



NORTHERN MICHIGAN

Adult Partial Hospitalization Program Expectations

In order to obtain maximum benefit from the program and to protect the rights, safety, and privacy of all individuals participating in the program, each participant expected to contract with the following guidelines.

1. Each individual is expected to actively participate in the treatment. This includes:
  - Setting realistic and positive goals each day.
  - Being on time for the program each day and notifying the staff if you are unable to attend for any reason.
  - Attending all groups/activities.
  - Staying on program grounds during the day and following the outlined guidelines.
2. Violence will not be tolerated. This includes physical and verbal violence against others or property. You will be held accountable for any destruction resulting from violent behavior. Police may be called and you may be discharged from the program if you choose to act out in any sort violent behavior during the program.
3. Disruptive behavior including arriving late to the program, ridiculing others, criticizing others, or interrupting groups will not be tolerated.
4. Drugs and/or alcohol are not permitted or tolerated at any time. This includes attending the program while under the influence of drugs and/or alcohol. The psychiatrist may write an order for you to bring your prescribed medications that are in the original pharmacy dispensed containers if needed. You will not be allowed to keep these on your person during the program. Un-prescribed medications or medications that are not in original pharmacy dispensed containers are not permitted.
5. Cell phones are to be turned off or silenced and kept in your allotted belongings bin in the belongings area. They may be confiscated during breaks if necessary.
6. McLaren is not responsible for lost or stolen items. We ask that you do not bring valuables with you to the program.

**I have read, understood, and agree to the PHP Expectations and have received a copy of the "Patient Handbook". I have received information regarding "Patient Rights" and "Confidentiality" and agree to respect the confidentiality of others in this program.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date:      Time:

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date:      Time:

Addressograph



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