



NEW OR REVISED FORM, PROCESS, POLICY OR PROCEDURE COVER SHEET

Name of Proposed Document

Submitted By

This document is New Revised and applies to:

- All THA Group Companies Island Health Care Island Hospice Independent Life at Home
- RightHealth® THA Services

- Policy Process or Procedure Form Plan

Other: _____

Coordinating Council Approved

Effective Date: _____

Not Approved (see comments on revised document)

This document should be filed in the:

- Administrative Policies & Procedures Manual
 - Environmental Safety & Equipment
 - Ethics, Rights & Responsibilities
 - Education & Training
 - Finance
 - Leadership
 - Management of Information & HIPAA
 - Provision of Care, Treatment & Service
 - Risk Management
 - Talent Management

Clinical Policies & Procedures Manual, under _____

Employee Handbook

Start of Care Manual

Process Manual under _____

Performance Improvement Manual under _____

Other: _____

Communicate To:

- All THA Group Staff
- Clinical Staff Only
- Other: _____

Means of Communication:

- THA University
- Email
- Staff In-Service
- Team Meetings
- Other: _____

Person Responsible for Communicating:
