



2755 Colonial Drive P.O. Box 5539 Helena, MT 59604 406-444-7500/800-447-6614

CHILD PSYCHIATRIC SERVICES ACKNOWLEDGEMENT STATEMENT

My signature below indicates my acknowledgement of the following items:

PLEASE INITIAL (OR CHECK OFF):

- I acknowledge receipt of the Shodair Children's Hospital Patient *Bill of Rights* and Shodair Children's Hospital *Notice of Privacy Practices*.
- I acknowledge receipt of the Shodair Children's Hospital Parent Handbook.
- I acknowledge Shodair Children's Hospital is not responsible for lost, stolen or misplaced patient personal items.

It is the philosophy of Shodair Hospital that restraint and seclusion are only to be used in an emergency situation when the patient is exhibiting behaviors that put the patient or others at risk for harm. Restraint and seclusion shall never be used as punishment, coercion or retaliation. Nonphysical techniques are the preferred intervention to managing the patients behaviors. Families are notified in the event of behavioral emergencies. If available, they may participate in a debriefing session.

In the event of an emergent situation where your child may be at risk to harm themselves or others, a one-time/ NOW dose of medication may be ordered by the physician and administered. All other medications require guardian consent before administration.

- I acknowledge I have read the above statement and had an opportunity to discuss further with a Shodair Children's Hospital employee.

I understand additional services may be obtained from community mental health organizations in Helena.

Signature of Parent/Legal Guardian

Date

Print Patient Name

DOB