**OPUSCARE INPATIENT FACILITY HOUSE RULES**

**PATIENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**At OpusCare, we want you to feel at home, we are honored to be a part of your family during this difficult time. We strive to provide each patient and family with the highest level of compassion and care. All our efforts need to be focused on your loved one's care. With this in mind, we ask that everyone abide by the following rules to ensure every patient and family receive the privacy and respect they deserve as well as to provide a continuous safe environment for all.**

**Our 24/7 open visitation policy was designed to maintain unlimited access to your loved one during this difficult time. All ages are welcome. While we encourage children to visit with family, we must always be considerate and respect the peace and privacy of other patients and their families. Please do not allow your children to wander throughout the facility without an adult present. We cannot be responsible for your children.**

**Common area facilities are available for your use. Please feel free to ask for assistance from our staff. Children are welcome to use our children's area, dining and living areas. Due to safety reasons, please do not allow your children in the kitchen area without an adult present. Children at all times must be accompanied by an adult. We ask that you please clean up for yourselves.**

**Pet visitation will be considered on a case by case basis and requires authorization.**

**Smoking area is available at back patio.**

**Front entrance will be utilized between 8:00am-8:00pm, please use the intercom and a staff member will let you in.**

**If you have any questions regarding this policy or if you would like to report any concerns please contact us at (305) 591-1606 or you may visit our website at: https://www.OpusCare.org.**

**Patient/Authorized Agent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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