



### Patient Acknowledgement of Hospital Policies

*Please read each policy carefully and initial below. Should you have any questions/concerns; an Omega representative will be happy to assist you.*

\_\_\_\_\_ **ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Initials I acknowledge that I have been given a copy, and had the opportunity to read the Omega Hospital, LLC, Notice of Privacy Practices, having an effective date of April 14, 2003.

\_\_\_\_\_ **SMOKE-FREE FACILITY AND PROPERTY**

Initials I understand that Omega Hospital, LLC is a smoke-free hospital and facility. The staff and my physician have advised me that smoking is not permitted anytime or anywhere on the premises of Omega Hospital, LLC during my treatment or admission. As a patient, I agree to fully abide by this "Non-Smoking Policy" during my office visits and my admission into the hospital.

\_\_\_\_\_ **GUEST VISITING POLICY**

Initials

- \* Standard visiting hours are between 8AM and 8PM, with preferred visiting times being between 1PM and 4PM.
- \* Only one (1) guest per patient is allowed to sleep overnight. No children are allowed to sleep overnight.
- \* A maximum of two (2) guests are allowed at one time in a patient's room, and limit visits to 15 minutes.
- \* Children under the age of 15 that are not part of the patient's immediate family are not allowed in the hospital unit.
- \* Children under the age of 15 that are part of the patient's immediate family are allowed to visit for 15 minutes only, during standard visiting hours.
- \* Family members are to arrive at 7AM on the morning of surgery. Surgery cases may be moved up to an earlier time, depending on the number of surgeries scheduled.

\_\_\_\_\_ **PERSONAL VALUABLES POLICY**

Initials I understand Omega Hospital, LLC shall not be liable for the loss or damage to any money, jewelry, glasses, dentures, documents, or other articles of value, and shall not be liable for loss or damage to any other personal property. Omega Hospital, LLC recommends patients and guests not bring valuables to the facility.

*By signing below, I acknowledge I have read, fully understand, and will comply with the above hospital policies.*

\_\_\_\_\_

Time Date Patient Signature

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Time Date Witness Signature