

Sharon Regional Health System

Child, Adolescent and Adult Inpatient Behavioral Health Services
740 East State Street • Sharon, PA 16146 • Telephone: 724-983-5644 • Fax: 724-983-3843

Acknowledgement of Receipt of Patient Rights and Admission Information as a Voluntary Admission

Patient Name: _____

By signing this form, I acknowledge that I was provided with a copy of the following prior to transfer to Sharon regional Health System's Inpatient Behavioral Health Unit:

- Bill of Rights
- Explanation of Voluntary Rights
- Explanation of the 72-Hour Notice.

I understand these rights and have considered these in consenting to inpatient behavioral health treatment.

Patient Signature

If completed by a patient's parent or guardian for children under age 18, please print and sign your name in the space below

Parent/Guardian Signature

Relationship

Date

Staff Signature (witness)