

## Resident Acknowledgment

The undersigned resident ("Resident") hereby acknowledges that he or she is a resident in the \_\_\_\_\_ program (the "Program") at \_\_\_\_\_. As a condition of the Resident's participation in the Program, including observational or practical experience at MultiCare Health System ("MHS"), Resident agrees to the following:

1. Resident shall adhere to the internal policies of MHS including but not limited to those related to work place safety, dress, and compliance issues. Without limiting the generality of the foregoing, Resident agrees to protect and maintain the confidentiality of any and all patient information that Resident may come into contact with while participating in the Program. Resident shall comply with all state and federal laws regarding patient information, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and any MHS policies and procedures related to such laws. Resident understands that he or she may be removed from the program immediately for failure to follow MHS policies.

2. Resident understands and agrees that any and all injuries sustained while functioning in the formal role of Resident may be treated by the MHS in accordance with MHS policy. However, it is further understood that any and all charges resulting from this treatment remain the sole responsibility of the Resident.

3. Resident understands and agrees that he / she is not entitled to wages for activities which are related to the education and training received at MHS. Further, Resident understands and agrees that she / he is not entitled to workers' compensation benefits for any injury sustained during an education placement.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Hospital and Specialty

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dates of Rotation

Rotation Department: \_\_\_\_\_

MHS GME Coordinator: \_\_\_\_\_