

**Patient Consent Form
Tobacco-Free Campus Wide Policy**

I, _____, am aware that this hospital is now 100% tobacco-free campus wide. I understand that this policy protects everyone from exposure to the harmful effects of secondhand smoke.

I understand that I will heal and recover faster if I am not using tobacco. I have been informed that I am eligible to receive tobacco quitting medications at no cost and that my healthcare provider will talk with me about quitting the use of tobacco and/or resources to help me stay tobacco-free while I am a patient.

I understand that the tobacco-free campus wide policy was developed and passed because the staff cares about my health, and that the policy applies to anyone coming to the hospital campus. I will inform any visitors coming to see me of this policy.

I understand that I can not leave the hospital to use tobacco products anywhere on the hospital campus.

I understand that if I decide to leave the hospital campus for any reason, I am effectively discharging myself from the hospital and will have to be readmitted by the admitting or emergency department. I understand that this hospital discharge policy helps protect me as a patient from injury and everyone in the hospital from the spread of infection.

I agree to abide by the hospital's policy to not use tobacco products anywhere on the hospital grounds, and to not leave the hospital grounds while I am an inpatient.

Patient's Signature

Date

Witnessed by –

Healthcare Provider Signature

Date

Family Member Signature

Date

A copy of this signed document will be placed in your patient file.