Place your facility logo here **Operational Policy and Procedure** Policy: name of policy here Policy Number: should have prefix and number **Division:** division or department name **Contact:** Name of person responsible for div. Status: Approved Date Approved: 6/23/07 **Date Reviewed/Revised:** 6/01/08, 6/01/09 Effective Date: 7/1/07 **Department:** Dept name here **Page:** 1 of 1 POLICY: This is the WHAT Write the policy here. For example: All clients upon admission an orientation to their environment and program expectations within 24 hours of admission. This is the WHY PURPOSE: To provide a consistent and efficient process to assure all clients have been oriented to the facility and program expectations. PROCEDURE: This is the HOW 1) Orientation packets will be given to all client upon admission by (job title) 2) (job title)____ will, clients condition permitting, show the client the facility and review the contents of the orientation packet as ask the client if they have any questions. a) If you need sub-steps b) 3) The staff member that did the orientation will document that this was done in the client record. a) etc.---Approved: Job title of person responsible for this department(signature)

Date