

## CONSENT FOR VOLUNTARY SECLUSION

I, \_\_\_\_\_, hereby authorize any member of the treatment team, Psychiatry Service, \_\_\_\_\_ to place me in seclusion under the following circumstances: I feel I am in danger of losing control and in danger of hurting self or others.

I understand that this is voluntary and may be rescinded at any time, either verbally or in writing.

I certify that this authorization is signed without coercion from any member of the hospital staff.

WITNESS: \_\_\_\_\_ NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Patient Identification