

Visitation on the Behavioral Health Unit (BHU)

I am present at Insight Hospital and Medical Center (IHMC) to visit:

(patient name) _____ in (room number) _____.

I understand that it is my responsibility to follow all rules and regulations put in place for BHU visitation. I consent to all of the following:

- Being searched by security
- Locking up any device with recording or photography capabilities
- Not giving any items or food to the patient I am visiting
- Following all instructions of Insight BHU and Security staff

I understand that if I am asked to leave by a member of IHMC's staff, I must comply immediately.

I understand that my visit must be approved by the patient I am visiting.

I understand that my visit cannot last longer than 20 minutes.

I have been given an opportunity to ask questions about my BHU Patient visitation.

I agree to follow all guest policies and procedures of IHMC and the IHMC BHU.

This form has been fully explained to me, I have read it or have had it read to me, the blank spaces have been filled in, and I understand its contents.

Visitor Name (print)

Visitor Signature

Date

Witness Name (print)

Witness Signature

Date