



Date \_\_\_\_\_

The purpose of this letter is to notify you that the request for a support person's physical presence with the patient, or a portion of such request, has been denied.

Per Providence policy, you have the right to request a Support Care Conference. During the Support Care Conference, we will discuss the reason for the denial and any parameters for permitting a support person to be physically present with the patient, which may include any limitations, restrictions, or additional precautions that may be implemented for the safety of the patient, support person, and hospital staff.

If you wish to request a Support Care Conference, please contact the House Supervisor at the phone number below.

Contact phone #: \_\_\_\_\_