

SWEDISH MEDICAL CENTER

Access Control Compliance Agreement

Physician Name: _____

Specialty/Department: _____

I hereby affirm I have reviewed the Swedish Medical center access information about the Critical Care Unit, and I will adhere to the access control guidelines. I will ensure that access restrictions are maintained on the unit by not allowing unauthorized personnel to follow me and/or access the unit

I acknowledge that failure to comply with SMC's established access control security program will result in the loss of my access to the unit.

Physician Signature: _____

Date: _____