

EMPLOYEE DISCLOSURE FORM

I, _____ an employee of Kristie Jo's Love, Comfort and Care LLC, will not refuse care or treatment to a patient based upon my cultural values or my religious beliefs.

(Signature of Employee) (date)

I, _____, hereby inform my employer at Kristie Jo's Love, Comfort and Care LLC, that because of my cultural values and religious beliefs, I may refuse to care for a patient. (please explain why in detail)

(Employee Signature) (date)