



COLUMBUS COMMUNITY HOSPITAL, INC.
4600 38th Street, PO Box 1800
Columbus, NE 68602-1800

**AGREEMENT TO FOLLOW HOSPITAL POLICIES
INCLUDING CONFIDENTIALITY POLICIES**

MR-56

As an Observer I may be exposed to confidential information concerning Columbus Community Hospital and its patients. I promise to keep any and all patient-related information strictly confidential. This means that I will not share any patient information with persons not involved with the patient's care.

Furthermore, I promise to follow all Hospital policies, rules and regulations, as well as any instructions given to me by a physician or hospital employee. For example, if I am asked to leave the surgical area or other patient care areas, I promise to do so immediately.

Lastly, I promise that I will not participate in the observation program if I am sick or not feeling well.

Observer

_____/_____
Date Time AM PM

Witness

10/94
Revised 4/06