



Conditions of Admission

Form content retained in medical record.
Route to HIMS Scanning.

(complete fields or place patient label here)

Patient Name (First, Middle, Last)	
Birth Date (mm-dd-yyyy)	Room Number (if applicable)
Mayo Clinic Number	



Outage Date _____ Outage Time _____
(mm-dd-yyyy) (hh:mm 24-hour clock)

Service Date (mm-dd-yyyy)

Advance Directives*

Per applicable law, the patient has been provided information about their rights to make advance healthcare decisions (examples of such may include, Living Will, Healthcare Power of Attorney, Healthcare Surrogate Designation), as well as their medical providers' policies pertaining to the same. Further, patients are not required to have an Advance Directive in order to receive medical treatment at Mayo Clinic. Information can be found at <https://www.mayoclinic.org/advancedirective>

All patients are asked the following and their records will reflect.

- ☐ Patient has an executed Advance Directive and supplied a copy to Mayo Clinic.
- ☐ Patient has an executed Advance Directive and has been requested to supply a copy to Mayo Clinic.
- ☐ Patient has not executed an Advance Directive. If you would like additional information or advance directive forms, ask your care team.

Patient Rights and Responsibilities*

The patient or patient's representative was provided with a copy of the hospital's statement of Patient Rights and Responsibilities. Information can be found at <https://www.mayoclinic.org/patient-visitor-guide/patient-privacy>

Respectful Conduct

Mayo Clinic's goal is to provide a safe, inclusive, and respectful environment for all Mayo Clinic patients, visitors, and staff. Instances of inappropriate or disrespectful behavior may result in consequences, up to and including permanent discontinuation of patient care at Mayo Clinic.

Visitation Guidelines*

The patient or patient's representative was provided visitation guidelines which includes general visiting hours, visitor identification, and the right to choose a support person. Visitation may be restricted at times in emergency situations or for clinical necessity.

Valuables

Mayo Clinic will not be responsible for patient valuables* unless the patient or patient's representative has requested that the valuables be locked in Mayo Clinic's safe for safekeeping. Notwithstanding the foregoing, the patient or patient's representative agrees that Mayo Clinic's maximum liability for loss of any personal property deposited with the hospital for safekeeping, and for which receipts are issued describing said items, is limited.

*Detailed information may be located in the Mayo Clinic Hospital Handbook and/or Patient and Visitor Guide.

Signature

Patient or Representative Signature ▶	Date (mm-dd-yyyy)	Time (hh:mm) <input type="checkbox"/> am <input type="checkbox"/> pm
Representative Printed Name (First, Middle, Last)	Relationship to Patient	

