



Confirmation of Employee Commitments and Receipt of the St. Michael's Hospital Code of Conduct

Employee Name: *(please print)* _____

My Commitments Under the St. Michael's Hospital Code of Conduct

I am committed to the highest standards of conduct in my relationships with my colleagues, and with the patients, volunteers and visitors to the Hospital.

I understand it is essential that my actions always reflect the St. Michael's mission and values, demonstrate ethical leadership, and promote a work environment that upholds the St. Michael's Hospital commitment to providing compassionate patient care, to honesty and integrity, to dedication to my work, and to earning and maintaining the respect and trust of my colleagues.

I know the hospital will have great trust and confidence in my conduct as an employee, and I will always act in a manner to preserve that trust and confidence.

I understand and accept the commitments stated above. I have received a copy of the St. Michael's Hospital Code of Conduct.

Signature: _____ Date: _____
Month / Day / Year