



Provider Handbook Acknowledgement Form

I acknowledge that I have received a copy of Aroha Technologies, Inc. Provider Handbook. I acknowledge that I have been informed that the complete Aroha Technologies Inc. employee handbook is available at www.arohatechnologies.com.

I understand that in processing my application with Aroha Technologies, 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 inquiries 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 Aroha Technologies, 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 Aroha Technologies, Inc. to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting Aroha Technologies, Inc. authorization to release confidential medical information upon the request from Aroha Technologies, Inc. Aroha Technologies, Inc.'s while I am actively working at the Aroha Technologies, Inc.'s facility and /or during the profiling and placement processes.

I understand that Aroha Technologies, Inc.'s goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with Aroha Technologies, Inc. or the service provided by one of Aroha Technologies, Inc.'s, I am encouraged to contact the local manager to discuss the issue. Aroha Technologies, 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 Aroha Technologies, Inc. corporate office at 510-269-2233. 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 Aroha Technologies, Inc. healthcare professionals, which has not been addressed by Aroha Technologies, Inc. management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5636. Aroha Technologies, 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 Aroha Technologies, Inc.'s policies and my requirements as a Aroha Technologies, 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 Aroha Technologies, Inc. office to discuss.

Provider Name and Signature

Date