West Hills
HOSPITAL

SMALL WONDERS
(pediatrics)
&
TEEN CONNECTION
(adolescents)

PROGRAM HANDBOOK

PATIENT CODE:

West Hills
HOSPITAL

PATIENT Advocate:
_____

Extension: X_____

Welcome

OUR MISSION STATEMENT

West Hills Hospital is dedicated to providing ethical, compassionate, and therapeutic mental health services which enhance health, self-esteem, and quality of life.

We sustain a safe, supportive environment where patients, their families, mental health professionals, and employees are treated with dignity and respect.

West Hills Hospital strives for excellence and maintains fiscal responsibility while serving the community and fostering personal and professional growth.

THE JOINT COMMISSION
NATIONAL QUALITY APPROVAL

WEST HILLS HOSPITAL
1240 E. Ninth Street, Reno, NV 89512
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I. INTRODUCTION

Welcome to West Hills Hospital. We encourage you to read this handbook and become familiar with our programs. West Hills Hospital offers therapeutic activities according to your needs. The GOAL is for you to develop and maintain the highest possible level of independent functioning and promote personal growth. You and your treatment team will work together to establish individualized treatment goals, including therapeutic activities and discharge planning.

As you enter the Hospital, you become a member of a therapeutic community. The treatment team concept is referred to frequently because to share the support, experience, and strength within the group is to gain the maximum benefit from treatment in the shortest time possible.

Your medical records will be retained for five (5) years from your discharge date. After that, they may be destroyed. If you are under the age of 23, your records will be kept for an additional five (5) years until you reach the age of 23. After that period of time, they may be destroyed.

I. PROGRAM GUIDELINES

A. Admission Process

Upon arrival and after completing the initial mental health assessment with the Access Department, you will be asked to sign consents for treatment and billing purposes. It may be necessary to provide identification and insurance cards/information at this time. If you have any questions about financial issues, please direct them to the Business Office.

You will be introduced to the Nursing Staff who will complete the admission process. **You will be given a confidentiality code number, so that your designated family member/legal guardian may obtain information about your care. You do not have to give anyone this number. If a friend or family member calls without your ID number, we will respect your right to confidentiality and neither confirm nor deny your presence here.**

Nursing Staff will monitor your vital signs, gather information about your medical history and current treatment needs in order to begin setting goals for your treatment. You will be asked to send valuable items and medications home with family or have them secured by the hospital until your discharge. Contraband items (described later in the Handbook) will be handled in the same manner.

West Hills has a pharmacy that provides medications for you during your stay. On rare occasions, our pharmacy may not stock a medication required for a medical condition. This is the only occasion in which nursing staff may administer your personal medication, with your doctor's approval.

After completing your assessment and providing an orientation to the unit, staff will introduce you to the staff of the day. Staff will contact your admitting psychiatrist to notify them of your arrival and obtain orders for any immediate treatment needs. If you are new to our facility, you will be assigned to a psychiatrist on our staff and seen within 24 hours**.** A medical doctor, for a history and physical exam, will also see you. Routine laboratory tests will be performed by the morning following admission. It is a very important part of your treatment; therefore your cooperation is very important.

B. Personal Belongings

For health and safety reasons, the following items are not allowed in patient care areas:

- Food & beverages
- Medication of any kind (including vitamins)
- Toxins or flammables like glue, paint, aerosols, nail polish, etc.

- Matches, cigarettes, lighters
- Skateboards, bicycles, weight lifting equipment
- Personal radios with headphones, televisions, computers, cell phones, cameras, tape recorders, and i-pods
- Watches
- Animals or fish
- Cosmetics and toiletries that contain alcohol or that are in glass containers
- Scissors, knitting needles, pocket knives
- Alcohol or illegal drugs
- Plastic bags
- Keys
- Money, credit cards, expensive jewelry, important papers, etc.
- Belts, sashes, suspenders, shoelaces, scarves, neckties, cords, bathrobe ties, luggage straps, purses, and hats of any kind
- Hard plastic items.

As stated previously, we suggest you send most money and valuables home. All personal items will be inventoried and signed by you and two staff members. Items go into three different categories: 1) items for which you are responsible at all times; 2) items placed in the hospital safe, and 3) items placed in locked boxes on the unit (medications). Make sure all items are returned to you prior to leaving the hospital on the day of discharge.

The hospital is NOT RESPONSIBLE for loss or damage of any item in a patient's possession.

PLEASE DO NOT GIVE AWAY, LEND, OR TRADE PERSONAL BELONGINGS.

C. Expectations for Behaviors

1. It is expected that you will treat yourself, other patients, and the staff with respect.
2. Patient rooms are for the private use of the individuals assigned to each room only. Patients may not visit in each other's rooms
3. You are expected to be **up and dressed by 7:00 a.m**. Good hygiene is to be practiced by all individuals. This includes **daily** showering, maintaining clean hair, brushing teeth and frequent hand washing. These practices help reduce the spread of any infections, as well as help to promote good self-esteem.
4. Staff will supply clean linen daily, as needed. Dirty linen is to be placed in laundry containers located in the hallway. Rooms are to be clean with beds made by 8:45 a.m. No clothing or linen should be on the floor. Clothing should be stored in your closet or drawers.
5. Shoes or slipper socks must be worn at all times when out of your room. Slipper socks may be obtained at the nurse's station if you do not have

shoes. Have a family member bring in shoes that have rubber soles and no laces (slip-on shoes or slippers), no snow boots, cowboy boots, hiking boots or construction boots are allowed. Ugg-type or Sherpa slipper boots are allowed. You are **expected** to attend and participate in ALL scheduled group activities.
These are behaviors that are NOT allowed:

- Verbal threats or attempts to harm self or others
- Verbal abuse
- Rough horseplay
- Misuse of equipment or property
- Leaving the unit without permission
- Possession or use of drugs of any kind, including alcohol and drug paraphernalia
- Physical abuse or fighting
- Sexual behaviors
- Theft
- Possession of sharp or potentially dangerous objects.

D. Community Areas / Rooms

You are expected to help keep the community living areas and hallways clean. Please throw out empty cups, papers, etc.

A laundry room is available for your use at no charge. If you need assistance in operating the washer or dryer, please ask a staff member. Those individuals on restricted status may need staff to wash clothes.

You are expected to respect the entire hospital environment; this includes all of the walls, windows, and furnishings. Any damages could be charged to your bill. This is generally not covered by medical insurance.

When out of your room, please wear appropriate clothing. **When off the unit you must be dressed in street clothing. No gowns, pajamas, or robes will be allowed in common areas. Shoes or slipper socks should be worn when you are not in bed. If you need slipper socks, please see a staff member.**

To ensure your safety, the door to your room will be open at all times (24 hours per day) except when changing clothes. Contact staff members when you plan to shower, dress, or meet with your psychiatrist in your room.

Television is turned off at 10:00 p.m. “lights out”.

E. Visiting

It is essential that patients participate in the program; therefore, visiting hours are limited.

Visiting Hours are posted on each unit.
Visitors must sign in at the lobby reception desk. They must provide your individual security code and then check in with nursing staff before contacting you.

If there is someone you DO NOT want to have visit, please notify nursing staff. No information will be given about you without your permission.

Visitors under the age of 18, including former patients, must be accompanied by a responsible adult age 21 or older. Visitors under the age of 13 will not be allowed on the units unless a special order is given by the psychiatrist. For safety reasons, visitors may be asked to leave. Your cooperation will be appreciated.

Visitors may visit in the day room or hallway. Visiting in your room is discouraged due to privacy and confidentiality issues. Please be considerate of your roommate.

When a visitor brings you a package or suitcase, it will be inventoried by staff. Items not permitted will be sent home for safekeeping. Storage is limited, and hospital is not responsible for lost or damaged items.

Visitors are considered an important aspect of our program. However, if a visitor is behaving inappropriately, he/she may be asked to leave by staff and could be restricted from visiting in the future.

F. Smoking

Smoking is not permitted for patients on the adolescent/pediatric unit.

G. Dining Room/Food

Meal schedules are posted on the unit..

Expectations in the Dining Room:

- Respect for others
- Clear your tray when finished
- Do not leave the dining room without permission

Meals are eaten in the Dining Room unless you are on restricted status. A meal tray may be brought to the unit if necessary and must be eaten in the Day Room or kitchen areas.

Food or beverages are to be consumed in the day room or hospital dining area only. Food will not be kept in patient rooms.

H. Phone Calls

Phone calls are permitted during specified hours. The hours are posted on the unit.

Staff will dial for all outgoing calls and will monitor all phone calls.

The phones will be turned off during scheduled program activities. Phone calls may not be made or received during these times.

Phone calls are limited to ten minutes per call. This allows others the opportunity to make or receive calls.

There is a TTY/TDD telephone system available for use by individualts with hearing impairments. Ask nursing staff for additional information about this service.

I. Dress Code

Clothes are an important way of expressing individuality. In the hospital, we encourage you to express your individuality in a way that is consistent with expectations that exist in schools, places of work and the community.

- Clothing must be kept clean. Washer and dryer are available at no charge.
- Sleepwear must be worn to bed.
- Clothing must be free of any message, picture or style that represents obscenities, drugs, sex, violence and/or gangs.
- Clothing cannot be sexually provocative. Provocative clothing includes tube tops, skimpy tank tops, half shirts, see-through clothes, shorts, or leotards.
- Sleepwear is not permitted in the cafeteria or any other public area.
- Safety pins and stickpins may not be worn as jewelry or adornment.
- Feet must be covered at all times. Shoes or slipper socks are acceptable on the unit. Athletic shoes are recommended for gym activities.

J. Confidentiality

Information that is shared during treatment regarding personal issues is confidential and not to be discussed outside of the program. Cameras and tape recorders are not permitted by visitors or patients.

Information that you share within the program is confidential and will not be discussed outside of the program. Staff will communicate important information within the team and with your psychiatrist as necessary to provide you with consistent support and therapy.

K. Discharge Procedure

When you and your treatment team feel that you have obtained maximum benefit from your inpatient treatment, the discharge process will be initiated. It is your responsibility to arrange your transportation. Plan to have transportation arranged for the day of discharge no later than 11:00 A.M. If you are unable to obtain transportation, please contact the social worker as soon as you know you will need assistance.

If you have valuables in the safe, or medications stored in the pharmacy, they will be brought to you at the time of discharge.

L. Patients' Rights

Patients' rights are defined in the booklet entitled " Patient Rights" at the back of this handbook. The Patients' Right Advocate may be notified if you feel your rights have been violated.

M. Patient Advocate

West Hills Hospital will respond to all patient grievances, complaints and concerns related to patient care/patient rights. A grievance or complaint form can be requested from any unit staff. The form must be completed and submitted to staff or placed in the "Patient Advocate" locked box on each unit. The Patient Advocate or designee will respond to you within twenty-four (24) hours (excluding holidays and week-ends). Any rights violation will be corrected immediately. At any time, you may access the hospital patient advocate by asking for their hospital office extension – this information is also posted for your convenience on each unit.

N. Seclusion and Restraints

Use of seclusion or restraints is employed as a last resort after less-intrusive and non-physical interventions have been attempted. The team at West Hills Hospital strives to minimize the use of seclusion or restraints.

II. THERAPEUTIC SERVICES

A. Psychiatry

You will see a psychiatrist within 24 hours of admission. Your psychiatrist works closely with staff team members and schedules regular visits with you

B. Nursing

The nursing staff initiates and coordinates a variety of activities, including daily monitoring of your physical well-being, focusing on individual goals and treatment plans.

C. Social Services

Social services staff coordinates your individual treatment plan, including family counseling, group therapy, skills group and discharge planning. Social Services groups meet every day. You will be asked to participate as a component of your treatment plan.

Discharge planning begins on the day of admission. It involves working with you and your treatment team and, when appropriate, with your family. You will receive maximum therapeutic benefit when you take an active role in discharge planning.

D. Recreation Therapy

Recreation Therapy groups will provide you with a variety of hands-on opportunities to develop skills essential to balancing all of life's responsibilities and stressors.

These groups will help you process the benefits of a health leisure lifestyle. Although we have a lot of fun in these groups, every activity has a therapeutic purpose behind it.

Recreation groups are an integral part of your treatment and you are expected to attend. We ask that you come with a positive attitude and participate to the best of your abilities. If there is a reason you cannot participate in the group activity, you will still have opportunities for getting fresh air, hearing music, laughing, and being a part of the group process.

E. Group Rules:

1. Everyone is expected to be prompt to all groups.
2. One person speaks at a time.
3. It is disruptive to the group to have people coming and going during group, so please make every effort to be on time and to stay for the entire session.
4. The phone and TV will be turned off during groups.
5. There is no eating during groups.
6. Remember that everything discussed in group, or in the hospital at anytime, is highly confidential and is not to be repeated to persons outside the hospital.

F. Physicians/Medical Care

A licensed practitioner will perform a physical examination at the time of admission, which is part of your evaluation. Laboratory testing is routinely performed on all patients.

G. Dietary

Upon medical necessity or request, a registered dietitian can and will provide nutritional screening and assessments.

H. Business Office

A business office representative will meet with you to discuss your insurance benefits and financial obligations.

I. Community Meetings

Community meetings are held each morning in the day room. The purpose is for the entire patient group to organize and plan the day. Important announcements will be made and goals will be reviewed. It is an opportunity for you to ask questions and communicate concerns that are relevant to the community as a whole.

A community group is held every evening in the day room. The purpose of this group is to discuss how the day went, i.e., to discuss progress toward meeting goals, address issues that arose during the day, and to wrap up the day's events prior to bedtime.

IV. Attachments

A. Child and Adolescent Rights
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CHILD AND ADOLESCENT RIGHTS

All of the rights listed here will not be denied to me except to protect my safety or the safety of others.

RIGHTS CONCERNING MY CARE AND TREATMENT

- My admission to the hospital must be for the purpose of observation, diagnosis, care and treatment.
- My guardian/parent may ask for me to be admitted to a mental facility in the State of Nevada.
- Should my guardian/parent request I be released from the hospital, I must be released.
- If my guardian/parent makes a request for me to leave the hospital, that person releases the hospital, it's employees and others from any debt or responsibility (medical or otherwise) if damages are caused by me or my actions once I leave the hospital.
- I can also leave the hospital when my attending doctor feels it is safe for me to do so and I have improved to the point where my attending doctor deems that I no longer need to be in the hospital.
- I have a right to have well-trained staff that will help me with my problems. I have the right to medical, psychosocial, and rehabilitative care, treatment and training for both physical and mental problems.
- My guardian/parent will be told about the risks, benefits, and purpose of treatment and the alternatives available. My guardian/parent will be asked to consent verbally or in writing and this consent can be withdrawn at any time.
- I have a right to know what my treatment plan is and I have a right to ask questions about that plan.
- I have a right to the least restrictive treatment that will help me.
- My guardian/parent has a right to know how I am doing in the hospital. My chart can be reviewed in the presence of my attending doctor only after my guardian/parent completes a release of information agreement. My guardian/parent can also request a copy of my chart unless the doctor writes in my chart that this cannot be done.
- My doctor will be responsible for all the medications I will be given at the hospital.
- My guardian/parent may give permission for me to be transferred to another hospital and my guardian/parent may object to any transfer to another facility/hospital. In an emergency, a doctor can order me to go to a hospital before my parents can be reached.

PERSONAL RIGHTS

- I have the right to keep and wear my own clothing provided there are no restrictions to these clothes by the hospital and the program. For example: Gang colors, drug or alcohol related slogans, revealing or "sexy" clothing cannot be worn. I will be given information on this through the program manual.
- I have a right to have personal possessions and keep these things in my room provided they are not deemed a danger to myself or someone else.
- I have a right to keep a small amount of money.
- I will have storage available for my property at the hospital.

- I have a right to see visitors approved by my guardian every day during visiting hours. The patient/guardian has the right to consent to receive the visitors the patient designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and to withdraw or deny such consent at any time. Before the patient is furnished patient care, if possible, the patient shall also have the right to designate a Support Person who can exercise the patient's visitation rights in the event the patient is incapacitated or otherwise unable to do so. Patient Visitation Rights shall not be restricted, limited, or otherwise denied by the hospital on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. All visitors shall enjoy full and equal visitation privileges consistent with the patient's preferences. The Hospital may impose clinically appropriate limitations on patient visitation when visitation would interfere with the patient's care, whether the reason for limiting or restricting visitation is infection control, disruptive behavior of visitors, or the patient's or patient's roommate's need for rest or privacy.
- I have a right to make and receive phone calls privately.
- I have a right to get and send letters. Postage will be provided to me by the hospital. Packages must be inspected by staff before I can have them. The inspection will be done in my presence.
- If I get a check in the mail, it will be placed in a locked location for safe keeping and will be returned to me upon my discharge from the hospital.
- I have a right to contact an attorney at any time.
- I understand that I have a right to be free from restraints unless I am dangerous to myself or others. A doctor must order the restraints and the restraints must be removed when they are no longer needed.
- I have been informed that there is an office for the protection of my rights located in Reno, Nevada. I can call them any time I think my rights have not been honored. The phone number for that office is 333-7878. This number is also posted in the hospital.

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Continuum of Care

West Hills Hospital offers a range of services, promoting continuity of care and effective step-down options, supporting each patient's individualized course of treatment.

The following services are available and may be recommended by the treatment team as an integral part of treatment success:

- **Inpatient**
- **Intensive Outpatient –** This program is intended to provide patients with a comprehensive level of support, therapy, and education while they remain in their environments.
- **Outpatient Group Therapy –** the Step Down group meets twice weekly for one hour to address issues such as self-esteem, communication, and life skills.
- **Aftercare –** Free support group run by licensed staff for mental health and chemical dependency every Wednesday evening at 5:30. Groups are held in the outpatient building.

**** All programs are subject to Insurance Benefits, Authorization and Co-Pays ****

We strongly encourage you to utilize the full continuum of care recommended by your treatment team!

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Small Wonders & Teen Connection Units
Clothing and Other Items Allowed on Unit

Clothing:

3 Shirts – T-shirts long enough to cover stomach. (No tank tops or sleeveless shirts. No inappropriate language or designs on shirts.)
3 pair pants/sweat pants, with strings removed.
1 Sweater/jacket, No belts/strings
4 pair underwear (full coverage underwear only)
2 bras, no underwire (sports bras are OK)
4 pair socks
1 pair slippers
1 pair of shoes/sneakers, no laces
2 pair pajamas (no draw-strings in pj bottoms)

We have a washer, dryer & laundry soap for your convenience.

Miscellaneous Items:

Notepads, no wire bindings
Coloring books
Deck of cards
School books

Any item brought that is not on the above list, will be sent back home, or discarded.

Toiletries supplied by West Hills Hospital:

Toothbrush
Toothpaste
Mouthwash
Shampoo/body wash
Comb
Deodorant

Thank you for helping us to ensure patient safety.

West Hills Hospital Items NOT Allowed on Unit

Do not include items from this list in any packages brought in to the patient.

- Mirrors, compacts with mirrors, or any glass items
- Watches or other jewelry deemed unsafe
- Hygiene items in glass containers or containing alcohol
- Clothing items with strings, belts, metal pieces, or cords (this includes tank tops and thong/g-string underwear)
- Spiral notebooks, binders with metal clamps, or clipboards
- Steel toe boots, manicure kits, electric razor or blade razors, hair dryers, radios with antennas or electrical cords
- Weapons: Knives, pocket knives, guns, pepper spray, stunning devices, scissors, box cutters, and any item that may harm patients or staff
- Street drugs, over-the-counter medications, herbal and food supplements
- Food prepared by a family member or purchased outside the hospital
- Clothing or reading material depicting drug use, gang membership, pornography, violence, or strong sexual content
- Movies with PG-13 or R ratings
- Backpacks, large suitcases, or duffle bags
- Cell phones, cameras, recording devices or laptop computers

All packages will be searched by hospital staff when taken to the units. Items not allowed on units will be placed in a locked room with patient belongings and will be returned upon discharge from the hospital.

Thank you for helping us to ensure patient safety.

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PATIENT SELF-DETERMINATION ACT
PATIENT HANDOUT

THE PATIENT SELF-DETERMINATION ACT, WHICH INCLUDES ADVANCE DIRECTIVE, REQUIRES WEST HILLS HOSPITAL TO INFORM YOU OF YOUR RIGHTS AS A PATIENT AND OF OUR POLICIES:

1. You have the right to make decisions concerning your medical care.

2. You have the right to accept or refuse medical or surgical treatment, including the right to formulate Advance Directives (declarations and/or durable powers of attorney for health care decisions)

3. You have the right to be given information concerning Advance Directives within 24 hours of your admission to this hospital.

4. Upon admission, you will be asked if you have an Advance Directive.

5. It will be documented in your medical record whether or not you have an Advance Directive.

6. If you have an Advance Directive you should furnish a copy to this hospital so it can be made a part of your medical record/chart. This will be used to inform hospital personnel of your medical treatment desires.

7. West Hills Hospital, as an institution, does not object to a lawful Advance Directive from any patient and will always honor an Advance Directive, with one policy exception:
    a. West Hills Hospital is a mental health treatment facility and does not accept patients who are medically unstable or at risk of imminent death. Therefore, West Hills Hospital's policy is not to withhold resuscitative services from any patient.
    b. Patients who are medically unstable and in need of acute medical care will be transported to a nearby General Medical Hospital
    c. Patients who experience cardiac and/or respiratory arrest will be given emergency life support in accordance with West Hills Hospital's emergency medical procedure.
    d. Patients or families requesting "Do Not Resuscitate" orders will be told of West Hills Hospital's policy prohibiting such orders and will be provided with the option of transferring to another facility
    e. West Hills Hospital's Advance Directive Policy respects the right of the patients to make their own health care decisions. The hospital will acknowledge and implement Advance Directive except "Do Not Resuscitate" orders.

    Physicians credentialed and privileged at West Hills Hospital are independent practitioners and may or may not object in conscience to Advance Directives based on moral, ethical, or religious beliefs. In accordance with NRS 449.628, if a practitioner is unwilling to comply with NRS 449.535 to 449.720 and NRS 449.800 to 449.860, inclusive, West hills Hospital shall take all reasonable steps as promptly as possible to transfer care of a declarant to another physician.

8. The hospital will not condition the provision of care or otherwise discriminate against you based on whether or not you have formulated an Advance Directive.

9. For further information regarding Advance Directives, or to obtain additional Advance Directive forms, please contact the Director of Performance Improvement at this Hospital.

10. For further information in the community you may contact the Senior Citizen's Center.

11. Complaints or grievances concerning hospital Advance Directives noncompliance may be addressed to:

North (includes rural Nevada)

Nevada State Health Division
Bureau of Licensure and Certification
1550 E. College Parkway, Suite 158
Carson City, NV 89706
775-687-4475

South

Nevada State Health Division
Bureau of Licensure and Certification
4220 S. Maryland Parkway
Building D, Suite 810
Las Vegas, NV 89119
702-486-6515

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PATIENT RESPONSIBILITIES

There is a clear expectation that the treatment is a mutual responsibility between the patient, family, and the treatment team. These specific responsibilities for the patient and family are enumerated in the following:

- **PROVISION OF INFORMATION**
  Patients and their families have the responsibility to provide, to the best of their knowledge, accurate and complete information about the present complaints, past illnesses, hospitalizations, medications, and other matters relating to the patient's conditions to the treatment team. Patients are responsible for reporting whether or not they clearly understand the treatment plan and what is expected of them.

- **COMPLIANCE WITH INSTRUCTIONS**
  Patients and their families are responsible for following the treatment plan recommended by the treatment team. This may include instructions by the following: Doctors, Nurses, Case Managers, and Allied Health Professionals as they carry out the coordinated plan of care. The patient is responsible for keeping appointments and, when unable to do so for any reason, will notify the responsible practitioner and/or a treatment team member.

- **REFUSAL OF TREATMENT**
  Patients are responsible for their actions if they refuse treatment or do not follow the recommendations of the treatment team.

- **HOSPITAL CHARGES**
  Patients and families are responsible for assuring that the financial obligations of their care are fulfilled as promptly as possible

- **HOSPITAL RULES AND REGULATIONS**
  Patients and families are responsible for following the hospital rules and regulations affecting patient care and conduct.

- **RESPECT AND CONSIDERATION**
  Patients and families are responsible for being considerate of the rights of other patients and hospital personnel and for being respectful of property of other persons and hospital property. This includes respecting all persons by refraining from any sexual conduct, misconduct, harassment, or assault.

  I have read and understand the patient responsibilities:

_____
Patient Signature Date

_____
Witness Signature Date

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INPATIENT ACTIVITIES

West Hills Hospital offers a number of active recreation therapy groups that may include, but are not limited to:

- Active athletic groups

Patients may participate in these activities if their attending physician deems that such participation is therapeutically appropriate and beneficial. Facility staff provides supervision and accompanies all patients who participate in these activities. All measures and precautions are taken to ensure the safety of each participant and the security of each element or activity. This facility or any respective employees cannot be held responsible for injuries if all safety precautions have been observed.

Please list any past or present injuries, medication side effects (dizziness, visual problems, etc.) or any physical or emotional problems that you have at this time that may affect your ability to actively participate in any of the above listed activities:

_____

_____

Your signature below constitutes your acknowledgement of the following:
1) I have read and agree to the foregoing; 2) that patient activities have been adequately explained to me; 3) I have received all the information I desire concerning the program; 4) that the attending physician and any other persons participating in my care are released from responsibility whatsoever for injuries or unfavorable or untoward events; that I authorize and consent to participate in such activities.

_____ _____
Patient/Legal Guardian Date

_____ _____
Witness Date

Notwithstanding the recommendation of the attending physician, I hereby request not to participate in recreational activities offered by West Hills Hospital.

_____ _____
Patient/Legal Guardian Date

_____ _____
Witness Date

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CELL PHONE DIRECTORY

NAME	NUMBER

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This is to certify that I have received a copy of the "West Hills Hospital Adolescent Program Handbook", including copies of the Patient Self-Determination Act Patient Handout, the State of Nevada Consumer Health Assistance brochure, and the Nevada Disability Advocacy and Law Center brochure.

_____ _____

Patient/Legal Guardian Date

_____ _____

Witness Date