
















Orientation to Behavioral Health Rehabilitation Program


Patient Name:	(Office Use) Patient Number:
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Included in your orientation handbook are the following policies, forms and expectations:

-  Identification Form
-  Brochure
-  Code of Ethics
-  Patient Rights & Responsibilities
-  Crisis procedures with telephone numbers
-  Complaints, grievances and appeals procedures & forms
-  Ways in which input can be given (Satisfaction Survey)
-  Confidentiality Policy
-  Abuse & Neglect Policy
-  Seclusion & Restraint Policy
-  Behavioral Health Rehabilitation Program Description
-  Behavioral Expectations of the Person Served
-  Discharge Criteria
-  Transition Criteria and Procedures
-  Response to the identification of potential risk to the person served
-  Standards of professional conduct related to services
-  Requirements for reporting and/or mandated person served
-  Fee Schedule
-  Health & Safety Policies
-  Rules & Expectations
-  Familiarization with the premises included emergency exits, fire suppression equipment and first aid kits
-  Identification of the purpose & process of the assessment
-  A description of the person centered plan

 Potential course of treatment

 Motivational Incentives

 Expectations for legally required appointments, sanctions or court notifications

 Identification of the person responsible for service coordination

I have received my orientation handbook; have been orientated and agree to follow the policies and procedures of the behavioral health rehabilitation program. I understand my rights and responsibilities as a recipient of services and that failure to fully participate as described by the behavioral health rehabilitation program may result in discharge from treatment.

Patient Signature (If over 18):	Date
Parent/Guardian Signature (If applicable):	Date
Person Responsible for Coordinating Services Signature:	Date