***LETTER TEMPLATE- Patient Safety***

To the parents of [PATIENT NAME],

Thank you for choosing [HOSPITAL] for your children’s rehabilitation needs. We are committed to providing quality care and service to our patients and their families. For that to occur, it is important we work together to assure safe and efficient care and privacy for all our patients. Guidelines are in place to meet these requirements, and we need you to follow the expectations outlined below.

* Due to physical distancing requirements, our current policy does not permit siblings in outpatient services. Only the child having therapy is allowed in this area.
* Family members are not allowed to wait to speak to a doctor without an appointment. If there is a need or question, leave a message for the nursing staff who will relay your question to the doctor.
* Children must be accompanied by a parent at all times.
* Wearing a mask over your nose and mouth is required for family members and children over the age of two.
* Scheduling questions are to be directed to scheduling staff only. Therapy staff will not be able to speak to any questions regarding scheduling.

Failure to follow these safety, privacy, and scheduling expectations will result in discharge from outpatient services at [HOSPITAL]. We appreciate your attention and immediate compliance with these requirements.