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Hospital Visitor Release

Welcome! The Hospital is currently limiting patient visitation to no more than two visitors per patient. The two visitors will be the only two individuals who can visit in-person throughout the patient's stay. Please carefully review the information on this page, and sign at the bottom acknowledging your understanding and agreement to the terms.

All visitors are required to wear facemasks over their nose and mouth at all times while they are in the Hospital, regardless of their vaccination status. In addition to wearing a facemask, visitors must practice social distancing (6 feet or more) and are encouraged to wash their hands prior to visitation and immediately after with soap or an alcohol-based hand sanitizer (available throughout the Hospital). Visitors unwilling to follow the Hospital's safety guidelines may be asked to leave the building.

All visitors will need to complete an infection control screen and have their temperature taken with a "no-touch" thermometer prior to being allowed to visit a patient. A visitor who is identified to be at risk for COVID-19, or exposed to someone who has COVID-19, will not be permitted to enter the Hospital, and will be given information on tele-visitation to visit their loved one through video conferencing.

Any patient in the Hospital who is COVID-19 positive, or who is being investigated to determine if they are COVID-19 positive, will not be able to receive in-person visitors. Tele-visitation is available to these patients.

Tele-visitation in an option for all patients. We are happy to assist you in setting up tele-visitation if you inform one of our staff.

The Hospital follows recommended COVID-19 precautions to minimize the risk to patients, staff, and visitors from exposure to COVID-19 while in our facility. If you voluntarily choose to visit your loved one in person, the Hospital cannot guarantee that you won't be exposed to COVID-19 while in the Hospital.

By your signature below, you acknowledge and agree to the following:

1. You have read this Visitor Release and understand the terms contained herein.
2. You agree to abide by all Hospital safety precautions identified herein.
3. Your failure to abide by the safety precautions may result in your removal from the Hospital.
4. The Hospital has offered tele-visitation as an alternative to in person visitation.
5. You have had an opportunity to ask a Hospital representative questions concerning in person visitation and risk associated with in person visitation.
6. Even with the safety protocols put in place, the Hospital cannot guarantee you will not be exposed to the COVID-19 virus.
7. Your decision to proceed with in person visitation is voluntary, and you assume all risk associated with in person visitation including, but not limited to, exposure to the COVID-19 virus.

Visitor Signature	Printed Name	Date	Time
_____	_____	___/___/___	_____:_____AM/PM

Staff Signature	Printed Name	Date	Time
_____	_____	___/___/___	_____:_____AM/PM

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