VISITATION
ADOLESCENT UNIT

Springwoods Behavioral Health welcomes the presence of loved ones. We know how important it is for your treatment to have family and friends with you while in the hospital, and we know that informed family members lead to better outcomes for patients. For the safety and protection of the patients, visitors, and staff, overhead cameras are in use.

- Visitation for patients on the Adolescent Unit at Springwoods occurs in the cafeteria during the following times:
  - Wednesday 6:00pm-6:45pm
  - Saturday and Sunday 10:15-11:15 AM

- There are a few rules/guidelines in place in order to make visitation safe for patients and families:
  - Patients will not be allowed to have visitors until they are a level 3
    - Please contact the hospital to ensure your family member is able to have visitors
  - Only two family members allowed during visitation (parents, grandparents, siblings, children etc.)
    - Sorry switching visitors mid-visit will not be allowed
  - No visitors under the age of 12
    - Children under the age of 12 cannot be left in the lobby unattended
  - Valid Picture ID must be presented for each visitor, each time they visit
    - Picture ID can include: Driver’s License, Passport, State ID, Student ID
    - Children without a picture ID can present an insurance card with their name as well as the name of the parent present
  - Nothing is allowed in the visitation room
    - Please leave all personal belongings in the car.
    - There will be small lockers available for wallets and cell phones
    - No outside food or beverages allowed
  - You must arrive to visitation 15 minutes early to begin the checking in process and plan to stay for the entire duration
    - Due to the required safety measures if you arrive after 10:00 you will not be permitted to participate in visitation

- ANY VIOLATION OF RULES WILL RESULT IN THE IMMEDIATE REMOVAL FROM VISITATION AND MAY FORFEIT ALL FUTURE VISITATIONS WITHIN THIS FACILITY

If there are any questions or concerns please ask your intake specialist or charge nurse

I have read and understand the Visitation Process:

_______________________________       _________________________________
Patient Signature                                               Parent/Guardian Signature

_____________________________
Intake Specialist Signature

_____________________________
Date/Time