



Adult Hospital in the Home

Consent to HITH Treatment & Admission Form

Affix consumer identification label here

UMRN:
Name:
Address:
DOB:

I **accept** admission to the Adult Hospital in the Home (HITH) Service.

I understand that:

- A HITH admission is an alternative to hospital admission
- HITH clinicians will visit me daily, which may include face to face, Telehealth, phone calls depending on my needs
- HITH clinicians will work with me for up to 14 days
- I am a voluntary patient and have a choice in my care. HITH staff will work with me on treatment goals that are important to me. My mental health treatment is more likely to be successful if I am actively involved
- I can withdraw my consent at any time but this may result in my discharge from HITH

I agree to:

- Work with HITH staff in addressing issues which have led to my admission
- Actively participate in my care planning
- Comply and participate in all treatments and care plans that have been discussed and agreed with me
- Be at home for planned HITH visits including face to face, Telehealth, phone calls *and* communicate with the HITH team should I need to reschedule a visit
- Notify HITH staff if my mental health deteriorates or I feel unsafe, in accordance with my collaborative action, crisis or other care plans agreed with me
- Behave in a courteous and respectful manner towards HITH staff. I understand that aggressive, violent or abusive behaviour is not accepted and would lead to my discharge from the HITH program

Signed: _____ **Patient Name:** _____ **Date:** _____

Signed: _____ **Staff Name:** _____ **Date:** _____

