

### Visitor Authorization Form

All patients have the right to receive visitors and phone calls while a patient at Cedar Creek Hospital (CCH). It is the patient's or guardian's (in the case of a minor) responsibility to notify CCH for any changes to the approved visitors. All visitors must agree to follow CCH confidentiality code prior to first visitation.

Patient Code #: \_\_\_\_\_

Visitor Name	Relationship to Patient	Contact Number	Visitation Telephone	Add Date	Remove Date
			Visit <input type="checkbox"/> Phone <input type="checkbox"/>		
			Visit <input type="checkbox"/> Phone <input type="checkbox"/>		
			Visit <input type="checkbox"/> Phone <input type="checkbox"/>		
			Visit <input type="checkbox"/> Phone <input type="checkbox"/>		
			Visit <input type="checkbox"/> Phone <input type="checkbox"/>		

Patient/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### REQUEST FOR NON-DISCLOSURE OF PRESENCE HERE

I request total privacy while receiving care at Cedar Creek Hospital. Therefore, I request no acknowledgement of my presence here at the hospital and request no visitors during my stay. I understand that I have a right to change my decision and allow acknowledgement and accept visitor at any time during my stay.

Patient/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_