

HARBOR-UCLA MEDICAL CENTER

**RESIDENT AGREEMENT
REGARDING MEDICAL RECORDS AND RADIOLOGY FILMS**

I agree to complete all medical charts in a timely manner. I understand that my obligations may include, but may not be limited to admission history and psychical examination notes, progress notes, orders, operative reports, and written and dictated discharge summaries. Failure to complete these notes in a timely manner may negatively impact patient care and hospital resources.

I also agree to return all patient charts and films to the Medical Records and Radiology Departments in a timely manner and not sequester either the charts or films. Sequestering charts and films may also negatively impact patient care.

I understand that failure to comply with these regulations in a consistent manner may result in disciplinary action being brought against me, and that my medical record deficiencies will be documented in my permanent file, and conveyed to future employees and/or medical staff offices, including hospital privileges committees.

Print Name

Signature

Date