

## Quality Assurance Commitment Sheet

- I attest to knowledge and understanding of the Quality Assurance Plan of [your company name] as well as patient satisfaction and outcome standards.
- I attest to the understanding that any violation of [your company name]'s policy and procedures will result in punishment and possible termination of my employment.
- I attest that I will always uphold high quality standards and practice whether written, verbal or in action. I understand that any failure to do so will result in punishment and possible termination of my employment.
- I attest that under no circumstances will I purposefully undermine the quality standards of this facility. I understand that any such activity will result in termination of my employment.
- I attest to the understanding that all information, data and knowledge on or regarding our quality assurance plan and patient satisfaction is the property of \_\_\_\_\_ . This may be reviewed by authorized personnel at any time.
- I attest to the understanding that my involvement as well as any and all written or verbal communications constitutes my acknowledgement of responsibility to uphold the quality and standards of this facility. I understand that any failure to do so will result in termination of my employment.
- I attest to the understanding that this signed document is applicable and in force from this point forward.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_