

Voluntary Psychiatric Admission Agreement

This agreement confirms that the undersigned voluntarily seeks admission for psychiatric evaluation, treatment, and care at _____ (facility name).

Patient Name:

Date of Birth:

Date of Admission:

I, the undersigned, acknowledge that I am seeking admission of my own free will, and I understand that:

- I may request discharge in writing at any time unless otherwise determined by my attending physician in accordance with applicable laws.
- I have been informed of my rights and responsibilities as a patient, including the rights to confidentiality and to participate in my treatment plan.
- The nature of voluntary admission, my right to leave, and limits to this right have been explained to me.

Patient Signature:

Date Signed:

Witness (Staff) Signature:

Date Witnessed: