Thank you for choosing us for your care. We ask you to partner with us in your care to keep you safe. You are asked to follow these rules during your hospital stay or you may be discharged from care:

1. **Stay on the nursing unit or area of care.**
   If you were to have a medical emergency while away from the nursing unit, hospital staff may not be able to respond as quickly to your needs as if you were in your patient room.
   - If you need to leave the nursing unit, you must discuss this with your healthcare team, obtain permission, and follow the instructions you are given.
   - If you need IV therapy, oxygen, heart monitoring, other special monitoring or precautions for your treatment, you are not to leave the nursing unit without a staff member.
   - Failure to obtain permission or to follow hospital staff's instructions may result in a change in your treatment or discharge from the hospital.

2. **Do not use tobacco products inside or outside hospital buildings.**
   To promote a healthy environment for our patients, visitors, and staff, there are no areas where smoking is allowed.
   - Talk to your care team to get help if you have nicotine needs or signs of withdrawal.

3. **Tell your care team about your use of any drugs or alcohol.**
   - If you brought any medicines or other substances from home, you must notify the nursing staff.
   - If you have a drug or alcohol dependency problem, please tell the care team. We will work with you on a treatment plan.
   - Use of alcohol or drugs, other than those ordered by your doctor during this hospital stay, is strictly prohibited.

4. **Respect the rights and property of other patients and hospital staff and treat others with respect.**
   - Any physical violence or verbal abuse toward hospital staff or others or destruction of a person's or hospital property is strictly prohibited.

5. **If at any time during your hospital stay you decide that you cannot follow this agreement, you need to discuss this with the healthcare team.**
   If I have any questions about these rules, I will ask the staff before I sign this agreement. My signature below indicates that I understand and agree to these rules.

__________________________  ______________________  ______________________
Signature of Patient                  Date                  Time

__________________________  ______________________  ______________________
Signature of Patient’s Representative and Relationship to Patient

__________________________  ______________________  ______________________
Signature of Witness (Optional)            Date                  Time

☐ Patient has been informed of hospital policy and refuses to sign form.

*EX0142*

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER

PATIENT SAFETY AGREEMENT

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER