

Affix Patient Label

	Name	I	Date of Birth
Patient Leave of Absence			
It is usually not necessary to leave the hospital while I are away from the hospital. I may get permission to leave the	-		a short period of time
 Funeral of a family member Court appearance (like a pre-set hearing or subp Lifetime event (like a child's graduation or wed 			
To get permission to leave the hospital I need to have: • A written order from my doctor • Arrangements made by a case manager or social	l worker		
I am allowed by my doctor to be gone from the hospital. I will be gone for (hours) on I need to leave for	(date).		
I will leave at (time). I will return at (time).			
I am responsible for myself while I am away from the hodoctors, responsible for me during my absence. This inc my responsibility. Anything I do that causes harm to oth	ludes if my cond	dition gets worse. If	
If I do not come back to my hospital room at the time we	e agreed, I will b	e discharged.	
My insurance company may not agree with a leave of ab I will be responsible for those charges.	sence. If they d	o not, my hospital sta	ly may not be covered.
Patient Signature:			
Witness:		Date	Time