BHU Consents

UnityPoint Health
St. Luke's

Patient Information Verification

I have received Patient Information as part of my admission orientation to St. Luke's Center for Behavioral Health.

I have been informed of the following: (1) The general nature and goals of the program; (2) Patient responsibilities and that my failure to meet those responsibilities can lead to termination of services or discharge; (3)A schedule of services; (4) Patient rights; (5) Confidentiality laws; and (6) All patients have a right to be free of restraint and seclusion. Restraint and seclusion for behavioral management are only used in emergency or crisis situations to ensure patient physical safety and/or safety to others.

I have received a written copy of the above information as well as an orientation packet specific to the services that I am receiving. I understand that I will continue to receive orientation information if I change services at St. Luke's Regional Medical Center or if there are any changes in the overall information.

I understand that on the basis of my intake screening I have been referred to services at St. Luke's Center for Behavioral Health and that together with the Clinical Team we will establish treatment goals specific to my individual needs.

I understand I may be contacted after discharge for follow up. I agree to keep St. Luke's Regional Medical Center informed of any changes in my address for one year following discharge from services.

I understand if I have concerns about my treatment it is my responsibility to bring those concerns to the attention of the Nurse Manager. If I continue to have concerns, I will address them with the Clinical Director, or Vice-President over services at the Center for Behavioral Health.

Patient Signature	Date
Signature of Guardian (if applicable) or Legal Representative	Date
Staff Signature	Date

Patient Label