



Edwin M. Lee
Mayor

Agreement for Treatment & Compliance with Hospital Regulations

Laguna Honda Hospital (LHH) emphasizes a healthy environment that addresses medical and safety conditions. In order to provide you and other residents with the highest quality of care, we also take an active approach to substance abuse treatment. Potential LHH residents must agree to the following stipulations for admission and residency.

- ❖ I understand that I cannot use, possess, distribute, or sell any illicit drugs, drug paraphernalia, or alcohol while at LHH.
- ❖ I agree to undergo urine drug testing at any time while at LHH.
- ❖ If I am determined to be a high risk to myself or others at any time, I understand and agree that LHH reserves the right to search my personal belongings.
- ❖ If applicable, I agree to attend substance abuse treatment groups while at LHH.
- ❖ For my well-being and safety, I understand that it is important for the nursing staff to know my whereabouts at all times. I understand and agree that I or my visitor(s) will inform the nursing staff when I leave my care unit at any time.
- ❖ I understand and agree that I must obtain written consent from my physician before leaving LHH grounds. I may request a pass by contacting the nurse. I further understand and agree to notify and checkout with the nurse on my care unit before going out on pass. I fully understand that if I leave the hospital without a valid pass, I may be discharged and lose my bed at LHH.
- ❖ If my treatment includes recovery from substance abuse, I agree to remain in the hospital without "pass" privileges for at least the first two weeks after admission in order to allow time for me and the team to make plans for treatment.
- ❖ I agree that I will not bring to or cause to be brought into LHH any weapons or firearms or objects perceived to be a weapon.
- ❖ I understand that LHH participates in teaching programs and that unless the hospital is notified in writing to the contrary, it is possible that I may participate as a teaching subject in the medical examination program of the hospital.

I understand that if I do not agree to the above terms, plans for admission may be terminated or if after admission I violate this agreement, I may be required to remain at my care unit for my well-being or to adhere to safety intervention developed between my care team and me, or immediate discharge from LHH.

I agree to comply by signing below:

Name _____ Signature _____

Date _____

Witness _____

LHH does not discriminate on the basis of race, religion, ethnicity, gender, sexual orientation, or any prohibited basis.