



ATTACHMENT "B"

PATIENT USING TOBACCO RELEASE AND HOLD HARMLESS AGREEMENT

I understand that Reeves County Hospital District Campus is a Tobacco Free facility. I understand that if I choose to use tobacco, I must leave the campus property. I understand that if I leave campus property, I will be in a non-monitored area and there may be certain risks (including leaving the Hospital) that could have an adverse (negative) effect on my medical condition. I understand that my physician will be notified of my desire to leave campus property and I may be leaving the campus "Against Medical Advice." I accept full responsibility for leaving the campus to use tobacco. I also agree that if I take any hospital equipment (such as IV pole) with me when I leave the campus, I will be responsible for the cost of the equipment if it is damaged. I have been given an opportunity to ask questions about my condition and the risks, and I believe that I have sufficient information to make this decision.

I HEREBY RELEASE AND HOLD HARMLESS HOSPITAL, IT'S AFFILIATES, AND THEIR TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES, AND ALL PRACTITIONERS ATTENDING OR TREATING ME, FROM ANY AND ALL LIABILITY, CLAIMS AND DAMAGES AND COSTS AS A RESULT OF UNFAVORABLE OUTCOMES OR INJURY OCCASIONED BY MY LEAVING CAMPUS PROPERTY, INCLUDING ANY CLAIMS FOR ILLNESS OR INJURY, OR CAMPUS PROPERTY TO USE TOBACCO.

I certify this form has been fully explained to me, that I have read it or have had it read to me, and I understand its contents.

THIS IS A LEGAL CONSENT FORM. PLEASE READ IT CAREFULLY AND BE SURE YOUR QUESTIONS HAVE BEEN ANSWERED.

Signature

Date