
MAIN LINE HOSPITALS MEDICAL STAFF

My signature below indicates that I have read the following Policies and Procedures:

- Meeting Attendance Requirements
- Abbreviations
- Advanced Directives and Health Care Decision Making
- Delinquent Medical Records
- Behaviors that Undermine a Culture of Safety
- Fire Prevention in the OR
- General Plan for Fire Emergency
- Impaired Physicians
- MCARE – Act 13
- Patient Identification
- Patient Safety
- Emergency Management Plan
- Physicians' Health Committee
- Sexual Harassment
- Standards of Conduct
- HIPAA-Access to and Use of Patient Information
- Physician/Practitioner Annual Education
- Fair Warning: A HIPAA Monitoring Tool

Surgery/Anesthesia Policies

- Authorization for Treatment and Release of Information Form
- Electrosurgical/Electrocautery Safety *
- Universal Protocol Procedure Identification and Time Out
- Informed Consent
- Laser Safety
- Perioperative Safety
- Surgical/Invasive Services

* must be read prior to first surgical case

Signature: _____

Name (Please Print): _____

Date: _____