



Provider Handbook Acknowledgement Form

I acknowledge that I have received a copy of GQR Provider Handbook. I acknowledge that I have been informed that the complete GQR employee handbook is available at www.gqr.com.

I understand that in processing my application with GQR an investigation may be made in which information is obtained through personal interviews, and 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 inquiries or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right to privacy in this investigation and release and hold harmless GQR 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 the information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize GQR to check my credit and conviction records, as needed, continuously as it relates to my employment. I am granting GQR authorization to release confidential medical information upon request from GQR clients while I am actively working at the client's facility and/or during the profiling and placement processes.

I understand that GQR's goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with GQR or the service provided by one of GQR's Clients, I am encouraged to contact the local manager to discuss the issue. GQR has processes in place to resolve customer complaints in an effective and efficient manner. If the resolution does not meet my expectations, I am encouraged to call the GQR corporate office as (512) 910-8919. A corporate representative will work with me to resolve my concerns. I understand that any individual or organization that has a concern about the quality and safety of patient care delivered by GQR healthcare professionals, that has not been addressed by GQR management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636. GQR demonstrates this commitment by taking no retaliatory or disciplinary action against employees when do not report safety or quality of care concerns to the Joint Commission.

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

Provider Name and Signature

Date