

AUTHORIZATION FOR PSYCHIATRIC SERVICE TREATMENT

For use of this form see AR 40-66; the proponent agency is the Office of The Surgeon General

STATEMENT OF AUTHORIZATION

1. I hereby request and consent to hospitalization in a treatment unit of the Psychiatry Service. I understand that this admission is required for adequate study and treatment of my case. I understand that I may be asked to remain on the ward or in the company of staff members at all times.

2. The policies of this treatment unit have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I understand that my hospitalization is not a commitment and upon my written or verbal request for discharge, action will be initiated immediately to effect my discharge in accord with local and Federal laws and statutes.

4. I understand that photographs, including videotapes and moving pictures, may be taken while under treatment and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I also understand that medical students and other professional trainees may be present as observers in accordance with ordinary practices of this medical facility. I consent to the taking of such pictures and to observation by authorized personnel, subject to the following conditions:

a. Neither my name nor the names of my family will be used to identify said pictures.

b. Said pictures and any information gained from observation will be used only for purposes of medical study or research.

AUTHORIZING SIGNATURES

Patient (or authorized person if other than patient)

Date (YYYYMMDD)

Admitting physician or his specifically designated representative

Date (YYYYMMDD)

Witness (Spouse or other appropriate relative should witness signature whenever possible)

Date (YYYYMMDD)

PATIENT'S IDENTIFICATION (Mechanically Imprint, Type or Print)

Patient's Name - last, first, middle initial;
Sex; Year of Birth; Relationship to Sponsor;
Component/Status; Department/Service.
Sponsors Name - last, first, middle initial;
Rank/Grade; SSN or Identification Number;
Organization.