

**Community Mental Health of Ottawa County
Criminal Background Check**

Criminal Background Check Authorization Form

Employee Name: _____

Alias or Other Names Used: _____

Employee Address: _____

E-mail Address _____

Date of Birth: ___/___/_____

Sex M or F (Circle One)

Maiden Name: _____

Race: _____

Driver's License Number: _____ Expiration Date: _____

I authorize the release of my criminal background information to my employer, and to Community Mental Health of Ottawa County, which acts as project administrator; and to the "Fiscal Intermediary" which serves as my employer's financial administrator.

Employee Signature

Date

**Community Mental Health of Ottawa County
Respite Providers Recipient Rights Test**

Directions: Review the Recipient Rights Training located at www.mioottawa.org/cmhrespite. Once you have reviewed the training, complete the test.

Admin Use Only

Score: _____

Staff Initials: _____

Date Scored: _____

1. All information in a recipient's mental health record is considered _____.

- a. privileged b. legal c. confidential

2. Staff actions that are abusive must be stopped and _____.

- a. reported b. disciplined c. corrected

3. The purpose of Recipient Rights Training is to assure, protect and promote the basic dignity to which all recipients are entitled.

- a. legal b. human c. independent

4. _____ are a way to assure all **unusual** events involving recipients are documented/reported when something **unusual** occurs during a normal day/routine or outing.

- a. Unusual incidents b. Treatment plans c. Incident Reports

5. A right is that which is defined by _____ and there must be a legal means of protecting it.

- a. government b. law c. the dictionary

6. Swearing at, using foul language, racial or ethnic slurs or making fun of a recipient would be considered _____.

- a. neglect b. abuse c. restrictive

7. Failing to report a suspected case of abuse or neglect is also considered _____.

- a. neglect b. abuse c. poor judgment

8. _____ the recipient is always the first and most important responsibility of paid staff.

- a. Helping b. Liking c. Protecting

9. Informed _____ is based on the competency and knowledge of the person who is agreeing to something.

- a. consent b. treatment c. writing

10. A recipient has the right to live in the _____ environment necessary to achieve appropriate treatment.

- a. most restrictive b. least restrictive c. most expensive

11. All recipients must be notified of their _____ upon entering the mental health system.

- a. treatment plan b. legal rights c. individualized services

12. Talking to others about recipients, outside of the mental health system, who do not have a legal right to know the information, is a breach of _____.

- a. confidentiality b. privileged information c. the law

13. Who is legally responsible for providing translation accommodations under the ADA and Civil Rights law? _____

- a. consumer b. CMH c. volunteer agency

14. It is illegal to open a recipient's mail.

- True False

15. The Office of Recipient Rights cannot take disciplinary action with you for violating a recipient's rights.

- True False

16. Medications are important. A recipient may be forced to take their medications.

- True False

17. Recipients you are paid to support retain their civil rights in addition to their legal rights (i.e. Michigan Mental Health Code), when they are receiving mental health services.

- True False

18. HIPAA (Health Insurance Portability and Accountability Act of 1996) includes Protected Health Information (PHI) and gives recipients more control over their health information and sets boundaries on the use and release of health records.

- True False

19. The law says when you see or hear about a recipient being abused or neglected, you must take action immediately and report all allegations to the Recipient Rights Office.

True False

20. A Recipient Rights Complaint Form must be used when there is reasonable cause to believe a recipient's rights have been violated by a paid staff.

True False

21. Unlimitable rights include the recipient's right to be free from abuse and neglect, to be treated with dignity and respect, and the right to live in a safe, sanitary and humane treatment environment.

True False

22. It is OK to share information about a recipient with family members without written consent.

True False

23. Rights can be limited/restricted, but the limitation/restriction needs to be documented in the recipients Individual Plan of Service (IPOS) and/or Behavior Treatment Plan (BTP).

True False

24. Anyone may file a Recipient Rights Complaint on behalf of a recipient, at any time.

True False

25. A recipient tells you that he has been hurt by a staff person. The recipient is angry and wants something done.

a. You do nothing. You do not believe what this person just told you.

b. You help the person fill out a Recipient Rights Complaint Form and help them mail the form to the Recipient Rights Office.

c. You do "b" with the addition of telling your supervisor, calling the Recipient Rights Office and writing an Incident Report.

Signature

Date

Print Name

**Community Mental Health of Ottawa County
Respite Basic First Aid Test**

Directions: Review the Basic First Aid Training located at www.mioottawa.org/cmhrespite. Once you have reviewed the training, complete the test.

Admin Use Only

Score: _____

Staff Initials: _____

Date Scored: _____

1. It is very important to know where to find the first aid supplies and emergency numbers when you are the responsible adult caring for someone.

True False

2. If someone is choking but can cough and make noises, stand by and let them cough.

True False

3. Firm, _____ pressure with clean or sterile bandages is one of the first steps in caring for a bleeding wound.

- a. soft
- b. gentle
- c. direct
- d. indirect

4. First aid for a burn includes cooling the area with large amounts of _____.

- a. butter
- b. vaseline
- c. ice
- d. cool water

5. If someone has a nosebleed, you should have the person lean back and look to the ceiling.

True False

6. Use a cool water spray for someone who is experiencing a heat related-injury

True False

7. When someone is experiencing a cold-related injury the first thing you should do is lie down next to them and use your own body heat to warm them.

True False

8. If someone ingests or comes in contact with something potentially poisonous, the first call you should make is to _____ and follow their instructions.

- a. CMH
- b. Poison Control
- c. their family doctor
- d. Dr. Oz

9. If you suspect a head injury and a person is unconscious, do not move the person.

True False

10. If someone is having a seizure, you should put something in their mouth and try to stop them from chocking on or biting their tongue.

True False

11. If someone is experiencing shock, keep them still and cover them with a blanket until emergency medical personnel arrive.

True False

12. If a tooth is loose, have the person bite down on a piece of gauze and call a dentist.

True False

13. If someone is experiencing pain in one eye they should keep both eyes closed to decrease irritation and/or further injury.

True False

14. When an object punctures or penetrates a part of someone's body_____.

- a. pull it out
- b. push it in further
- c. leave it there
- d. dump peroxide on it.

15. When someone is bit by a tick it is best to leave it attached until it lets go on its own.

True False

16. If a part of someone's body is amputated, call 911.

True False

17. If someone has a potentially broken bone or has a sprain, reduce the movement of the injured area and suggest they see a medical professional.

True False

18. If someone is electrocuted, the first thing you should do is_____.

- a. grab them and pull them out of the area.
- b. shut off the power and call 911.
- c. throw a rope to them and try to pull them out.
- d. shout at them to stop, drop, and roll.

19. If you are transporting someone you are caring for, it would be a good idea to have a first aid kit in your backseat or trunk.

True

False

20. If there is an insect stinger embedded in someone's skin, scrape it out and wash the area with soap and water.

True

False

Signature

Date

Print Name

**Community Mental Health of Ottawa County
Respite Infectious Disease Test**

Directions: Review the Infectious Disease Training located at www.miottawa.org/cmhrespite. Once you have reviewed the training, complete the test.

Admin Use Only

Score: _____

Staff Initials: _____

Date Scored: _____

1. Pathogens are germs that most commonly enter through your skin or mucous membranes.

True False

2. There is a vaccine available for Hepatitis B.

True False

3. You do not need to report blood borne pathogen exposures.

True False

4. Hepatitis C is the most chronic blood borne pathogen in the United States.

True False

5. Know where the gloves and disinfecting supplies are located in the home you work in.

True False

6. Blood, semen, and vaginal secretions are all potentially infectious body fluids.

True False

7. You can contract HIV/AIDS by kissing.

True False

8. MRSA is a staph infection that is resistant to some antibiotics.

True False

9. Universal Precautions means that even when a situation is perceived as “low risk” we still need to act as if blood and other body fluids are potentially harmful.

True False

10. If you are transporting someone you are caring for it would be a good idea to have a first aid kit in your backseat or trunk.

True

False

Signature

Date

Print Name