



Barlow Respiratory Hospital  
ACKNOWLEDGEMENT OF RECEIPT

Your Attending/Primary Physician is: \_\_\_\_\_

**My signature acknowledges I have been informed and understand the education presented to me for the following:**

- Access to Protective Services
- How to report Suggestions/Concerns/Grievances/Safety Concerns
- The Complaint Resolution Process
- Patients Rights and Responsibilities
- Infection Control Measures:
  - Hand Hygiene
  - Respiratory Hygiene
  - Contact Precautions and/or other Isolation
- The Plan of Care
- Organ Donation
- Rapid Response Team
- Special Procedure Information
- Pain Management
- Patient Safety and the Fall Reduction Program
- Visitation Policy

**I also understand it is encouraged to ask questions about these or any other topics at any time during the hospitalization.**

\_\_\_\_\_  
Signature of patient or person acting on behalf of patient

\_\_\_\_\_  
Relation to patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Barlow Respiratory Hospital**

2000 Stadium Way • Los Angeles, CA 90026  
(213) 250-4200  
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Patient Identification