

REQUEST NOT TO PARTICIPATE IN TREATMENT

Due to my cultural values, ethics or religious beliefs, I hereby request not to participate in the following patient care or treatments:

I understand that I may be floated to a position in another department for which I am qualified, or I may be asked to leave work while the Hospital brings in other staff to provide such patient care or treatment. If I am asked to leave work, I understand that I may use any accrued, but unused, Paid Time Off (PTO) that I may have; otherwise, my time away from work will be unpaid. I further understand that the Hospital will make every reasonable effort to accommodate this request not to participate. However, I further understand that if adequate staffing cannot be found, or if this request cannot be granted without negatively affecting patient care, including treatment, I will be required to participate in such treatment.

Printed Employee's Name: _____

Employee's Signature: _____

Date: _____