



PATIENT REGISTRATION
PLEASE FILL OUT FORM COMPLETELY

Patient Information:

Patient: _____ Date of Birth: _____
Marital Status: _____ Age: _____ Race: _____ Sex: _____ Allergies: _____
Address: _____ City/State/Zip: _____
Home Phone: (____) _____ Alternate Phone: (____) _____
Social Security Number: _____ Employer: _____
Referred By: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____
Phone Number: _____

Guarantor Information:

Name: _____ Relationship: _____
Date of Birth: _____ Social Security Number: _____
Address: _____
Employer: _____ Phone Number: _____

I, _____, give consent for Brentwood Hospital to review my credit history through Equifax.
Signature: _____

Primary Insurance: _____ **Policy #** _____
Insured: _____ Relationship: _____ DOB: _____
Policy Holder SSN: _____ Employer: _____

Secondary Insurance: _____ **Policy #** _____
Insured: _____ Relationship: _____ DOB: _____
Policy Holder SSN: _____ Employer: _____

HOSPITAL USE ONLY:

Medical Record #: _____ Account #: _____
Admit Date: _____ Admit Time: _____ Admit By: _____
Attending Physician: _____ Admitting Diagnosis: _____
Unit: _____ Room #: _____ Previous Admit Date: _____



To be completed prior to admission by patient and/or family. Please fill in the blanks to the best of your ability.

Patient Name: _____ Date: _____

FAMILY HISTORY

A. Nuclear Family

| Relationship | Name | Age | Occupation | Residing In | Currently Living? If not, when/why? |
|---------------|------|--|------------|-------------|-------------------------------------|
| Father | | | | | |
| Mother | | | | | |
| | | | | | |
| # of Siblings | | Describe Relationship with Siblings (Good, Bad, etc....) | | | |

B. Family history of Psychiatric Illness, Chemical Dependency, or Intellectual Disability?

| Relationship to Patient | Type of Illness |
|-------------------------|-----------------|
| | |
| | |

C. History of Abuse: (as victim or perpetrator)

| Type | By Whom | Age of Occurrence | Frequency / Severity |
|--|---------|-------------------|----------------------|
| Emotional: | | | |
| Physical: | | | |
| Sexual: | | | |
| Were Protective Services or Legal Authorities involved? Currently? _____ In the Past? _____ | | | |

D. Legal history (Include history of arrests, imprisonments, probations, lawsuits)

| |
|--|
| |
| |

E. Employment / Education

| | | |
|---------------------|--|---------|
| Current Job: | Position: | Length: |
| Educational Level: | Can you read? | Write? |
| School Name/ Grade: | Were you in Regular Education Classes? | |
| City/State: | Were you in Special Education Classes? | |

F. Developmental Concerns (complications of pregnancy, milestones, etc)

| |
|--|
| |
| |
| |



Patient Sticker

PATIENT PHONE NUMBER LIST

Please document below any important names and phone numbers you will need while participating in inpatient treatment at Brentwood Hospital. Please note you will not have access to your own personal cell phone until you are discharged from treatment. You will have access to the patient phones during scheduled times on your assigned unit.

Patients under 18 years old are not allowed to make unsupervised phone calls.

NAME

PHONE NUMBER

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Patient Signature _____ Date/Time _____

Parent/Legal Guardian Signature _____ Date/Time _____

Brentwood Employee Signature _____ Date /Time _____

Brentwood Hospital Contraband List

1. Food/ Beverages
2. Lighters, Matches, or any flame causing device.
3. Cigarettes, Tobacco Products, Dip, Cigars
4. E-Cigarettes
5. All Weapons- Knives, Guns, Tasers, Brass Knuckles, Etc.
6. Aerosol Sprays
7. Mirrors and or glass products
8. Perfumes, Body sprays, non-roll deodorants
9. Any item containing Alcohol in the first 3 active ingredients. Included but not limited to lotions, mouthwash, rubbing alcohol, hair products, etc.
10. Hair Picks, combs, rakes
11. Electronics/ Appliances
12. Cell Phones, Tablets, Computers, laptops, MP3 players or other personal electronic devices.
13. Boots or other hard sole shoes
14. Plastic bags
15. Ropes, cording, strings, belts, Paracord, Paracord products, bracelets, necklaces, Etc.
16. Street Drugs and or paraphernalia
17. Scissors, box cutters, pocket knives
18. Pornographic materials
19. Keys
20. Makeup of any kind
21. Nail Clippers, files and or Emory boards, shaving razors
22. Jewelry (Excluding approved wedding bands)
23. Large sums of Money
24. See through and or revealing clothing. Halter tops, mid-drift tops. Clothing with tie or draw strings.
25. Clothing containing or advertising Drugs, Alcohol, Sex, vulgar messages or behavior.
26. Scrunchies or hair items containing metal bands and or clips.
27. Hard Cover books and or books/ magazines with staples.
28. Head Coverings, i.e.; Hats, Hoodies, Beanies, Skull Caps, Du-Rags, Head Bands, etc.



UNIT INFORMATION

| Unit Code | Unit | Nurses Station Phone | Patient's Break Room |
|-----------|-----------------------------------|------------------------------|---------------------------------|
| MIL | Military Unit | 318-841-5271 318-841-5272 | 318-841-5201 318-841-5202 |
| CDU | Chemical Dependency Unit | 318-227-4510 318-227-4511 | 318-227-4522 318-227-4544 |
| APU-M | Adult Psychiatric Unit Males | 318-227-4530 318-227-4531 | 318-678-7508 318-227-4575 |
| APU-F | Adult Psychiatric Unit Females | 318-841-5281 318-841-5282 | 318-841-5301 318-841-5302 |
| WMN | Women's Unit | 318-678-7525 | 318-678-7542 |
| MEN | Men's Unit | 318-841-5262 | 318-227-4593 |
| AEU | Adult Enhanced Unit | 318-227-4537 | 318-227-4538 |
| ADO | Adolescent Unit | 318-227-4518 318-227-4517 | Phone Time 7:00 pm - 8:00 pm |
| TWN | Tween's Unit | 318-678-7556 | Phone Time 7:00 pm - 8:00 pm |
| SCU | Senior Care Unit | 318-227-4541 | 318-841-5101 318-841-5102 |
| CHI | Children's Unit | 318-227-4525 318-227-4526 | Phone Time 7:00 pm - 8:00 pm |
| CEU | Children's Enhanced Unit | 318-227-4587 | Phone Time 7:00 pm - 8:00 pm |
| TF-CHI | Trauma Focused Children's Unit | 318-841-5291 318-841-5292 | Phone Time 7:00 pm - 8:00 pm |

Patient ID Number is Required for all Phone Calls

*****EFFECTIVE 03/2020 DUE TO COVID-19 RESTRICTIONS VISITATION
HAS BEEN TEMPORARILY SUSPENDED*****

Patient ID # _____

Attending Physician: _____

Assigned Social Worker Name/Phone #:



SCHOOL INFORMATION

Parents or Guardians:

While your child is a patient at Brentwood Hospital he will participate in Educational Therapy. Certified teachers will provide lessons for your child. These lessons are for the purpose of the doctors and staff evaluating the effectiveness of the medications that are prescribed for your child. We do not send grades to your child's school.

IMPORTANT!

If you want your child to work on assignments from his regular school, you are responsible for obtaining and returning the books and assignments for your child. Assignments can be faxed to Brentwood at (318) 678-7586. We will provide assistance with the assignments in class if needed.

If a consent form has been signed for the hospital, a teacher will contact your child's school primarily for attendance purposes.

When discharged, your child will be given a doctor's excuse to cover his absences.



Restraint and Seclusion Philosophy Statement

Brentwood Hospital strives to be a restraint free environment. With recognition of their personal safety, dignity, rights and well-being, Brentwood acknowledges that all patients have a right to considerate and respectful care at all times.

Restraints will be utilized *only as a last resort* when less restrictive measures have been found ineffective to protect the patient and/or others from harm. Restraint use will also be in accordance with an order of a physician or other licensed independent practitioner permitted by the state and hospital. Restraint orders are never written as a standing order or on an “as needed” basis.

Only the least restrictive, safe and effective restraint will be applied. Restraints will not be used in a manner that causes undue physical discomfort, harm to the patient, or for punitive measures and staff convenience.

Patients will be placed in restraints in a safe environment, a room monitored by staff. Every effort is made to maintain the patient’s dignity and privacy during the intervention and the use of restraints is ended at the earliest possible time. A patient in restraint will be immediately released if a potentially dangerous health situation arises.

Brentwood recognizes that the vulnerability of patients differ creating greater risk of experiencing adverse effect from restraint. Therefore, in order to minimize and/or avoid restraint use, the age, gender, mental condition, as well as abuse history will be considered when using and selecting the type restraint.

Staffing levels and assignments will be set to minimize circumstances that give rise to restraint use and to maximize safety in the event restraints are used.

Who do you want to notify in case of Restraint and Seclusion?

(Name)

Patient Signature _____ **Date** _____ **Time** _____

Respecting Your Privacy THIS

NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

PROTECTED HEALTH INFORMATION

Information about your health is private. And it should remain private. That is why this healthcare institution is required by federal and state law to protect and maintain the privacy of your health information. We call it "Protected Health Information" (PHI).

The basis for federal privacy protection is the Health Insurance Portability and Accountability Act (HIPAA) and its regulations, known as the "Privacy Rule" and "Security Rule" and other federal and state privacy laws.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the information privacy practices followed by our hospital, clinic, employees, volunteers and related personnel.

The practices described in this Notice is also followed by health care providers who are members of our Medical Staff. Each participant who joins in this joint Notice of Privacy Practices serves as their own agent for all aspects of HIPAA Compliance, other than the delivery of this Joint Notice. For physician specific issues or questions, please feel free to contact your physician directly.

Hospital employees, volunteers and related personnel, including those members of the Medical Staff must follow this Notice with respect to:

- How We Use Your PHI
- Disclosing Your PHI to Others
- Your Privacy Rights
- Our Privacy Duties
- Hospital contacts for More Information or, if necessary, a Complaint

USING OR DISCLOSING YOUR PHI:

FOR TREATMENT:

During the course of your treatment, we use and disclose your PHI. For example, if we test your blood in a laboratory, a technician will share the report with your doctor. Or, we will use your PHI to follow the doctor's orders for an x-ray, procedure or other types of treatment related procedures.

FOR PAYMENT:

After providing treatment, we will ask your insurer to pay us. Some of your PHI may be entered into our computers in order to send a claim to the insurer. This may include a description of your health problem, the treatment we provided and your membership number in your employer's health plan.

Or, your insurer may want to review your medical record to determine whether your care was necessary. Also, we may disclose to a collection agency some of your PHI for collecting a bill that you have not paid.

FOR HEALTHCARE OPERATIONS:

Your medical record and PHI could be used in periodic assessments by physicians about the hospital's quality of care. Or, we might use the PHI from real patients in education sessions with medical students training in our hospital. Other uses of your PHI may include business planning for our hospital or the resolution of a complaint.

SPECIAL USES:

Your relationship to us as a patient might require using or disclosing or disclosing your PHI in order to:

- Remind you of an appointment for treatment
- Tell you about treatment alternatives and options
- Tell you about our other health benefits and services

YOUR AUTHORIZATION MAY BE REQUIRED

In many cases, we may use or disclose your PHI, as summarized above, for treatment, payment or healthcare operations or as required or permitted by law. In other cases, we must ask for your written authorization with specific instructions and limits on our use or disclosure of your PHI. This includes, for example, uses or disclosures of psychotherapy notes, uses or disclosures for marketing purposes, or for any disclosure which is a sale of your PHI. You may revoke your authorization if you change your mind later.

CERTAIN USES AND DISCLOSURES OF YOUR PHI REQUIRED OR PERMITTED BY LAW:

As a hospital or healthcare facility, we must abide by many laws and regulations that either require us or permit us to use or disclose your PHI.

REQUIRED OR PERMITTED USES AND DISCLOSURES:

Your information may be included in a patient directory that is available only to those individuals whom you have identified as contacts during your hospital stay. You will receive a unique patient code that can be provided to these contacts.

- If you do not verbally object, we may share some of your PHI with a family member or friend involved in your care.

- We may use your PHI in an emergency when you are not able to express yourself.
- We may use or disclose your PHI for research if we receive certain assurances which protect your privacy.

WE MAY ALSO USE OR DISCLOSE YOUR PHI:

When required by law, for example, when ordered by a court.

For public health activities including reporting a communicable disease or adverse drug reaction to the Food and Drug Administration.

To report neglect, abuse or domestic violence.

To government regulators or agents to determine compliance with applicable rules and regulations.

In judicial or administrative proceedings as in response to a valid subpoena.

To a coroner for purposes of identifying a deceased person or determining cause of death, or to a funeral director for making funeral arrangements.

For purposes of research when a research oversight committee, called an institutional review board, has determined that there is a minimal risk to the privacy of your PHI.

For creating special types of health information that eliminate all legally required identifying information or information that would directly identify the subject of the information.

In accordance with the legal requirements of a Worker's Compensation program.

When properly requested by law enforcement officials, for instance, in reporting gun shot wounds, reporting a suspicious death or for other legal requirements.

If we reasonably believe that use or disclosure will avert a health hazard or to respond to a threat to public safety including an imminent crime against another person.

For national security purposes, including to the Secret Service or if you are an Armed Forces personnel and it is deemed necessary by appropriate military command authorities.

In connection with certain types of organ donor programs.

YOUR PRIVACY RIGHTS AND HOW TO EXERCISE THEM:

Under the federally required privacy program, patients have specific rights.

YOUR RIGHTS TO REQUEST LIMITED USE OR DISCLOSURE:

You have the right to request that we do not use or disclose your PHI in a particular way.

We must abide by your request to restrict disclosures to your health plan (insurer) if:

- the disclosure is for the purpose of carrying out payment or healthcare operations and is not required by law; and
- the PHI pertains solely to a healthcare item or service that you, or someone else other than the health plan (insurer) has paid us for in full.

In other situations, we are not required to abide by your request. If we do agree to your request, we must abide by the agreement.

YOUR RIGHT TO REVOKE YOUR AUTHORIZATION:

You may revoke, in writing, the authorization you granted us for use or disclosure of your PHI. However, if we have relied on your consent or authorization, we may use or disclose your PHI up to the time you revoke your consent.

YOUR RIGHT TO INSPECT AND COPY:

You have the right to inspect and copy your PHI (or to an electronic copy if the PHI is in an electronic medical record), if requested in writing. We may refuse to give you access to your PHI if we think it may cause you harm, but we must explain why and provide you with someone to contact for a review of our refusal.

YOUR RIGHT TO AMEND YOUR PHI:

If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained for us. We may refuse to make the amendment and you have a right to disagree in writing. If we still disagree, we may prepare a counter-statement. Your statement and our counter-statement must be made part of our record about you.

YOUR RIGHT TO KNOW WHO ELSE SEES YOUR PHI:

You have the right to request an accounting of certain disclosures we have made of your PHI over the past six years, but not before April 14, 2003. We are not required to account for all disclosures, including those made to you, authorized by you or those involving treatment, payment or operations as described above. There is no charge for an annual accounting, but there may be charges for additional accountings. We will inform you if there is a charge and you have the right to withdraw your request, or pay to proceed.

YOUR RIGHT TO BE NOTIFIED OF A BREACH:

You have the right to be notified following a breach of unsecured PHI.

YOUR RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE:

You have the right to obtain a paper copy of this notice upon request, even if you have agreed to receive the Notice electronically.

WHAT IF I HAVE A COMPLAINT?

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with us or the Secretary.

- To file a complaint with us, please contact our Risk Management Department or call the UHS Compliance Hotline at: **1-800-852-3449**. Your complaint should provide specific details to help us in investigating a potential problem.
- To file a complaint with the Secretary of Health and Human Services, write to: 200 Independence Ave., S.E., Washington D.C. 20201 or call **1-877-696-6775**.

CONTACT FOR ADDITIONAL INFORMATION:

If you have questions about this Notice or need additional information, you can contact our Risk Management Department (or the UHS Compliance Hotline at 1-800-852-3449).

SOME OF OUR PRIVACY OBLIGATIONS AND HOW WE FULFILL THEM:

Federal health information privacy rules require us to give you notice of our legal duties and privacy practices with respect to PHI and to notify you following a breach of unsecured PHI. This document is our notice. We will abide by the privacy practices set forth in this notice. We are required to abide by the terms of the notice currently in effect. However, we reserve the right to change this notice and our privacy practices when permitted or as required by law. If we change our notice of privacy practices, we will provide you with a copy to take with you upon request and we will post the new notice.

COMPLIANCE WITH CERTAIN STATE LAWS:

When we use or disclose your PHI as described in this notice, or when you exercise certain of your rights set forth in this notice, we may apply state laws about the confidentiality of health information in place of federal privacy regulations. We do this when these state laws provide you with greater rights or protection for your PHI. For example, some state laws dealing with mental health records may require your express consent before your PHI could be disclosed in response to a subpoena. Another state law prohibits us from disclosing a copy of your record to you until you have been discharged from our hospital. When state laws are not in conflict or if these laws do not offer you better rights or more protection, we will continue to protect your privacy by applying the federal regulations.

Effective Date: This notice takes effect on: August 1, 2019.

BRENTWOOD PRIVACY OFFICER:

June Lee
1006 Highland Avenue
Shreveport, LA 71101
(318)678-7575
June.Lee@uhsinc.com

Authorization to Release/Obtain Information

Brentwood Outpatient Clinic
1006 Highland Avenue
Shreveport, LA 71101
Phone: 318-222-6226
Fax: 318-524-7252

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