



Lee County, Florida

Acknowledgment

This is to acknowledge that I have received a copy of the Lee Health (LH) Medical Staff Professional Conduct Policy and Credo. I attest that I have received a copy of the basic Lee Health (LH) Mandatory Education information and Patient Safety modules and have completed the required documents.

I attest that I have reviewed the Restraint Policy M03-01-768 and have received and reviewed a copy of form #5792 – “One Hour Face-to-Face Evaluation for Violent, Self Destructive (Behavioral) Restraints.” I agree that, I will complete the **Restraint or Seclusion Face-to-Face Assessment/Smart Text in progress note in EPIC within one hour of restrain application.** Documentation on form #5792 is only utilized during EPIC downtime.

I will familiarize myself with this material and I understand that I am responsible for knowing and adhering to these principles in the M.S. Professional Conduct Policy and Credo and the mandatory educational requirements.

Print Name: _____

Signature: _____

Date: _____

******* Please complete and return with your application. *******

Thank you