



APPLICATION FOR VOLUNTARY ADMISSION

Admittee (Patient) Printed Name: _____ DOB: _____

Applicant must complete Part A or B

Part A - Applicant is Admittee (Patient)

1. I hereby voluntarily apply for admission to the Inpatient Psychiatric Unit at Bozeman Health.
 - a. I understand that my admission being voluntary does not mean I can leave at any time. If I wish to leave prematurely, I will ask for and complete a "Request for Discharge" form. I understand the facility has up to five days (excluding weekends and holidays) from my request to complete the discharge as long as I am safe to leave, according to the Montana Code Annotated (MCA). If my Treatment Team does not believe I am safe for discharge, it may request a court to involuntarily commit me instead.
 - b. I have received the patient rights brochure with unique psychiatric patient rights identified. I understand that I am asked to read this information at my own convenience and can discuss any questions I have with staff.
2. I understand that as a condition of inpatient psychiatric services, my belongings will be searched and scanned with a wand for contraband upon admission, or upon entry onto the unit should belongings be delivered to me later. I will only be provided with the items that are safe to have on the unit, and the remainder will either be sent home or returned to me upon discharge (with the following exceptions). I understand that hospital staff may search my room, belongings, and body for contraband throughout my admission to ensure patient safety.
 - a. I understand that home medications brought in will only be returned if I remain on them at discharge.
 - b. I understand that non-prescription drugs brought in will only be returned at discharge if they are legal (e.g., nicotine for ages 18+ and unopened/resealable alcohol and cannabis for ages 21+), and that illicit substances will be destroyed.
3. I pledge to honor the confidentiality of all patients on the psychiatric unit. I understand that I am not to reveal to anyone the identity of patients nor discuss any situation I may become aware of while at this facility.
4. I understand the need to be photographed for identification purposes only. Pictures will be used in the medical record and posted in the medication room or on a medication cart for administration purposes. Pictures will be retained after discharge as part of the permanent medical record.
5. I understand that the psychiatric unit has constant video surveillance in common areas for patient safety.
6. I understand that staff will be monitoring the environment in person around the clock and will be entering patient rooms throughout the day and night to ensure patient safety.
7. I understand that reasonable restraint and/or seclusion may be used if I were to present as an imminent safety threat to myself or others.
8. I understand that recreational and/or occupational therapy may be part of my treatment during my stay on the psychiatric unit. I understand that some of these groups may be physical in nature and agree to inform staff of any physical limitations that may prevent me from participating safely in these activities.

Admittee (Patient) Signature: _____ Date: _____ Time: _____

Part B - Applicant is Legal Guardian or Agent for Mental Health Care Decision-Making

The undersigned has legal authority to voluntarily consent to admission of the assenting patient due to being the patient's legal guardian or agent for mental health care decision-making. (If the patient is not assenting, an involuntary process must occur.) Please ensure that guardianship documents or a mental health care advance directive is on file, respectively. The same rules apply as in Part A, except the undersigned would make the request for discharge.

Guardian/Agent Printed Name: _____ Relationship: _____

Guardian/Agent Signature: _____ Date: _____ Time: _____

Part C - To be Completed by Staff

This application is approved by the undersigned professional person as defined by the MCA.

Printed Name and Credentials: _____

Signature: _____ Date: _____ Time: _____