

## BayCare Behavioral Health Orientation to Services

Name: \_\_\_\_\_ Case # \_\_\_\_\_

Date of Admit: \_\_\_\_\_

**General Orientation:**       **Baycare Orientation Guide Provided**  
    **Baycare Orientation Guide Previously Provided**

My Rights and my responsibilities	Financial obligations
Ways I can provide input	Corporate responsibility
Confidentiality and privacy practices	Standards of professional conduct
Grievance and appeal process	Consent to treatment
Health and safety practices	Infection control practices
Response to potential risk	Advanced Directives
Important phone numbers including Abuse Registry number	

I received information on the above items and understand I can ask questions at any time.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature (if applicable)

\_\_\_\_\_  
Date