MUNSON HEALTHCARE VENDOR / CONTRACT VISITATION LOGSHEET

JFORM 4611 (04/05)

FACILITY OR DEPARTMENT: _____

When signing below as a sales/service representative / contractor visitor to this Munson Healthcare facility, I agree to the following:

Due to the legal, moral, and ethical duty of all health care facility/services to assure each patient's privacy and hold in strict confidence any and all information concerning health status, care and treatment needs and prognosis, I shall not release any information about patients to anyone including medical records, billing records, schedules and logs, data available in all computerized systems, quality improvement/peer review documentation and verbal exchange or discussion.

I will not divulge or discuss patient information within hearing range of other patients or family members, in any public areas of the hospital, or in community settings. The only such discussions I shall have concerning such matters will be with the physicians, nurses, or clinical staff caring for the patient.

I will wear my "Visitor Identification Name Tag" at all times and in all places within the hospital and set appointments per hospital policy.

I acknowledge that I have received copies of and will follow specific department policies as applicable.

I am responsible for meeting the health requirements outlined by Infection Control. I agree to provide my health history and documentation of vaccination(s) upon request. My signature indicates that to the best of my knowledge I do not have a fever or communicable disease.

I realize that my failure to comply with these requirements may result in suspension of my privileges to call upon Munson Healthcare and could result in legal action against myself and my company by the patient and Munson Healthcare.

DATE	TIME IN	TIME OUT	COMPANY NAME	COMPANY CONTACT PH#	REP/CONTRACTOR NAME (PLEASE PRINT)	DESTINATION MUST INCLUDE (DEPT. & PERSON)	BADGE #	PROXY CARD # (IF APPLICABLE)