

EMTALA Sign-off Sheet

This certifies that I understand the EMTALA information shared at Volunteer Orientation. I understand my obligations and rights under the EMTALA laws. These include, but are not limited to:

- Individual's right to receive an appropriate medical screening exam
- Hospital's obligation to stabilize the patient, if able, prior to transfer
- Hospital's obligation to explain risks and benefits of transfer to the patient/legally responsible person
- Need for written consent for transfer
- Need to have receiving facility and receiving care provider agree to accept patient prior to transfer
- Jefferson Health New Jersey retains responsibility for the patient during the transfer
- Suspected violations of EMTALA regulations must be reported to my supervisor, to a corporate Compliance Officer or anonymously to the designated voice mailbox
- Federal "Whistleblower" laws and hospital policy provide protection against any adverse action or retribution by the hospital toward me due to good faith reporting of a suspected EMTALA violation

Print Name: _____

Signature: _____

Date: _____ / _____ / _____