University of Kentucky
Chandler Medical Center

COMMITMENT TO BEHAVIORAL STANDARD IN PATIENT CARE

I hereby acknowledge that I have received a copy of the Behavioral Standards in Patient Care. I have been informed that the code of behavior described herein is the official behavior code for all employees, medical staff, faculty, students, and volunteers of University Hospital and the Ambulatory Care Program, and that the standards apply to all individuals who come into contact with patients or participate in activities associated with patient care.

I understand that as a participant in patient care services I shall be expected to maintain and uphold these specific standards and the intent of these standards in the performance of my duties and responsibilities.

________________________________________  _________________________________
Signature  Date

________________________________________
Name Printed

☐ Faculty  ☐ Staff  ☐ Student
☐ Volunteer/Auxillary

College/Division

Original – Department Personnel File
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________________________________________  _________________________________
Signature        Date

________________________________________  _________________________________
Name Printed       Social Security #

☐ Faculty    ☐ Staff    ☐ Student
☐ Volunteer/Auxillary

College/Division

Copy – Forward this to Human Resources Records