

ATTACHMENT 2

**STATEMENT ACKNOWLEDGING REVIEW  
OF TCID PROHIBITED ITEMS POLICY**

**By signing below, the patient acknowledges the following:**

1. That he/she has read the TCID Prohibited Items Policy or that the policy has been read to him/her.
2. That he/she has had the opportunity to ask questions about this policy and has stated that he/she understands it.
3. That the patient has agreed to abide by the TCID Prohibited Items Policy.
4. If the policy review is conducted in a language other than English, the staff shall document the discussion (below) on this Statement. The Security Officer accompanying Hospital staff for presentation of the policy review will sign as witness to the discussion.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

**Notes:**

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If the patient refuses to sign, such should be documented (below) and a note placed in the patient's chart to that effect.