

## Exception Form Changes: (Highlighted on screen shots of updated form)

### Campus and Outpatient Locations

Enlarged area for when an exception request is related to a campus and/or outpatient location.



Pennsylvania  
Department of Health

### Division of Acute and Ambulatory Care Exceptions Request

Last revised 10/03/2025

Facility Requesting Exception	
Facility Street Address	
Facility Contact Name	
Contact Mailing Address	
Contact Email Address	
Contact Phone Number	
Surveyor Name	
	Facility License#
	<input type="checkbox"/> Check if Rural Health Model Hospital

Please provide name and address for the facility to which the exception will be applied to if different than above.

### Section Related to DSI Preliminary Plans.

- DSI Plan # is changed to Reference # and moved in between Preliminary Plan Review Date and Reviewer Name.
- The DSI Plan Reviewer is changed to Reviewer Name. It has been moved to the end of the row
- Date of Preliminary Plan Review is changed to Preliminary Plan Review Date

For FGI exceptions, please attach the construction narrative & floor plans. Include building address, floor and/or room #

Preliminary Plan Review Date: Reference #: Reviewer Name:

Select book:

- ☐ 2018 – Guidelines for Design and Construction of Hospitals
- ☐ 2018 – Guidelines for Design and Construction of Outpatient Facilities
- ☐ 2022 – Guidelines for Design and Construction of Hospitals
- ☐ 2022 – Guidelines for Design and Construction of Outpatient Facilities

### Link to Exception Form on Department's website.

ASFs [Exceptions | Department of Health | Commonwealth of Pennsylvania](#)

Hospitals [Exceptions | Department of Health | Commonwealth of Pennsylvania](#)