

## EMPLOYEE UNDERSTANDING\*

As an employee of [FACILITY NAME], I understand that I have an obligation to assist this facility in providing the finest quality of care and treatment to its residents and patients. By signing this document, I promise to take the following actions in order to assist in providing high quality of care and treatment to our residents and patients:

- \_\_\_\_\_ 1. I will not engage in any conduct that is a violation of the rights of any resident or patient.
- \_\_\_\_\_ 2. I will not ask another to engage in any conduct that is a violation of the rights of any resident or patient.
- \_\_\_\_\_ 3. I will immediately tell my supervisor, in writing, if I witness another engage in any conduct that is a violation of the rights of any resident or patient.
- \_\_\_\_\_ 4. I will not make any entry in a chart that does not reflect the actual care or treatment that was provided to the resident or patient.
- \_\_\_\_\_ 5. I will immediately tell my supervisor, in writing, if anyone asks me to make an entry in a chart that does not reflect the actual care or treatment that was provided to the resident or patient.
- \_\_\_\_\_ 6. If my supervisor should ask me to make an entry in a chart that does not reflect the actual care of treatment that was provided to the resident or patient, I will immediately tell, in writing, the Administrator or Medical Director.
- \_\_\_\_\_ 7. I will immediately tell my supervisor, in writing, if I witness another person at this facility alter any entry in a chart.
- \_\_\_\_\_ 8. I will immediately tell my supervisor, in writing, of any abuse, neglect or mistreatment of any resident or patient.
- \_\_\_\_\_ 9. I will immediately tell my supervisor, in writing, of any problems with staffing that may cause poor care or treatment of the residents or patients of this facility.

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You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date