

Behavioral Health Unit Visitation

Tuesday 3:00-4:00 pm and Saturday 2:00-3:00 pm	Rooms 602, 604, 606, 608, 610, 612, 614, 616, 626, 628, 630, 632, 634, 636, 638, and 640
Wednesday 3:00-4:00 pm and Sunday 2:00-3:00 pm	Rooms 601, 603, 605, 607, 609, 611, 613, 615, 617, 625, 627, 629, 631, 633, 635, 637, and 639

Welcome to the Behavioral Health Unit

Our goal is to create a safe visitation experience for you, and everyone involved. With that in mind, we ask that you read and follow the guidelines for visitation on our unit.

<ul style="list-style-type: none"> The patient is allowed 2 well visitors (18 yo or older) per visitation. 	<ul style="list-style-type: none"> Visitors will be asked to use the restroom prior to visitation as they will not be allowed to return to unit if they exit for any reason.
<ul style="list-style-type: none"> Visitors will need to arrive 15 minutes prior to visitation and asked to wait in the lobby on the sixth floor until called. 	<ul style="list-style-type: none"> Visitors are not allowed to bring up ANY belongings other than car keys. This includes cell phones, purses, jackets, etc.
<ul style="list-style-type: none"> If visitors arrive after the visitation time begins, they will be unable to visit at this visitation time and will have to come at next appointed time. 	<ul style="list-style-type: none"> Visitors and patients may have no physical contact.

When bringing items for a patient, you will be asked to leave them with staff to be inventoried and searched. Outside food and beverages are not allowed. Due to the ever-changing nature of our unit, staff reserves the right to end visitation when necessary. Failure to comply may result in termination of the visit and/or restricted access to our unit.

Privacy Notice: Our patients have the right to privacy, which is protected by law. To protect this right, Haywood Regional Medical Center Behavioral Health Unit does not permit cameras, tape recorders, or any other recording devices on the unit. Please **DO NOT** discuss the identity of any patients on the unit with anyone outside the hospital.

Signing below indicates your understanding of the expectations and your agreement to help staff protect the rights and safety of everyone on the unit.

Safety is our top priority, anyone violating these expectations can and will be asked to leave and may lose their visitation rights.

Date/Time: _____ Patient Name: _____

Visitor Name: _____ Visitor Signature: _____

Relationship to patient: _____

Thank you for visiting our unit, if you have any questions please do not hesitate to ask.