

Confidentiality of Information and Safety Acknowledgement for Visitors

 **All visitors must sign prior to entering the hospital and when leaving.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time In \_\_\_\_\_\_\_\_\_\_\_\_\_ Time Out \_\_\_\_\_\_\_\_\_\_\_\_

Print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing my name below, I acknowledge that I understand any information disclosed to me during my visit at Haven Behavioral Healthcare is confidential. This information is protected under Federal Regulation (42 C.F.R. Part 2). This prohibits me from revealing any information without the written consent of the person to whom the information applies

I acknowledge that the psychiatric milieu is a place monitored and maintained to keep patients safe and that I will be observed for the duration of my visit. I agree that I will not be bringing anything beyond my immediate necessities, as many items may be used by patients to harm themselves or others. I agree that I will submit to a search for contraband prior to entering the milieu. I agree that I will defer to the staff concerning all matters of safety for the duration of my visit, and will be required to leave if requested.

Additionally, I understand visitation is not an appropriate setting to ask medical and/or psychiatric questions of staff, and that if I wish to receive this information I will be required to have my loved one complete a Release of Information form authorizing Haven Behavioral Hospital to share confidential health information with me, and that this must be conducted outside of visitation time as providers and social workers will be assisting other patients at this time.

Name of Patient you are visiting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note: Your signature as well as the name of the patient you are visiting is confidential.**

Thank you for your cooperation.