



A Member of Cayuga Health System

VALUABLES RELEASE SHEET

BLAYK, BONZEANNE R
A00109611111 M000597460
05/01/1956 64 F
Lemberg, Brent D

I hereby release Cayuga Medical Center from all liability resulting from loss or damage to any personal effects or valuables retained to 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 yellow Stone Color green, yellow

Watch - Color yellow

Other: Bracelet yellow

Money: Amount \$ 60

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

Jacket - Description: Black

Cell Phone Charger Computer

Other Personal Effects: Suit - Black

Shirt - Description: Black

Socks

Purse - Description: _____

The undersigned certifies that s/he has read the foregoing and is the patient or duly authorized by the patient as the patient's agent to execute the above and accepts its terms.

Signatures:

Bonze Blayk
Patient 1/28/21 1035
Date / Time

Melissa Harris
Hospital Employee Witness 1/28/21 1035
Date / Time

Discharge/Transfer: Taken to ED Flex or Behavioral Services Unit Taken with Patient to Room #: _____

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.

Bonze Blayk
Patient 1/28/21 1130
Date / Time

Melissa Harris
Hospital Employee Witness 1/28/21 1130
Date / Time

