

## Release of Patient Property Form

**Entity:**

- Harborview Medical Center & Clinics
- Northwest Hospital & Medical Center & Clinics
- UW Medical Center & Clinics
- Valley Medical Center & Clinics

**Department:**

- Emergency Department
- Operating Room
- Inpatient Unit: \_\_\_\_\_
- Other: \_\_\_\_\_

Date of Removal of **Patient Property**: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Staff Member Removing: \_\_\_\_\_

Envelope sealed by: \_\_\_\_\_

**DISPOSITION OF PROPERTY:****Property Released to:** **Public Safety Officer**

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

 **Law Enforcement Officer**

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Badge # \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

 **Other:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

AFFIX PATIENT LABEL
---------------------