

Community Liaison-Remote Tier 2

Name: _____

Community Liaisons-Remote are not permitted to provide hands-on care to any patients.*

Description																	
<p>The Community Liaison-Remote must have equivalent qualifications and competence as employed individuals performing the same or similar services at the facility.</p> <p>The services I provide may have indirect impact on patients, which may require supervision from a member of the clinical staff of the facility (i.e. Case Management). The services provided may also include contact with the patient or patient's representative. The Community Liaison-Remote <u>will never need access to a HCA Healthcare facility</u>.</p> <p>Health requirements are waived due to the nature of the remote worker</p> <p>Services I am requesting to provide include the following (<i>Check all that are being requested</i>):</p> <p><input type="checkbox"/> Explain about facility/agency services and expectations with the patient which may also include the patient's family</p> <p><input type="checkbox"/> Assess patient's eligibility, which may require access to patient's chart</p> <p>Please select your type of company:</p> <table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>Hospice</td> <td><input type="checkbox"/></td> <td>Long-term Acute Care</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Long-term Nursing</td> <td><input type="checkbox"/></td> <td>Home Services</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Rehab</td> <td><input type="checkbox"/></td> <td>Skilled Nursing Facility</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Long-term Acute Care	<input type="checkbox"/>	Long-term Nursing	<input type="checkbox"/>	Home Services	<input type="checkbox"/>	Rehab	<input type="checkbox"/>	Skilled Nursing Facility	<input type="checkbox"/>		<input type="checkbox"/>	
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I am requesting approval to provide services in the following patient care area(s).

You may add other areas once you begin the credentialing process.

Areas are not tied to the Tier

<input type="checkbox"/>	Rehabilitation Unit
<input type="checkbox"/>	Intensive Care Unit
<input type="checkbox"/>	Emergency Department
<input type="checkbox"/>	Hospice

NOTE: Education is highest level of completed academic education. This should be confirmed on your background check. By signing below, I attest that at no time I am involved with discharge planning.

Applicant Signature: _____ Date: _____

Company Name: _____

CREATED 10.31.2024