

Patient Rights to Visitation

As a patient of Queen of the Valley Medical Center, you have the right:

- ✦ To visitation while receiving care, treatment or services.
- ✦ To designate a support person (family, friend or other individual) for visitation during your stay.
- ✦ To receive and have your support person and representative (as needed), receive visitation information in writing.
- ✦ To have your support person or representative visit you and exercise visitation rights on your behalf with respect to other visitors if you are unable to do so.
- ✦ To consent to and receive visitors you have designated. For example, a spouse, domestic partner, or friend.
- ✦ To withdraw or deny your consent to receive specific visitors.

General Visitation Information

- ✦ General visiting hours are 0800 to 2000 (8 a.m. to 8 p.m.), seven (7) days a week and holidays.
- ✦ Children under the age of 12 are allowed with the lead nurse or department manager approval for all care settings and must be under the supervision of an adult at all times.
- ✦ Specialty nursing departments may have department specific visiting policies based on the level of care required. For example, Maternal/Child, ICU, Emergency Department, Pediatrics, Neonatal Intensive Care Unit.

Limiting Visitation

The right to limit or restrict visitation may occur when visitation would interfere with the care, treatment or service of the patient or other patients.

These limitations may include, but are not limited to:

- ✦ Infection control issues.
- ✦ Visitation may interfere with the care of other patients.
- ✦ The hospital is aware that there is an existing court order restricting contact.
- ✦ Visitors who engage in disruptive, threatening, or violent behavior of any kind.
- ✦ You or your roommate(s) need rest or privacy.
- ✦ You are undergoing care interventions.
- ✦ Visitation is otherwise clinically contraindicated.
- ✦ During the performance of operative, invasive, or other high-risk procedures.
- ✦ During personal care such as toileting, bathing, etc.

Patient Signature: _____

Support Person: _____

Date / Time: _____

Date / Time: _____