

Hospital Patient Safety Notice

For your safety and the safety of others, we are asking you to please stay in your room and on your unit during your hospital stay.

If your care requires you leave your room or unit, a member of the care team will assist with planning this. We want to partner with you to promote your health and progression of your care plan.

Please ask a member of your care team if you have any challenges or concerns with this practice.

Check box for acknowledging Verbal Consent Obtained

Any Comments _____

Patient Signature: _____
Time: _____

Date: _____

Signature of Patient's Authorized Representative: _____
Time: _____

Date: _____

Printed by: _____
Time: _____

Date: _____

Witness Signature: _____
Time: _____

Date: _____

(If witnessed by someone other than the printer, OPID needs to be used)