour notice. When calling off, the employee must call the office phone line; this is monitored 24/7. You should not leave a call off on voicemail; you must speak to a live person. If you receive the voicemail, please call back. You are not permitted to call off to your patient; a call off directly to a patient or client will result in immediate termination.



Time Sheet Policy

Timesheets must be turned into the office every Monday by Noon (12pm) in order to receive a check on Friday. If a major holiday falls on a Monday, then your timesheet must be in on Tuesday by Noon (12pm). The timesheets must be completed with the client name, client full signature, employee name and signature. The timesheet also must have the full shift date (month, day and year), time in, and time out with "AM or PM" in order to be processed for payroll. All timesheets must be legible. If your timesheet(s) is not submitted to the office by the above deadline or is not legible you will not receive a paycheck on Friday. We only process checks on Fridays, so if your timesheet misses the deadline you will not receive a check until the following week.

Furthermore all care provided must be checked off at time of completion and authorized by the client. A minimum of one item of personal care service must be completed each episode of service for any home health aide client(s). If a client receives split care (i.e. 2 hrs in am and 1 hr in pm), a separate timesheet must be filled out for each block of time. Further if client receives services from multiple payer sources must fill out a timesheet for each payer source (i.e. 3 hrs of homemaking services is approved through passport program, and 2 hours of personal care services are through the Medicaid program), a separate timesheet will have to be filled out from the 3 hours of passport time, and the 2 hours of Medicaid time. All care provided must be reflected on the timesheet, if a client refuses services must document on the timesheet, and contact the MediCare office.

Additional copies of blank timesheets can be found on our website at www.medlcare.org.

I ACKNOWLEDGE MedlCare provides <u>PAY STUBS AND W2s ELECTRONICALLY. ***A fee is</u> charged for printed copies.

I ACKNOWLEDGE MedlCare provides a **PAY CARD FOR DIRECT DEPOSIT**. Personal account information can be used after account verification has been completed (up to 2 weeks).

If for any circumstance a check has to be mailed, MedlCare will send your check via USPS (from out of state). Once it is placed in the mail, it is out of our control. If you do not receive your check, a fee of \$35 will be charged and withheld from the reissued paycheck.

I have read, and fully understand the timesheet policy. I further understand that my timesheet(s) are my responsibility, and not the responsibility of MedlCare.

Daily Visit Check-In Policy

In order to verify your time, all employees are required to clock in and out using the AloraPlus app or website. All employees are required to clock in when arriving at the clients, and clock out prior to leaving the clients. In addition, MedlCare will periodically call to verify you are at the client's house at said times. All home care employees still need to fill out paper timesheets. The information entered into the app or website will be cross referenced with the timesheet to verify everything is accurate. Both documents must be accurate in order to receive a check on Friday. Please understand that if you fail to clock in or out, or fail to turn in a paper timesheet, this may cause a delay in your payroll check.

In-Service Policy

Caregivers and STNA's are required to complete the twenty mandatory in-services annually, as well as the required annual updates which include the Pledge of Confidentiality, Skills Test, Skills Checklist, Physical, TB Test, Fingerprints, and any other time sensitive information. All other employees are required to complete four annual in-services, as well as required annual updates which includes the Pledge of Confidentiality, Skills Test, Skills Checklist, Physical, TB Test, Fingerprints, and any other time sensitive information.

Non-Compete Agreement

Employee has agreed to adhere to the entire non-compete agreement as signed during orientation. Employee promises that during the term of his/her employment with the company, and for (6) six months thereafter, he/she will not engage in employment with any home health care client of whom he/she provided services to during employment with MedlCare.

Employees are strictly prohibited from transferring the care of a MedlCare home care client to any other home care provider agency or becoming an "independent" provider or sub contract provider to any of MedlCare's clients or patients. Further, employees are prohibited from working for another homecare agency while employed with MedlCare or working as an independent provider while under the employment of MedlCare as that is a conflict of interest.

MedlCare may enforce the legal agreement which was signed at the time of orientation by suit for damages, injunction or both.

FALL PROTOCOL

Falls should be reported to Dr, case manager, and the MedlCare office within 24 hours of the incident. If you are first in home and you witness a fall or a fall is reported to you, please follow:

- Assess client's safety and need to call EMS if witness fall
- If a client reports a fall, ask if the client went to the ER or if they are experiencing any pain or discomfort as a result of the fall.
- Doctor notified through doctor's order
- Team notified through Alora mail and copy/paste into the communication log.
- Case manager needs to be notified. Case manager name and phone number can be located on the admission page.

RN, OT, PT, ST

- Can complete all steps themselves
- Office can assist with calling the case manager if unable.

OTA, PTA

- Can complete all steps with the exception of Doctor's orders.
- Assistant will contact Therapist to communicate the fall and Therapist will write Doctor's communication.

HHA

- Assess client safety and well being
- Contact the office and Nurse for follow up with the team, Doctor, and Case Manager.

*If a client states they already reported the fall, please follow up with the overseeing nurse and Med1Care office staff as clients may not always be a good historian.

FACT SHEET

HAND HYGIENE GUIDELINES FACT SHEET

Improved adherence to hand hygiene (i.e. hand washing or use of alcohol-based hand rubs) has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organism (i.e. methicillin resistant staphylococcus aureus) and reduce overall infection rates.

CDC is releasing guidelines to improve adherence to hand hygiene in health care settings. In addition to traditional hand washing with soap and water, the CDC is recommending the use of alcohol-based hand rubs by health care personnel for patient care because they address some of the obstacles that healthcare professionals face when taking care of patients.

Hand washing with soap and water remains a sensible strategy for hand hygiene in non-health care settings and is recommended by the CDC and other experts.

When health care personnel's hands are visibly soiled, they should wash with soap and water.

The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 percent to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Alcohol-based hand rubs should be used before and after each patient just as gloves should be changed before and after each patient.

When using an alcohol-based hand rub, apply product to the palm of one hand and rub your hands together, covering all surfaces of the hands and fingers, until hands are dry. Note that the volume needed to reduce the number of bacteria on hands varies by product.

Alcohol-based hand rubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation.

Health care personnel should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long if they care for patients at high risk of acquiring infections (e.g. Patients in intensive care units or in transplant units).

HAND HYGIENE GUIDELINES FACT SHEET (Continued)

When evaluating hand hygiene products for potential use in health care facilities, administrators or product selection committees should consider the relative efficacy of antiseptic agents against various pathogens and the acceptability of hand hygiene products by personnel. Characteristics of a product that can affect acceptance and therefore usage include its smell, consistency, color, and the effect of dryness on hands.

As part of these recommendations, the CDC is asking health care facilities to develop and implement a system for measuring improvements in adherence to these hand hygiene recommendations. Some of the suggested performance indicators include: periodic monitoring of hand hygiene adherence and providing feedback to personnel regarding their performance, monitoring the volume of alcohol-based hand rub used per 1000 patient days, monitoring adherence to policies dealing with wearing artificial nails and focused assessment of the adequacy of health care personnel hand hygiene when outbreaks of infection occur.

Allergic contact dermatitis due to alcohol hand rubs is very uncommon. However, with increasing use of such products by health care personnel, it is likely that true allergic reactions to such products will occasionally be encountered.

Alcohol-based hand rubs take less time to use than traditional hand washing. In an eight-hour shift, an estimated one hour of an ICU nurse's time will be saved by using an alcohol-based hand rub.

These guidelines should not be constructed to legalize product claims that are not allowed by an FDA product approval by FDA's Over-The-Counter Drug Review. The recommendations are not intended to apply to consumer use of the products discussed.

The CDC protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

POLICY ON BAG TECHNIQUE

To reduce the chance of transmitting infection and infestation from home to home, the following guidelines must be followed: You need a designated clean and soiled area in your bag as well as your vehicle. Never put your bag down on upholstered furniture, on the floor, or without a barrier between the bag and the surface the bag rests on. If a plastic barrier is unavailable, use newspaper or paper towels to rest the bag on. Clean areas must be kept zipped before and immediately after retrieving needed supplies. Rationale is while you are distracted doing patient care it is easy for any type of infestation to enter your bag. Inside of the bag is a "clean area". Outside pockets are "dirty areas". Place hand washing supplies near the top or in a side pocket where they are accessible. Plan where you will discard disposable and sharps items ahead of time. Never put used sharps in the nursing bag, unless the bag has a compartment that contains a sharps container specifically for that use. Discard disposables in a sealed plastic trash bag or baggie in the family trash receptacle. Follow local and state regulations for infectious waste disposal.

Bag technique steps:

- 1. Place barrier on hard surface and place bag on barrier
- 2. Get out soap, paper towels, and wash hands with soap and water. Waterless hand sanitizer is appropriate if running water is unavailable or the sink area is extremely soiled.
- 3. Identify a clean and safe area away from children and pets that gives you sufficient working space and is close to the patient. Then place a clean paper towel on a hard surface and lay out BP Cuff, thermometer, probe cover, stethoscope, and other supplies if needed, and alcohol swabs on a clean paper towel. After using the above items, each item will get thoroughly wiped down with the alcohol swabs. Throw away used disposable items.
- 4. Wash hands again with soap and water, or waterless hand sanitizer if running water is unavailable or the sink area is extremely soiled, and then replace items back into the bag.
- 5. When leaving the area, pick up the bag, throw away the barrier, and leave home. Do not put the bag back down after removing the barrier without replacing the barrier with a new barrier first.
- 6. In your vehicle, keep your bag secure, on a clean barrier separate from the soiled area in the vehicle. Do not allow anyone to rummage through the bag, keep it zipped at all times. Supplies are available in the office for restocking your bag.
- 7. When using waterless hand sanitizer you must wash your hands with soap and water as soon as the means become available.

REMEMBER, INFECTION CONTROL BEGINS WITH YOU!!



EMPLOYEE INCENTIVES



Referral Bonus: All current employees are eligible to receive a referral bonus for any employee referred to Med1Care, and any of its divisions, or subsidiaries. This bonus is effective once employee works 480 hours. Both individuals must be current employees in order to receive the referral bonus. Tell your friends and family how great it is to be a part of the Med1Care family! Ask your staffing coordinator for details!

Employee of the Year: Once a year, Med1Care names one employee "Employee of the Year." The winner will receive a bonus!

Monthly Incentives:

Each month, one employee from each division, is chosen to receive our monthly "thank you." Our incentives vary from a free dinner for two and a movie, to gas cards, gift cards, or a gift certificate to your favorite store. We will notify all employees each month of the contest and what the prize will be for that specific month. This is just a way for us to say "thank you" to our star employees!

Employee Appreciation:

Each quarter Med1Care will hold an employee appreciation event to recognize all the hard work our employees do every day. Once a month we will have a "Food Truck Friday" where a local food truck will be parked at Med1Care for all Med1Care employees to enjoy! Stay connected on social media and our monthly newsletter for dates and times! One Med1Care employee will be chosen for "Employee of the Month" and highlighted on our social media and will also receive a goodie bag!

Wedt are is dedicated to providing quality care to all clients, we thank you for making case number onel



FIELD STAFF





METHODS OF CONNECTING:

- 1. Use the App Store/Play Store and download AloraPlus app or
- 2. www.aloraplus.com

Go into the App Store and type in Alora Plus Press Get to download the app to your phone

Welcome to AloraPlus!!!

Let me explain what AloraPlus is before we move forward with the ins and out of this app. AloraPlus is an app that allows you to clock in, do charting for your patient, make any notes, and clock out from your patients visit. This app will allow you to see your patient's address, phone number, and quickly gives you directions to your patients home with a simple click of a button. AloraPlus will give you access to seeing your schedule at any time. You are able to click on future dates to see who you are scheduled for and the times. AloraPlus allows us to be precise with time, and quickly get any updates that are needed.

If you have any issues with this app, someone in the office is always available to assist you with any questions or complications you may have. Please do not hesitate to call and ask any type of questions.

Once you have the app downloaded, go into your settings on your phone to make sure the location services are on for AloraPlus.

Your location being on While Using the App will allow you to clock in and out of your patients visit. Follow these steps to assure location services are turned on properly for AloraPlus



Go to your settings on your phone

Select the AloraPlus app

Make sure the App location is selected at While Using. If the does not say While Using. Go into the Location and press While Using

While Using the App will assure that your location services are on while in the app. This will allow you to clock in and out. You will receive 2 emails stating the following:

- 1. An email from AloraPlus letting you know that you are active and ready to go!
 - Your provided email address given on your application is your username.
- 2. You will get an email with a temporary password containing Upper case letters, lower case letters and numbers
- This is the password you use for initial log in
- Once you have logged in with your temporary password, you will be directed to change your password screen. This is where you change the password to your choice.

Log in Screen This will be the first thing you see as soon as you open the AloraPlus app.

Username: is your FULL email address

Password: First (as stated above) is the temporary password provided to you in your email address. After initial log in, your password will be of your choice

** If you ever forget your password, use Forgot your Password? For assistance. If you still find complications, contact the office for assistance **



Alora Plus Episode Calculator

...and get up to \$2,500!

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< Back	Alora Plu	us Episode	Calculator			
	ORAPlu	S Hello JES	SICA Log off			
CareC	onnect »	Summary				
			Help Video			
JESSI	egiver: JA CA	CKSON,				
Period:	Date F	Range	COVID-19 Employee Screening			
From:	12/07/2	/2020				
To:	12/07/2	2020				
Search:						
	S	Show 10	 entries 			
Action	Patient	Delayed 🗘	Start Time			
•	DUCK, DAISY	Delayed				

Once you are logged into AloraPlus this is the next screen.

About this Section:

The Date range will be present. Make sure that you are on the current date to see the today's schedule. This is where you are able to change the date range to see future scheduled visits.

All of your patients will be on this screen that are scheduled for the day.

** If a patient is not listed on the screen, please contact the office and talk to the scheduler **

Certain patients will appear more than once on the screen, please pay attention to the times of the visits. As some may have multiple clock in and outs, due to billing purposes. If you have any questions on what times you are suppose to clock in first, please contact the office

This screen will also allow you to have access to the address, phone number of your patient.

< Back	egiver: JA	CKSON,	Alora P JESSIC	lus CA		Episode Calculator
Period:		Dat	e Range		COVID-19	
From:		12/0	7/2020	Screening		
To:		12/0	7/2020			
Search:					Sh	ow 10 v entries
Action	Patient [⊕]	Delayed	Start ≑ Time	End Time	\$tatus	Visit Time
 Image: A = 1 Im	DUCK, DAISY	Delayed			Not Started	12/07/2020 08:00 AM - 09:00 AM

To clearly see all patients and the scheduled times, you are able to turn your phone sideways.

The following sections will show:

- Action
 - Allow you to see the patients demographics (body image icon)
 - See the next page for the patient demographics
 - To Start your visit (the pencil icon)
- Patient
 - \circ $\;$ Shows what patient you are seeing and which one you will clock in for $\;$
- Delayed
 - This will appear if you have not started your visit precisely on time
 - If you are running late, or clock in late, notify the office.
- Start Time
 - Will show you the time that YOU start the visit
- End Time
 - Will show you the time that YOU end the visit
- Status
 - Shows if the visit is Not Started
 - Shows when the visit is **Completed**
- Visit Time
 - \circ Shows the date and exact time of the visit for the patient scheduled
 - See the next page for detailed instructions

The **body icon** under **Patient** Section is where you will find the patients demographics

This will provide you the patients address, and phone number, as well as any additional comments

- Such as what door to go into, if the patients home has a code, etc.

You will be able to click on the patients address and have the option to get directions you're your location automatically.

 Simply click on Directions to Patients Home (purple bottom)

< Back	Alora Plus Episode Cal	culator
Patient Inf	ormation	
Name		
DUCK, DAISY	,	
Address		
1234 Q3, AR		
Home Phone		
Mobile Phone		
Other Phone		
Admission Co	omments	
	Directions to Patient's Home	ок

Under Visit Time Section:

This is where you need to pay attention to the scheduled Visit Time of your patient

- Some patients have multiple times in one day such as 8:00am-9:00am, and then
 9:00am-11:00am This means --
 - Clock in at 8:00am and then clock out for 9:00am. ONLY chart for the task that were completed during this time frame.
 - Then Clock in for 9:00am and clock out at 11:00am. Again **ONLY** chart for the tasks that were completed during this 2 hour shift.
- If you have a patient that you are scheduled to see twice in one day (such as AM and PM)
 - $\circ~$ Pay Attention to which time you are clocking in for.
 - **ONLY** clock in for the AM time, when it is AM as well as the PM time.
 - If either a AM or PM shift time is missing, **DO NOT** clock in for the opposite shift. Call the office and report it that it is not in there. The shift will then be added for you to clock in to the proper shift.

Click on the **pencil button** on the bottom left hand of the screen Located under the **Action** section.

This will then take you to the Start Visit screen





This message will pop up on your screen

- Make sure you hit OK.
- This allows AloraPlus to use your location services to clock in and out.
- If you do not allow this then you will not be able to clock into your visit.

If your location services are not one, refer back to Page 2 explaining turning your services on. To Start Visit

- Hit the **Green Button**
- Once the start visit is accepted the color of the button will turn **blue**
- Also "See 'Start' GPS Coordinates" will appear.
- A "Successfully saved" message will pop up in the right hand of the screen as well.

Another way to confirm that your visit was successfully started

- Go back to the home screen
- Your visit section will then be **unred**
- You will be able to see a Start Visit time underneath the Start Time section

< Back Alora Plus Ep	isode Calculator			< Back Alora	Plus Episode Calculator
COVID-19 Patient Screening completed today.	has not been			COVID-19 Patient St completed today.	creening has not been uccessfully saved
Most Recent Screening : 11/ AM	26/2020 7:58			Most Recent Screen	ning : 11/26/2020 7:58
- Risk Level : Not at Risk				- Risk Level : Not at	Risk
Go to Screening				Go to Screening	
Start Visit				Visit See 'Start' GPS Coordin	Started
Patient Signature				Patient Signa	ature
Add Signature				Add Signature	
Signed Date				Signed Date	
Caregiver Signatur	e			Caregiver Sig	gnature
Add Signature				Add Signature	Ŷ
< 8	Back & Caregiver: JA	Alora F CKSON, JESSI	Plus JA	Episode Calculator	
Р	eriod:	Date Range		COVID-19	
F	rom:	12/07/2020		Screening	
т	0:	12/07/2020			
Sea	irch:		Sh	now 10 entries	
A	ction Patient [©] D	Delayed 🚊 Start Time	⊕ End ⊤ime ⊕ Status	Visit Time	
•	DUCK, DAISY	Delayed 12/07/2020 06:08 PM	Started	12/07/2020 08:00 AM - 09:00 AM	

Once your visit is started and saved successfully, you are all set to go on with your visit

Once your visit time is completed, log back into AloraPlus using your username and password

- Make sure that you are clicking on the correct patient and visit that you want to sign out of
- Click on the **Pencil Icon** to get to the Sign in screen
 - You may be asked to use your location services again
 - Click Okay
 - This will allow your location to be used to clock out.

Alora Plus Episode C	alculator							< Back	Alora Plus	s Episode Calc	ula
	IS								ORA Plus	Hello JESSICA	Lo
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© 2020 Alora Healthcare Systems, LLC.											
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	Period: From: To: Search:	Patient	Delayed	Date Range 12/07/2020 12/07/2020 * Start Time	End ¢ Time	Show Status	COVID-1 Employe Screenin	s S			

Your screen will now look like this:

- Aide Visit Note will allow you to enter task completed during your shift
- **Caregiver Signature** this is where YOU will sign
- **Patient Signature** this where the Patient will sign
- End Visit you end the completed visit

How to do **Caregiver Signature:** Click the green button under Caregiver Signature that says **Add Signature**

Back	Alora Plus Episode Calc	ulator
Patier	nt Signature	
Add Sig	mature	
Signed Di	ate	
Careg	iver Signature	
Add Sig	pnature	
Signed Di	ate	
Comn	nents	
	Aide Visit Note	
Save & C	lose	

< Back	Alora Plus Episode Calcula	tor <	Back	Alora Plus Episode Calculator
Patie	nt Signature		Signed Date	Successfully saved
Add Si	gnature		Comme	ents
Signed D	ate			
Careg	jiver Signature			
Add Si	gnature			Aide Visit Note
Signed D	ate		Save & Clos	e
Comr	nents		Cancel	
				End Visit
	Aide Visit Note		© 2020 Alora	Healthcare Systems, LLC.
Save & C	lose	^		Version: 8.42.3.2

This screen will pop up

< Back	Alora Plus Episode Calculator
Signat	ure Type
Actu mouse)	al Signature (with touchscreen or
Actual	Signature
Sign abo	ove

Sign your Signature Click on **Save Changes**



How to do **Patient Signature:** Click the green button under Patient Signature that says **Add Signature**

Patier	t Signature
Add Sig	ature
Signed Da	ite
Careg	iver Signature
Add Sig	nature
C	A
Signed Da	12/07/2020 18:13 PM
Comn	nents

Your signature will appear on the main Start Visit page A **Date** and **Time stamp** will appear Once the date and time stamp appear your signature is **successful**

< Back	Alora Plus Episode Calculator
Patien	Signature
Add Sig	nature
Signed Da	ite
Careg	iver Signature
Add Sig	nature
	1
C	A
Signed Da	te 12/07/2020 18:13 PM
Comm	nents
7.	<u>^</u>

This screen will pop up



Have your Patient sign your phone Click on **Save Changes**



Your patients signature will appear on
the main Start Visit page
A Date and Time stamp will appear
Once the date and time stamp appear
your signature is successful

< Back Alora Plus Episode Calculator
Successfully saved
See 'Start' GPS Coordinates
Patient Signature
Add Signature
SO.
Signed Date 12/07/2020 18:13 PM
Caregiver Signature
Add Signature

< Back Alora Plus Episode Calculator
Signed Date 12/07/2020 10.13 PW
Successfully saved
Comments
Aide Visit Note
Save & Close
Cancel
End Visit
© 2020 Alora Healthcare Systems, LLC.
Version: 8.42.3.2

How to enter an Aide Visit Note:

- Click on Aide Visit Note (Purple Button)

Within Aide Visit Note will contain the following:

- Each task that is within the Plan of Care created by the Nurse
- Each task with have the following options to choose from
- - Completed
- - Not Completed
- - Patient Refused
- - N/A
- Every task needs to be marked for the visit to be ended correctly

See the next page for details on completing task

	n	- Hair Care
Back Alora Plus Episode Calcula	ator < Back Alora Plus Episode Calcu	lator Completion Status:
Grooming And Dressing	Grooming And Dressing	- Completed
Task	Task	- Not Completed
Hair Care	Hair Care	- Patient Refused
Completion Status	Completion Status	- N/A
Completed Patient Refused	Completed Patient Refused	Simply click on the box to appropriate
Not Completed N/A	Not Completed N/A	show how the task was completed
Comment	Comment	A check mark will appear in the box
		Example: Completed
		Task:
Tools		- Shampoo
Shampoo	Task	Completion Status:
Completion Status	Completion Status	- Completed
Completed Patient Refused	Completed Datient Refused	- Not Completed
Not Completed N/A		- Patient Refused
Commont	Not Completed N/A	- N/A
Comment	Comment	
		Simply click on the box to appropriate
		show how the task was completed
		A sheek more will expert in the box
		A check mark will appear in the box
		Example: Not Completed
Back Alora Plus Episode Calcul	ator parts at a plan failed or build	- Skin Care
	KING K AIDra Pius Episode Calcula	Completion Status:
Task Skin Com	Task	- Completed
Completion Status	Skin Care	- Not Completed
		- Patient Refused
	Completed Patient Refused	- N/A
Not Completed N/A	Not Completed N/A	Simply click on the box to appropriate
Comment	Comment	show how the task was completed
		A check mark will appear in the box
		Example: Patient Refused
Task	Task	Task:
Mouth/Denture Care	Mouth/Denture Care	- Mouth/Denture Care
Completion Status	Completion Status	Completion Status:
Completed Patient Refused	Completed Patient Refused	- Completed
Not Completed N/A	Not Completed V/A	- Not Completed
Comment	Commont	
	Comment	- Patient Refused
	Comment	- Patient Refused - N/A
		 Patient Refused N/A Simply click on the box to appropriate
Taak	Task	 Patient Refused N/A Simply click on the box to appropriate show how the task was completed
Task	Task	 Patient Refused Patient Refused N/A Simply click on the box to appropriate show how the task was completed A check mark will appear in the box

Task:

Example: N/A

At the end of the task list there will be the following:

- QA Status
- Mark as Completed
- Marking this completed will show that you answered all of the questions completely

< Back Alora Plus Episode Calculator	< Back Alora Plus Episode Calculator
Custom Tasks	
Comments	
	QA Status
	In Use Completed
QA Status	Return for Correction
In Use Completed	Approved
Return for Correction	Reviewed By: Reviewed Date:
Approved	> QA Notes
Reviewed By: Reviewed Date:	
> QA Notes	Save & Close Cancel
<u>^</u>	© 2020 Alora Healthcare Systems, LLC.

Back Al	ora Plus Episode Calculato			
~	Successfully saved			
QA Status				
In Use	 Completed 			
Return for Correction				
Approved	ł			
Reviewed By: Reviewed Date:				
> QA Note	s			
	Save & Close Cancel			
© 2020 Alora Health	ncare Systems, LLC.			

To complete the Aide Visit Note:

- Hit the blue button Save & Close
- A **Successfully saved** will appear in the top right hand corner

The screen should automatically take you back to the main screen that shows the Start Visit, Patient Signature, Client Signature and End Visit options

When selecting Task and making them completed. Make sure you are **ONLY** marking **Complete** the task that you performed. Not **EVERY** task will necessarily be completed each visit.

IF there is something in the task list that doesn't pertain to your patient or if something is missing that you do for the patient, please contact the office and let us know so then we can fix them accordingly.

To End Visit:

- Click on the green button saying End Visit.
- Once you click **End Visit** you will not be able to go back into the screen
- If something is not completed the visit will not end
- Make sure **BOTH** patient and caregiver signatures are completed
- Aide Visit Note was completed correctly and all task were marked, including the QA Status at the end of the Aide Visit Note screen

< Back	Alora Plus Episode Calculato
อเมาเซน มสเ	Successfully saved
Comm	ents
	Aide Visit Note
Save & Clo	se
Cancel	
	End Visit
© 2020 Alora	Healthcare Systems, LLC.

Version: 8.42.3.2

Once the visit is completed, it will take you back to the main screen showing the Patient name.

The visit will now be green in the bar. This will show that the visit is completed

Please make sure that the visit is shown as green. This may take a few seconds to happen.

< Back			Alora Plu	Episode Calculator			
🕀 🎤 DUCK, 📥 DAISY		Delayed Start	12/07/2020 06:08 PM	12/07/2020 06:13 PM	Completed	d 12/07/2020 d 06:08 PM - 06:13 PM	
		Sh	iowing 1 to 2 of	2 entries			
	First Previous 1 Next Last						
© 2020 A	lora Healthcard	Systems II C				Version: 8 42 3 2	
© 2020 AI		oystems, LLO.				version: 0.42.3.2	

If you have any questions please reach out to the office for assistance during business hours Monday through Friday 8:30am-4:30pm

Holland Location – 419-866-0555

Findlay Location – 419-422-0305

Where to find Med1Care Home Health and Facility Timesheets

Go to our website @ www.med1care.org



Med1Care Home Health Care | Medical Staffing

Hover over "About Us" – Click on Current Employees



Med1Care Home Health Care | Medical Staffing

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📲 Current Employees - Med1Care, 🗆 🗙 🕂					~ - 0 ×
← → C ☆ 🔒 med1care.org/human-resource	es/current-employees/				🖻 🖈 🖬 🥌 🗄
📕 HR/Payroll 📕 Website Checks 📕 Intake 🛕 AloraP	Nus 육업 LaborEdge 육업 How to apply 육업 How	v to Log in 🗧 med1caretest@yah 🗤 K12 O	nline School 🛛 🕞 PaySchools Central 🤅	3 My Meetings - Zoom 🛛 😨 Support : LaborEdg 📧 O	hio Secretary of S
0		HOME HOME HEALTH C	ARE - MEDICAL STAFFING	BOUT US 🗸 CONTACT US 🗸 🥤 🖉 💿	in
U	Med1Care may sponsor one (1) d a strong desire to enter the healt contacting your local Med1Care o	edicated individual per year to receive ncare industry, a solid work history an ffice. Some restrictions do apply.	a sponsorship to attend STNA d passion to care for the elder	classes at no charge. This individual must ha y. You may nominate any candidates by	ve
	Timesheets				
	SN Visit Record	Home Health Ai	de Visit Record	RN Case Manager Timesheet	
	Internal LPN Timesheet	Therapy Timesh	eet	Staff Timesheet	
	Direct Deposit Forms				
	Direct Deposit Form				-
	Orientation Packet				
	Please inquire Orientation Video				_
	Get in Touch				
	NEWSLETTER	TOLEDO	FINDLAY	COVERAGE	
	Enter your e-mail address and subscribe to our newsletter.	Address: 1225 Corporate Dr. Suite A. Holland, OH 43528	Address: 116 S. Main St. Findlay, OH 45840		۸.
🚛 A 🖽 🗐 🥅 🥥 进 🛙	E 🧧 🚾				3-41 PM 3/2/2023

Scroll Down to "Timesheets", Click on the timesheet you need.

Home Heath Aide Visit Record is the timesheet for Home Care HHA

Staff Timesheet is the timesheet for ALL FACILITY Employees!

If you are not able to print your own timesheets please feel free to come and get some from the office. Our Office hours are:

Monday – Friday 8:30 am – 4:30 pm

Please feel free to reach out to any office staff if you have any questions or concerns.

419-866-0555 – Toledo Office 419-422-0305 – Findlay Office



	Week begin date	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	TIME IN:							
	TIME OUT:							
P	TOTAL HOURS:							
E	Personal care TOTAL TIME							
R	Homemaking TOTAL TIME							
s	Patient Identifiers-See numbers below							
	VITALS-WEIGHT RESULTS							
0	HR,RR,BP,TEMP,ORAL/AXILLARY/RECTAL							
N	Bathing-BED-TUB(T)/SHOWER(S)							
A	SPONGE BATH IN CHAIR OR BED							
L	BED BATH-PART(P)/COMPLETE (C)							
	HYGEINE/GROOMING-ASSIST BATH CHAIR							
	HAIR-BRUSH/WASH/OTHER							
	SKIN-LOTION (L)/POWDER (P)							
	DRESSING							
	CHECK PRESSURE POINTS							
C	SHAVE/GROOM/DEODORANT							
A	NAILS-CLEAN/FILE/REPORT							
R	ORAL-BRUSH/SWAB/DENTURES							
F	TOILETING HYGEINE/PERI CARE							
	FOOT CLEAN(C), LOTION(L), ELEVATE(E)							
	PROCEDURES- OSTOMY EMPTY							
	CATHETER EMPTY							
	RECORD I/O							
	INSPECT PRESSURE POINTS							
	MEDICATION REMINDER							
	REINFORCE WOUND DRESSING							
	MAINTAIN STANDARD PRECAUTIONS							
	OBSERVE FOR FALL RISK							
н	ACTIVITY-CANE(C)/WC/WALKER (W) BSC							
0	ROM-ACTIVATE/PASSIVE PER PT/OT							
	REPOSITIONING-TURN Q 2 HOURS							
	EXERCISE PER PT/OT/SLP PLAN							
S	NUTRITION-DIET ORDER:							
E	ASST WITH FEEDING							
ĸ	MEAL PREP/REMIND OF PO SUPPLEMENT							
F	LIMIT/ENCOURAGE FLUIDS							
	GROCERY SHOPPING/ERRANDS							
E	HOUSEKEEPING-LAUNDRY							
P	MAKE BED(MB), CHANGE LINEN(CL)							
11	MOP(M), SWEEP(S), DUST (D)							
N	(L)LIVING/(B)BATHROOM/(K)KITCHEN							
	CLEAN EQUIPMENT							
	TRASH REMOVAL							
	ASSIST WITH PAIN MGMT							
							•	

Month	Day	Year	Client Name	Client Signature	Month	Day	Year	Employee Name	Employee Signature

Patient Identifiers: 1. Known to me 2. States name 3. CG states pt. name 4. Address correct



#1 in Quality Service and Quality Care

116 S. Main St, Findlay OH 45840 Phone: (419) 422-0305 | Fax: (419) 422-0306 | www.med1care.org

For any paystubs and W2's

Please see the below message from our 3rd party Payroll Company.

NDS, the payroll service for Med1Care, has a new portal for you to see your check stub and W2. You will receive 2 emails from <u>questiv@questiv.com</u> once you have received your first paycheck. Check your spam folder. One will be a link to the portal and your user name. The second will be your temporary password. Please be sure to check your CAPS LOCK before entering the password. If you mistype the password 5x it will disable your account. If this happens please email me at <u>hhoenig@nds-us.com</u> and I will fix the issue ASAP. You will get a new email with a new temporary password. Keep your password in a safe place. If you have any questions or issues with the website please email me at <u>hhoenig@nds-us.com</u>.

Thank you, Heather NDS, Inc.

CPR Certification needs to be turned in within 30 days of hire.

https://www.cpr.io/client/med-1-care/

Please complete the **Standard CPR / AED**.

The cost of this is \$11.66 with your Med1Care discount. When finished with this please email your certificate to <u>recruiter@med1care.org</u>

MEDCARE

What would you do with an extra \$500?!



Ŗ



and let's find out!



Both employees have to be current to receive bonus and referred employee has to work 480 hours with no attendance issues.



or call 419.866.0555!



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(f) Omed1care







NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. 1 These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. 2
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

¹ Written notification includes electronic notification, but excludes oral notification.

² https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.1 Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.2
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en https://www.fbi.gov/services/cjis/identity-history-summary-checks y https://www.edo.cjis.gov.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá
 presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI.
 Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición
 por medio de .https://www.edo.cjis.gov. El FBI luego enviará su petición a la agencia que
 contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la
 información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará
 cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída
 por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.3

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

 $^{{\}scriptstyle 2\ https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement}$

³ Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).