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ATTACHMENT I (Disclaimer form)

RELEASE FROM LIABILITY FOR PATIENT VALUABLES

Beth Israel Medical Center **CANNOT ACCEPT RESPONSIBILITY** for personal valuables maintained at your bedside. **ALL** valuables should be given to relatives or friends prior to admission. If no one accompanies you to the hospital, you should check **ALL** valuables with the cashier. Although your personal property is of importance to us, the primary concern of the **BETH ISRAEL MEDICAL CENTER STAFF** is for your health care needs and therefore the Medical Center

WILL NOT BE RESPONSIBLE FOR VALUABLES RETAINED BY PATIENTS AT THE BEDSIDE.

If you choose to retain your valuables at the bedside, you must sign the following disclaimer, releasing the hospital from any and all liability for the loss or damage to your personal property.

I, _____ understand that the Medical Center maintains a vault in the cashier's office for the safekeeping of all valuables, and that the hospital shall not be liable for loss or damage to personal property unless such property is deposited with the cashier for safekeeping.

I accept full responsibility for all personal property including valuables, monies, jewelry, or other belongings not deposited for safekeeping.

I HAVE READ THIS STATEMENT AND IT HAS BEEN FULLY EXPLAINED TO ME, I CERTIFY THAT I UNDERSTAND ITS CONTENTS.

Signature of Patient Signature of Witness Date

IF PATIENT IS UNDER 18 YEARS OF AGE, RELEASE MUST BE GIVEN BY PARENT OR LEGAL GUARDIAN. IF PATIENT IS PHYSICALLY OR MENTALLY UNABLE TO SIGN, RELEASE FROM LIABILITY MUST BE GIVEN BY NEXT OF KIN NOTED ON ADMISSION FACESHEET.

Patient is unable to sign because _____

I am _____ of patient _____
(relationship of patient) and hereby release Beth Israel from liability on behalf of the patient.

Signature of consenting party Witness Date

