



BHU Consents

I am applying for voluntary admission to the Behavioral Health Unit at the Finley Hospital. I understand that this is a secure unit. I understand that an individual who is admitted to the Behavioral Health Unit as a voluntary patient has the right to request to be discharged. To do so, I must submit a written request for discharge, which may be considered Against Medical Advice. If the Medical Director and clinical staff determine that discharge would constitute a danger to myself or other individual(s), measures would be taken to assure that I remain hospitalized until my safe discharge is possible. I understand that I may remain hospitalized up to 72 hours after submitting a request (excluding weekends/Holidays).

I voluntarily consent to psychiatric treatment at Behavioral Health, giving staff permission to evaluate and treat my condition.

My treatment will be based on my individual needs and may include a variety of interventions, including but not limited to, Individual Psychotherapy, Group Education, Group Psychotherapy, Family Counseling, and/or other interventions recommended by treatment staff.

I understand I have the right to participate in the development and implementation of my plan of care including the use of medication, and discharge planning. As part of my voluntary admission, I am willing to participate in all aspects of the treatment program.

I have read and understand this application for voluntary admission to the Behavioral Health Unit.

Patient Date/Time

Responsible party (family/guardian) Date/Time

Physician Date/Time

**BEHAVIORAL HEALTH – APPLICATION FOR VOLUNTARY
ADMISSION TO BEHAVIORAL HEALTH UNIT**

Page 1 of 1

BHU1002FH (07/22)

PATIENT LABEL