

A Member of Cayuga Health System

I hereby release Cayuga Medical Center from all liability resulting from loss or damage to any personal effects or valuables retained by me on admission or subsequently received by me while I am a patient in this medical center. This includes money, jewelry, electrical devices, clothing, prosthetic devices (dentures, limbs, etc.) and any other personal items.

All valuables and personal items not needed by the patient while in the hospital should be taken home by the family. If the patient elects to keep valuables in the hospital, it is recommended that said valuables be stored in the hospital safe in the Admissions Office.

If the patient elects to keep said valuables with them (in their room or on their person), these valuables must be itemized below (including anything the patient considers to be of value).

PERSONAL EFFECTS RETAINED BY PATIENT Listed By: Patient Family Employee

YES N/A

- Dentures: Partial Full Upper Lower
- Glasses
- Contact Lenses
- Hearing Aide (R L Both)
- Jewelry: Ring - Color _____ Stone Color _____
 Watch - Color Black + 1x Silver watch
 Other: 2x Silver Bracelets

Money: Amount _____

MEDICATION RETAINED BY PATIENT Sent to Pharmacy Sent home with patient's family
(In-patient units please complete form 17122 if patient's medications need to be sent to pharmacy)

- Clothing:**
 - Pants - Description: _____
 - Shoes - Description: Black Boots
 - Jacket - Description: Leather Black
 - Cell Phone Charger Computer
 - Other Personal Effects: Carbide / Black sm carrying case / Black sony camera

- Shirt - Description: Red
- Socks
- Purse - Description: Black

6x Knives / 1x flash light / 1x Blue + Black Backpack / 1x Black hat / Razors blades / 3x lighter / 1x Black leather gloves / 1x sm. for coffee / Cigarette / 1x choc. milk / 1x razor handle / 1x Black speaker / 1x vapor / 1x Brown leather change purse / Cigarette

Signatures:


Patient _____ Date / Time _____
Roger Lee Pitcher HA / [Signature]
 Hospital Employee Witness _____ Date / Time 12/25/16 0014

Discharge/Transfer:

The undersigned certifies that s/he is the patient or duly authorized by the patient as the patient's agent and agrees that all items are accounted for upon discharge/transfer.

Patient _____ Date / Time _____
 Hospital Employee Witness _____ Date / Time _____

**Cayuga Medical Center at Ithaca Mental Health
Valuables Release Sheet**


 BLAYK, BONZE ANNE ROSE
 A00082793308 M000597460
 05/01/1956 60 F
 Ehmke, Clifford BSU 202-01

Personal items not needed by the patient while in the hospital should be returned to the patient. If the patient elects to keep valuables in the hospital, it is recommended that the hospital safe in the Admissions Office.

If the patient elects to keep valuables in their room or on their person Cayuga Medical Center at Ithaca is not liable for any loss or damage.

All valuables and personal items must be reviewed and signed in by both staff and patient.

Personal Effects Retained by Patient

- Dentures Partial Full Upper Lower
- Glasses: Frame color: _____ Case color _____
- Contact Lenses
- Hearing Aide Right Left
- Jewelry: _____

Personal Effects in Storage

- Medication (see Patients Own Medication sheet)
- Valuables Envelope Unit Safe Admissions Safe
- Electronics: Cellular Phone, location _____
 Laptop computer, location _____
 Other _____
- Luggage description, location _____

Location of Items

Locked Utility	Locked Cabinet	Patient Room
1 pair Black Boots	TOOTHBRUSH	1 Black leather shirt
1 Black coat	tooth paste	3 pair Black socks
2 pair Black gloves	comb	1 purple shirt
1 Firestarter	shaving gel	1 pair underwear
1 "pape whistle"	Makeup	Black pants
4 lighters	Blistey	
1 Black leather coat		
2 "scan disk"		
2 Verizon phones in boxes		
1 portable radio		
Instant coffee (1 container)		
1 coin purse		
3 packs cigarettes		
1 red to damaged red shirt		
1 Black hat		



BLAYK, BONZE ANNE ROSE
 A00082793308 M000597460
 05/01/1956 60 F
 Ehmke, Clifford BSU 202-01




25782

PRESENCE OF
 THE CUSTODIAN when the valuables which have been
 deposited are called for. Valuables will be surrendered only
 to the person who has deposited them and whose signature
 appears on the face of the envelope.

Signature of Depositor: Blayk, Anne with security

Delivered by: Seq, R

Date: 2-10-17

Locked Utility	Locked Cabinet	Patient Room
1 black 1 e-cig watch in box + pillow tag 1 purse 1 back pack - misc. papers - chargers - writing implements - knitting needles - 1 chopstick 1 camera 1 Blue Bach Book - plastic bags - misc. papers - batteries - comb - e-cig case - 1 black shirt snake bite kit 4 loose cell phones 3 flashlights etc lice comb	 BLAYK, BONZE ANNE ROSE A00082793308 M000597460 05/01/1956 60 F Ehmke, Clifford BSU 202-01 This receipt MUST BE SIGNED IN THE PRESENCE OF THE CUSTODIAN when the valuables which have been deposited are called for. Valuables will be surrendered only to the person who has deposited them and whose signature appears on the face of the envelope. Signature of Depositor: <u>Bonze Anne Rose</u> Delivered by: <u>SEA, RW</u> Date: <u>2-10-17</u>	No 25783
 BLAYK, BONZE ANNE ROSE A00082793308 M000597460 05/01/1956 60 F Ehmke, Clifford BSU 202-01	 BLAYK, BONZE ANNE ROSE A00082793308 M000597460 05/01/1956 60 F Ehmke, Clifford BSU 202-01 This receipt MUST BE SIGNED IN THE PRESENCE OF THE CUSTODIAN when the valuables which have been deposited are called for. Valuables will be surrendered only to the person who has deposited them and whose signature appears on the face of the envelope. Signature of Depositor: <u>Bonze Anne Rose</u> Delivered by: <u>SEA, RW</u> Date: <u>2-10-17</u>	25784

I hereby release Cayuga Medical Center at Ithaca from all liability stemming from the loss or damage to any personal effects or valuables that I elect to retain with me on admission or subsequently received by me while I am a patient in this Medical Center

SIGNED: [Signature] DATE: _____
 STAFF WITNESS: [Signature] DATE: 2/25/16

Discharge Release

I have reviewed the listings of my valuables contained on the front and back of this form as well as those noted on any envelopes sent to the safe (if applicable). I have taken possession of all the items listed.

SIGNED: Bonze Anne Rose DATE: 2-10-17
 STAFF WITNESS: SEA, RW

VALUABLES ENVELOPE



BLAYK, BONZE ANNE ROSE
A00082793308 M000597460
05/01/1956 60 F
Ehmke, Clifford BSU 202-01

No 25782

are deposited.

Signature of Depositor _____

Received by W A M MHT

Date _____

Contents to be surrendered to owner only after signature on depositor's receipt has been witnessed and compared by custodian

CONTENTS

(To be listed at option of depositor)

✓

pocket knife