

**APPENDIX A**



**NMH Authorization Form**

I, \_\_\_\_\_ am not currently, nor have I ever been, an employee of Northwestern Memorial Hospital or a Northwestern Memorial affiliate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....

I, \_\_\_\_\_ was employed by Northwestern Memorial Hospital from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....

I understand that if I may only work at Northwestern Memorial Hospital through one declared agency. I, \_\_\_\_\_ declare that I am presently working or plan on working at Northwestern Memorial Hospital through \_\_\_\_\_ (agency.) I am aware that I must notify Northwestern Memorial Hospital in writing, if I choose to change my chosen agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## APPENDIX A

### AGREEMENT OF AMR PRONURSE STAFF

I, the undersigned, an employee of AMR LLC (AMR ProNurse), agree to the following as a condition of my temporary assignment through AMR ProNurse to provide temporary clinical staff services to Northwestern Memorial Hospital (NMH):

1. I will abide by and comply with all of NMHs relevant policies, procedures, rules, regulations, guidelines and requirements, and any amendments thereto as may be reasonably adopted from time to time and made known to me during orientation or the course of the assignment, including without limitation, NMH's drug free and smoke free workplace, infection control and fire and safety policies;
2. I will comply with all applicable JCAHO standards that may apply to me and fully cooperate as requested by NMH in any JCAHO survey or review;
3. My assignment to NMH is temporary;
4. I am not and will not claim to be an employee of NMH, except as may be expressly provided by law, I am not entitled to any benefits or payments directly from NMH, including, without limitation, vacation, sick or bereavement leave, salary, severance, insurance, pension, workers compensation or unemployment benefits;
5. I am responsible for the cost of any medical care I may receive in NMH's facilities unless the law or NMH's policies provide otherwise;
6. At all times during the course of my temporary assignment and thereafter, I will protect from unlawful disclosure any confidential or proprietary information, including without limitation, "trade secrets" as defined by Illinois law I learn about NMH or AMR or their respective patients, employees, agents or representatives and I have been informed that all identifiable patient information, including without limitation the name of a patient and the fact that he or she is being treated by NMH, is confidential and may not be disclosed by me except where it is necessary to the treatment of a patient and then only to a member of the treatment team. I may not copy or maintain any such confidential patient information, in either hard copy or electronic form, except as is required for performance of the assignment and if I improperly or inadvertently violate this obligation, I must immediately report the violation to NMH and either tender the copies or destroy them. Any failure to comply with these confidentiality provisions shall result in my immediate termination from the NMH;

7. I will submit to a physical examination in accordance with NMH's personnel policies;

8. I will undergo training as necessary in CPR and infection control and occupational risk and reduction in compliance with OSHA's blood borne pathogen and tuberculosis regulations and guidelines; and

9. I will participate as requested in relevant NMH-sponsored orientation, in service and continuing education programs, including without limitation, those relating to patient care, quality control, utilization review, safety and corporate integrity.

10. I will, whenever providing services on NMH's premises, wear an ID badge provided by NMH and to be worn as directed. I agree to pay NMH \$100 to reissue my badge.

11. At all times while providing temporary clinical staff services to NMH, I will be appropriately licensed, registered or certified as required. In the event that my license, registration or certification is suspended, revoked or otherwise limited, regardless of duration, or if I know that I am the subject of an investigation or inquiry that could result in suspension, revocation or limitation of any such credential, I will immediately report such action or information to NMH.

12. NMH is a direct third party beneficiary of this Agreement for all purposes and provisions and AMR is a direct third-party beneficiary of this Agreement with respect to paragraphs 4 and 6 above.

BY: \_\_\_\_\_

DATED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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— \_\_\_\_\_

PHONE: \_\_\_\_\_

