



NORTHERN MICHIGAN

BEHAVIORAL HEALTH VISITOR SIGN-IN LOG

Confidentiality of Information Acknowledgement: I understand that any information regarding a patient, including but not limited to the fact that a person is a patient, which is disclosed to me while I am visiting the unit is confidential and protected by Federal Law.

Federal Regulation, 42 CFR, part 2, prohibits me from making any disclosure of such information without the written consent of the person to whom the information pertains.

Date	Signature	Relationship to Patient	Purpose of Visit	Time In	Time Out
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Patient Signature

Date/Time

Staff Signature

Date/Time



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**BEHAVIORAL
HEALTH VISITOR
SIGN-IN LOG**

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