

Non-Discrimination Statement

I, _____, a physician/staff member of the _____ Center, agree to comply with the provisions of the Federal Civil Rights Act of 1964 and all of its requirements imposed so that no person will be excluded from any care or service while a patient at our Center.

In addition, I agree to treat every patient, employee, coworker, supervisor, manager, and physician with respect, consideration and dignity while ensuring their privacy and confidentiality, giving them access to information so that they may make informed decisions and participate in their care.

Employee Signature

Date

Print Name

Signature of Witness

Date

Print Name

Submit form to the Human Resources Department

Date received in HR _____

HR Signature _____