

---

## High Reliability Organization - Toolbox for everyone

### **Acknowledgment Form**

---

As part of my initial appointment, reappointment, ongoing appointment, or privileging, I acknowledge that I have reviewed the video link of the St. Patrick Hospital/St. Joseph Medical High Reliability Organization (HRO) - [Click Here to access the HRO Toolbox for everyone](#)

I acknowledge and agree to abide by the terms of information provided to me in this video as a condition of my appointment, reappointment, or privileging to the Medical Staff of St. Patrick Hospital/St. Joseph Medical Center.

I understand that I may contact the President of the Medical Staff of St. Patrick Hospital or the Chief of Staff of St. Joseph Medical Center if I have questions about any information provided in this video.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date