

**Self Regional Healthcare  
Annual Affirmation on Behavior Around Medications**

AFFIRMATION AND UNDERSTANDING OF SELF REGIONAL HEALTHCARE'S EXPECTATION OF EMPLOYEE'S OR VOLUNTEER'S BEHAVIOR AROUND ANY MEDICATIONS THEY MAY COME IN CONTACT WITH AT SRH.

The hospital prevents unauthorized individuals from obtaining medication in accordance with this policy and law or regulations.

I agree and understand that in the course of my normal work that I may come in contact with both prescription and non-prescription medications in the hospital.

I acknowledge that this is hospital property and it is both the hospital's code of conduct and for prescription medications it is not only unethical but illegal by regulatory STATE and/or FEDERAL statutes for me to take or remove any of these medications that I might come in contact with.

Furthermore, in accordance with the SRH Human Resource's Disciplinary Action Policy, I understand that I am subject to disciplinary action, up to and including termination for failure to comply with all applicable Federal and State laws and regulations in addition to taking hospital property.

By my signature on this document I certify that I have not and will not take any of the medications I come in contact with on hospital property.

Please initial the appropriate box:

\_\_\_\_\_ I certify that this is my first review of SRH's expectations of employee behavior around both prescription and non-prescription medications that I may come in contact with.

\_\_\_\_\_ I certify that this is my annual review of SRH's expectations of employee behavior around both prescription and non-prescription medications that I may come in contact with.

\_\_\_\_\_  
Print Employee Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date