Sinai Health

ACKNOWLEDGEMENT OF CODE OF ETHICAL CONDUCT

I acknowledge and certify that I have received and read the Sinai Health Code of Ethical Conduct and that I understand my obligations to comply with the Code. I agree to comply with the Sinai Health Code of Ethical Conduct.

Employees and Officers: I understand that compliance with this Code is a condition of my employment. I further understand that violation of the Code of Ethical Conduct may result in disciplinary action up to and including termination.
Initials: ____

Students: I understand that compliance with this Code is a condition of my clinical training at Sinai Health. I further understand that violation of the Sinai Health Code of Ethical Conduct may result in termination of my educational placement at Sinai Health and notification of the appropriate Dean or Department Chair at my educational institution.
Initials: ____

Trustees: I understand that compliance with this Code is essential to my service on the Board of Trustees at Sinai Health.
Initials: ____

Medical and Dental Staff: I understand that compliance with this Code is a condition of my ability to practice my profession at Sinai Health. I further understand that violation of the Code of Ethical Conduct may result in disciplinary action as provided in the Bylaws of the Medical Staff, up to and including revocation of Privileges.
Initials: ____

Agents: I understand that compliance with this Code is a condition of my continued ability to furnish services to Sinai Health. I further understand that violation of the Code of Ethical Conduct may result in a termination by Sinai Health of any relationship with Sinai Health.
Initials: ____

Researchers and Teachers: I understand that compliance with this Code is a condition of my continued ability to carry out teaching or research at Sinai Health. I further understand that violation of the Code of Ethical Conduct may result in a termination by Sinai Health of any relationship with Sinai Health.
Initials: ____

Volunteers: I understand that compliance with this Code is a condition of my continued ability to serve as a volunteer at Sinai Health. I further understand that violation of the Code of Ethical Conduct may result in disciplinary action, up to and including termination of my volunteer role at Sinai Health.
Initials: ____

Signature: _____ Date: _____

Print Name: _____ Department: _____