

THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION &
THE JOHNS HOPKINS HOSPITAL

STAFF REQUEST REGARDING PATIENT CARE POLICY DISCLOSURE

EMPLOYEE (CURRENT) EMPLOYEE CANDIDATE (APPLICANT)

FULL NAME: _____ SSN: _____

JOB TITLE: _____

DEPT/UNIT NAME: _____

This is notification that you may request not to participate in an aspect of patient care or treatment that may conflict with your personal cultural values, personal ethics or religious beliefs.

SECTION 1 (To be completed by employee or applicant) Please describe the aspect of patient care or treatment you believe would be in conflict with your personal cultural values, personal ethics or religious beliefs if you are required to perform. If "none," please so state and sign document below:

(attach explanation sheets as necessary)

SECTION 2 (To be completed by the manager/supervisor) Can management accommodate the request of the employee, or the applicant should they become an employee, without adversely affecting the medical treatment of a patient? How will the requested accommodation be made or why can it not be made?

(attach explanation sheets as necessary)

Employee/Applicant sign: _____ Date _____

Manager/Supervisor sign: _____ Date _____

Director/Administrator sign: _____ Date _____

Human Resources sign: _____ Date _____

It is the Policy of Hopkins to reasonably accommodate the personal cultural values, personal ethics or religious beliefs or employees or applicants so long as such a request for accommodation does not compromise patient care. Any employee or applicant who expresses a need for accommodation "will not" be retaliated or discriminated against for making a request. "Staff Request Not to Participate in Patient Care" - ELR610 is a Human Resources Policy