

## **POLICY: Personal Contact Information and Visiting of Residents**

**Purpose**: In an effort to establish a uniform policy regarding maintaining professional boundaries between caregivers and residents. Understanding these boundaries can help caregivers avoid stress and misconduct, recognize boundary crossings and provide the best possible care.

**Policy**: It is the expectation of Sun Health Senior Living that by the nature of the caregiving process, Caregivers will develop relationships with the residents they provide services to. While there may be a helpful and heartfelt reason for caregivers to provide the resident with their personal contact information, it is the policy of Sun Health Supportive Services that Caregivers will not share with residents their personal cell phone numbers, emails or other direct contact information. All calls should be directed to the main number for Supportive Services which is 623-975-7720.

Residents who are receiving services have signed a service agreement which specifically states:

"arrangements may be made for extended hours and other needs by contacting the Clinical Services Manager. At no time should the client or responsible party attempt to make special arrangements with any SHSS program staff member without the prior approval of the Clinical Services Manager. Failure to comply with the contracted agreement may result in termination of services from the SHSS program."

Caregivers may visit residents during non-work hours with permission from the resident and the clinical services manager or designee. During these visits, the expectation is that no services will be provided during these visits. If services are being provided, the caregiver must to be on duty. Should a caregiver provide services, they need to notify the Clinical Services Manager as soon as possible and report all time worked.

Caregivers should notify management immediately if they feel the professional boundaries have been crossed, either by the caregiver or resident. Management will work with the caregiver to address these situations for the best of the resident and the caregiver.

Employee Printed Name	
Employee Signature	 Date
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