



Research Psychiatric Center

Authorizations and Assignments

Item 1: Application for Voluntary Admission (to be initialed by patient or legal guardian)

Initials

I hereby file with the head of Research Psychiatric Center this request to be admitted as a voluntary patient and agree to submit myself to the custody of Research Psychiatric Center for evaluation, diagnosis, observation, care and treatment medications and rehabilitation for an initial period of no less than 72 hours unless sooner discharged, and thereafter to remain in said Research Psychiatric Center until I am discharged, or until the expiration to seventy-two (72) hours after written request for my release is filed with the head of the facility, or until evaluated by my physician. I agree to abide by Research Psychiatric Center's rules and regulations and understand that violation may result in discharge from the facility.

Item 2: Consent to Treatment (to be initialed by patient or legal guardian)

Initials

I agree to accept treatment(s) ordered by my attending physician and consulting physicians who she/he may call. I will not be given treatment against my wishes and may discuss my refusal with the attending physician. I understand that supervised students, who are enrolled in a professional training program, may participate in my treatment at Research Psychiatric Center.

Item 3: Consent to Emergency Medical and Dental Treatment (to be initialed by patient or legal guardian)

Initials

I hereby authorized my attending physician to transfer me to any hospital facility for Emergency Room treatment or performance of a procedure deemed advisable and necessary for any condition that may occur during hospitalization at Research Psychiatric Center, the cost of which, whether billed to the hospital or to the patient directly, shall be paid by the undersigned. I certify that I have read and fully understand the above consent for transfer and for emergency medical and dental treatment, and agree to absolve the referring physician, Research Psychiatric Center, and its staff from liability by reason of such treatment/transfer.

Item 4: Disclosure of Required HIV and AIDS Testing (to be initialed by patient or legal guardian)

Initials

Missouri law authorizes a hospital or physician to require that a patient be tested for possible exposure to the Human Immunodeficiency Virus, the virus associated with AIDS, in the following situations: (1) if a health care worker is accidentally exposed to a patient's blood or bodily fluids, such as through a needle-stick; or (2) if a medication or surgical procedure is to be performed which should expose health care workers to the patient's blood or bodily fluids. This disclosure is to inform you that you will be asked to submit to testing if any of these situations occur during your hospitalization.

Item 5: Transportation Release (to be initialed by patient or legal guardian)

Initials

I hereby allow Research Psychiatric Center and its authorized staff to transport me as necessary to other medical facilities, hospitals, physicians' offices, recreational activities, therapeutic interviews or other activities.

Item 6: Release of Patient Valuables and Inventory of Belongings (to be initialed by patient or legal guardian)

It is understood and agreed that the hospital maintains a safe for safekeeping of money and valuables and the hospital shall not be liable for loss or damage to any money, personal valuables or other articles unless deposited with the cashier for safekeeping. I also agree that the Center personnel may inventory my belongings on admission or any time that may be required by my treatment program or any other patient's program at this facility. Research Psychiatric Center reserves the right to determine what items may be introduced into the facility.

Item 7: Consent to Photographing (to be initialed by patient or legal guardian)

Initials

I understand Research Psychiatric Center requires photographs of me to be utilized by staff to assure I receive the correct treatment as ordered by my attending physician. I understand this is to provide the highest quality of care and to insure my own personal safety.

Item 8: Liability Release (to be initialed by patient or legal guardian)

Initials

I agree to hold Research Psychiatric Center, Research medical Center and their employees and physicians harmless for any injuries caused by myself while on or off the premises.

Item 9: Medical Records Release (to be initialed by patient or legal guardian)

Initials

I authorize the release of my medical records to all referring physicians, consulting physicians and/or facilities involved in my aftercare.

Prohibition on Redislosure: “This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42 CFR Part 2) prohibit you from making further disclosures of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.”

By my signature, I am certifying that I have completely read this consent; that I was given whatever information or explanation I believe was necessary so that I could understand any of the terms or statements contained herein; that all appropriate paragraphs were initialed before I signed the document and that any paragraphs that were not applicable were crossed out before I signed the document.

Patient _____ Initials _____ Date _____

Witness _____ Initials _____ Date _____

Guardian/Other Responsible Party

_____ Initials _____ Date _____

