INOVA

1PTRCR

Each person admitted to one of the Inova Behavioral Health programs is given a copy of the program's Community/Group Rules/Practice Guidelines.

I acknowledge that I have received the Community/Group Rules/Practice Guidelines for the following program (please check one):

- ☐ Inpatient (psychiatry)
- ☐ Partial Hospitalization (psychiatry)
- ☐ Intensive Outpatient Program
- ☐ Relapse Prevention
- ☐ Sober Living
- ☐ Medication Management
- ☐ Inpatient (CATS)
- ☐ Day Treatment (CATS)
- ☐ Early Recovery
- ☐ Inova Psychiatric Assessment Center (IPAC)
- ☑ Individual Therapy
- ☐ Other:

Patient Initials: _____ Date/Time: _____

Acknowledgement of Weapons Policy for Ambulatory Services: I understand that the following circumstances are part of receiving treatment within Ambulatory Services:

1. No firearm or weapon, concealed or unconcealed, is permitted on Inova Health System property, with the exception of law enforcement personnel while on duty.
2. I will be asked to leave my personal belongings in my vehicle, at home or in a locker.
3. Inova Health System maintains a culture of personal safety and of safety of the community. If I become aware of anything that could be a potential threat of harm I will immediately notify security and staff to intervene.
4. I may be asked to give a staff member any object that may cause harm to myself or others while I am in any of the Behavioral Health programs.
5. In the event of an imminent risk to safety and security, I will follow instructions provided by staff regarding steps to take to maintain the safety of myself and others being served.

_____ _____

Patient (signature) Date/Time

_____ _____

Witness (signature) Date/Time

_____ _____

Witness (print name) Relationship

PATIENT IDENTIFICATION

If label is not available, please complete:

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Gender: ❑ Male ❑ Female

Inova Behavioral Health Services

Acknowledgement of Community/ Group Rules/Practice Guidelines

CAT # 20439DT / R042216 • PKGS OF 25