



Clackamas County Nurse Home Visiting Accountability Agreement

This document is an agreement between Home Visiting staff members and their respective clients. This agreement outlines what the client can expect of their Nurse or Case Manager, and what the Home Visiting staff expect of their clients.

Diversity, Equity, and Inclusion Statement

Structural and systemic racism have diverted resources away from communities of color creating disadvantages today across all determinants of health. As set forth by the CDC, "Racism – both interpersonal and structural – negatively affects the mental and physical health of millions of people, preventing them from attaining their highest level of health, and consequently, affecting the health of our nation." Clackamas County Public Health and Nurse Home Visiting is committed achieving equity through anti-racist policies and programs.

| HOME VISITORS | CLIENTS |
|---|--|
| <p>Communication</p> <ul style="list-style-type: none"> • Clear communication and expectations given • Honesty and transparency regarding limitations | <p>Communication</p> <ul style="list-style-type: none"> • If we are unable get in touch with you after 3 months, your case will be closed out |
| <p>Reliability</p> <ul style="list-style-type: none"> • Efficient response time to texts and emails within working hours, arrive on time to appointments • In the event of cancellation, notice will be given in advance | <p>Reliability</p> <ul style="list-style-type: none"> • We ask that you give us 1-hour minimum advance notice in the event you need to cancel your appointment |
| <p>Respect</p> <ul style="list-style-type: none"> • Engaged in intentional and active listening • Devices (phone) turned off • Kind in conversation and tone | <p>Respect</p> <ul style="list-style-type: none"> • Engaged in intentional and active listening • Devices (phone, TV) turned off • Kind in conversation and tone |
| <p>Safety and Support</p> <ul style="list-style-type: none"> • Mandatory Reporting • Resources, Screenings, and Assessments | <p>Safety</p> <ul style="list-style-type: none"> • Visitors, pets, illness - please let us know in advance • Please refrain from any tobacco or substance use • Any weapons should be placed in a safe and secure space away from the visit location |

I acknowledge that I have read, understand, and agree to the policies and expectations set by Clackamas County Nurse Home Visiting.

If any questions or concerns should arise, please contact your Home Visitor or the Home Visiting Supervisor:

Home Visitor Name:

Supervisor Name:

Home Visitor Email:

Supervisor Email:

Home Visitor Phone:

Supervisor Phone: