



Health
Nepean Blue Mountains
Local Health District

Nepean Intensive Care Unit Patient Journal

PATIENT JOURNAL ACCEPTANCE FORM

I support the decision made to commence the patient Journal: YES [☐] NO [☐]

I claim ownership of the Journal: YES [☐] NO [☐]

By claiming ownership of this journal:

- I understand that I am responsible for it's safekeeping.
- I understand there are no copies made of any of the entries in my journal and a copy of the journal is not kept.
- That Nepean Hospital does not accept responsibility for the Journal once it has been handed over to me, nor does it accept responsibility for any of the private entries made.
- That an un-claimed Journal will be destroyed in 6 months from the commencement date.

Patients name.....

Date.....

Name of person taking ownership.....

Patients/Person responsible signature.....

Staff members signature.....

**TOGETHER
ACHIEVING
BETTER HEALTH**

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