



## ***Provider Handbook Acknowledgement Form***

I acknowledge that I have received a copy of Dolphin Solutions Inc. Provider Handbook. I acknowledge that I have been informed that the complete Dolphin Solutions Inc. employee handbook is available at [www.staffbybearmedical.com](http://www.staffbybearmedical.com).

I understand that in processing my application with Dolphin Solutions Inc. an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job-related data provided on this application, or via the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquires or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless Dolphin Solutions Inc. from any liability. I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize Dolphin Solutions Inc. to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting Dolphin Solutions Inc. authorization to release confidential medical information upon the request from Dolphin Solutions Inc. Dolphin Solutions Inc.s while I am actively working at the Dolphin Solutions Inc.'s facility and /or during the profiling and placement processes.

I understand that Dolphin Solutions Inc. goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with Dolphin Solutions Inc. or the service provided by one of the Dolphin Solutions Inc.s, I am encouraged to contact the local manager to discuss the issue. Dolphin Solutions Inc. has processes in place to resolve customer complaints in an effective and efficient manner. If the resolution does not meet my expectation, I am encouraged to call the Dolphin Solutions Inc. corporate office at 407-758-8193. A corporate representative will work with me to resolve my concern. I understand that any individual or organization that has a concern about the quality and safety of patient care delivered by Dolphin Solutions Inc. healthcare professionals, which has not been addressed by Dolphin Solutions Inc. management, is encouraged to contact the Joint Commission at [www.jointcommission.org](http://www.jointcommission.org) or by calling the Office of Quality Monitoring at (630) 792-5636. Dolphin Solutions Inc. demonstrates this commitment by taking no retaliatory or disciplinary action against employees when they do report safety or quality of care concerns to the Joint Commission.

I have read and understand Dolphin Solutions Inc. policies and my requirements as a Dolphin Solutions Inc.'s employee. I understand that if I have any questions and/or need clarification for items addressed in the handbook, it is my responsibility to contact the Dolphin Solutions Inc. office to discuss.

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Provider Name and Signature

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Date