

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

College/Division

- Faculty Staff Student
 Volunteer/Auxillary

Original – Department Personnel File

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Chandler Medical Center

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Signature

Date

Name Printed

Social Security #

College/Division

- Faculty Staff Student
 Volunteer/Auxillary

Copy – Forward this to Human Resources Records