

**THA GROUP APPROVED ABBREVIATIONS**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received and reviewed a copy of THA Group’s Approved Abbreviations List.**

**I have familiarized myself with the contents of this document. By my signature below, I acknowledge, understand, and agree to comply with the information contained therein. I understand that this policy is intended to supplement, but not replace, any applicable state and federal laws governing patient/employee safety.**

**Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**