

Application for Admission to Inpatient Psychiatry

I, _____ wish to request admission to _____ as an inpatient on a voluntary basis. I agree to participate in therapeutic activities and to receive treatment in accordance with a treatment plan that I and my treatment team develop together. This includes medication as prescribed by a medical provider. I understand that my treatment team will include a nurse, a social worker and a medical provider who may examine and consult with me in person or using a Telepsychiatry platform. I acknowledge that I have had the opportunity to ask questions about this process and that my questions have been answered.

I have rights as a hospital patient as described in the patient bill of rights, which has been given to me. My rights include, but are not limited to, being informed about the nature of my illness or diagnosis, the reason for taking medication that is prescribed, and common and/or serious side effects of any medications. I have a right to refuse medication. In an emergency, in order to protect the safety of myself or others, this right can be overridden by a medical provider (described below).

Because a person has the potential to be a safety risk when they are experiencing a psychiatric crisis, I understand that the hospital has obligations regarding all patient safety, as well as the security of patients who have been admitted involuntarily. As a result, I understand that I will be on a unit that can be locked. If I choose to discharge myself against the recommendation of my treatment team or leave before my scheduled discharge date, I agree to let hospital staff know before I leave.

I understand that there are several emergency circumstances, although rare, under which I could be stopped from leaving or could receive treatment against my will. These include:

a. If there is an immediate crisis where I am at serious risk of hurting myself or others and there is no other less restrictive way to resolve the emergency, I could be restrained, placed in a seclusion room, or be medicated under a doctor's order.

b. If I wish to discharge myself against the recommendation of my treatment team or leave before my scheduled discharge date, I may be prevented from leaving on a temporary basis until a psychiatrist can assess whether I need an emergency examination.¹ If the psychiatrist determines that I should be evaluated for an emergency examination because a discharge would not be safe, this examination will be completed as soon as possible. If the results of the emergency examination also find that I cannot safely be discharged, I could be held for up to three more days while the treatment team decides whether there is a need to file an application with the court for involuntary hospitalization. If an Application for Involuntary Treatment is filed, I would immediately receive detailed information about my rights, what the process involves, and access to an attorney.

If neither the psychiatrist's assessment nor the emergency evaluation find that I am a danger to myself or others, I will be discharged, as soon as an appropriate discharge plan is in place.

I am making this request voluntarily, without any coercion or duress.

Signature: _____

Date: _____

¹ The emergency examination assesses whether a patient is suffering from mental illness and, as a result of that mental illness, the patient's capacity to exercise self-control, judgment or discretion in the conduct of the patient's affairs and social relations is so lessened that the patient poses a danger of harm to self or others.

Witness: _____