



PATIENT ACKNOWLEDGMENT OF HOSPITAL POLICIES

PATIENT'S RIGHT TO PARTICIPATE IN HEALTHCARE DECISIONS

Initials

I have read this disclosure and fully understand my rights under the law to make a declaration (oral or written) about my future medical care.

- Yes, I have a "living will" and would like it entered into my medical record. I will provide a copy to Omega Hospital prior to admission.
- No, I do not have a "living will." I would like information on a "living will" and the form which declares my intention. I will provide a completed copy to Omega Hospital prior to admission.
 - Living Will Patient Information Brochure provided
 - Living Will Declaration form provided
- I have been informed of this new law, but do not wish to make a decision at this time.

Smoke-Free Facility and Property

Initials

Guest Visiting Policy

Initials

Personal Valuables Policy

Initials

Notice of Privacy Practices

Initials

The Patient Rights

Initials

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

Time

Date

Patient Signature

Time

Date

Witness Signature