BHU Consents

UnityPoint Health
St. Luke's Hospital

Voluntary Consent for Admission to Behavioral Health Unit

I, _____(patient name), request and consent to my admission to a UnityPoint St. Luke's Hospital Behavioral Health Unit (1West, 2East or 3East) under the care of an attending Psychiatrist or Nurse Practitioner and other Behavioral Health staff (nurses, mental health workers, patient care technicians, social workers, therapists, counselors). I understand my inpatient stay may include, but is not limited to, psychiatric care, individual and group sessions, and medical interventions, as necessary.

I understand that the practice of medicine is not an exact science, and no one can promise or guarantee the results of my treatment.

I understand that the inpatient Behavioral Health unit doors and exits are locked, and there is video monitoring and recording at all times. If I should request discharge during my admission, I may not be allowed to leave immediately. My attending Psychiatrist, Nurse Practitioner or on-call clinician will be notified of my request and will make the decision if I am ready and able to be discharged. If this clinician believes that I may be a danger to myself or others, I may be held for up to 24 hours for evaluation and the legal process for involuntary hospitalization may be initiated.

The safety of patients, staff and visitors is a top priority on all UnityPoint St. Luke's Behavioral Health Units. Occasionally the use of restraint or seclusion is necessary to maintain safety. I understand that my attending Psychiatrist or Nurse Practitioner may prescribe medication in order to protect my physical and mental health.

I consent to room and body searches and/or screenings of my personal belongings. Alcohol, illegal substances, medications, contraband, weapons and/or dangerous instruments are prohibited on the Behavioral Health units. If found, these items will be detained, stored and/or turned over to hospital security. I release the hospital from all liability in connection with the loss and/or theft of my personal property.

I understand that the use and possession of cellular devices and electronics are prohibited on the Behavioral Health units. There are designated times to access computers and to make phone calls using the unit telephones. My phone calls and computer use may be monitored and/or restricted in order to provide a safe and therapeutic environment.

I understand that the Behavioral Health units and hospital grounds are smoke-free and nicotine replacement therapy (patch or gum) may be offered on the adult units.

I understand the transfer to another behavioral health unit within the hospital may be necessary to meet the needs of myself or others. I consent to allow my behavioral health team the discretion to transfer me as needed.

I hereby consent and agree to the conditions and expectations presented before me.

_____

Patient Date

_____

Guardian OR Legal Representative (include relationship to patient) Date

_____

Witness Date

PATIENT LABEL
(Name and DOB/MRN if unavailable)