Release of Patient Property Form

Entity:  
- Harborview 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

ATTACH THIS DOCUMENT TO THE PATIENT’S BELONGINGS BAG.
DO NOT PLACE IN PATIENT’S MEDICAL RECORD/TOD BE FILED BY UW MEDICINE ENTITY PUBLIC SAFETY

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