

## WORK RELEASE/OWI RULES PERTAINING TO OFFENDERS RECEIVING MEDICAL AID FROM UNIVERSITY HOSPITALS

All offenders shall be expected to observe the following rules while hospitalized at U of I Hospitals, Iowa City, Iowa.

1. You shall be required to remain in your room on the medical unit to which you are assigned while a hospital patient. The only time you shall be allowed to leave your room is for medical reasons, i.e., tests, X-Rays, clinic appointments etc. Upon the conclusion of test or appointments you shall immediately return to your assigned room. Your meals shall be served in your assigned room. You shall not be allowed to go to the dining halls or vending area for food or drinks.

If you are absent from your room for any reason other than medical it shall be considered as an unauthorized absence, and violating a condition of leave.

2. A correctional supervisor shall be on duty at the hospital. You shall be required to follow any orders or instructions given by this person. If you have any questions or concerns regarding your stay at the University Hospitals, discuss them with the correctional staff.
3. Telephone privileges shall be allowed while at the hospital. All calls must be made collect since offenders are not allowed to charge any calls. With permission of residential staff, offenders may possess use of a cell phone to be used within guidelines of UIHC.
4. Visiting hours of DOC offenders are from 10:00 AM to 4:00 PM. Violations of visiting hours may result in a temporary loss of visiting privileges.
5. Personnel of the University Hospitals have been informed to report any instances of misbehavior upon the part of the offender to the correctional supervisor. Any violation of the hospital rules, Work Release/OWI program, or any orders given by correctional staff shall be subject to disciplinary measures. The Central Office WR/OWI Coordinator/Designee shall be informed of any instances of misbehavior or failure to follow orders given by correctional staff.
6. Smoking is not allowed within the University Hospitals. You shall not be granted permission to smoke outside of the building.

**I have read (had read to me) the rules and regulations outlined above and I understand and agree to abide by same.**

\_\_\_\_\_  
Offender Name

\_\_\_\_\_  
Offender Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Offender Signature