Brookhaven Treatment and Learning Center

**Guest Rules & Acknowledgement**

1. No visitors under the age of 18 are allowed on campus without an approved adult supervising.
2. No pets are allowed on campus without prior approval from the Clinical Coordinator (if approval has been granted you must provide an updated Veterinarian Record of Immunizations and a Rabies Certificate).
3. Animals cannot be left in a vehicle unattended during a visit.
4. Minors cannot be left in the car unattended during a visit.
5. Please do not bring presents, caffeinated drinks, soda, or high sugar treats to the visit unless it is a special occasion/holiday, and you have prior approval. We want the residents and/or day students to focus on their special time with you, not gifts or unhealthy food.
6. All visitors must keep their cars locked at all times. Please leave cell phones and all personal items in your locked car unless you have prior approval to bring them to visit.
7. Brookhaven Treatment and Learning Center is a non-smoking facility. Please do not smoke on the property including but not limited to the front of property, or at the Family Retreat.
8. Visits will take place in assigned area. Please do not leave assigned area without permission.
9. Residents and Day students are prohibited from using the upstairs restrooms. If your resident or day student needs to use the restroom please take them to the restroom on the first floor, or request assistance from a staff.
10. No weapons may be brought on campus including any types of defense sprays.
11. Due to our residents being minors, and the confidentiality we must maintain regarding their participation in our program, no cameras/pictures are allowed unless you have been given prior approval from the Clinical Coordinator.
12. The above information has been read and I agree to abide by the requests herein. I also
13. understand any specific information I come in contact with regarding Brookhaven Treatment and Learning Center, the program, the residents, etc. is considered confidential and not to be discussed or released to anyone without prior approval in writing by the Executive Director.

***I certify that I have read, understood, and accept the Guest Rules Agreement above.***

***\*Please note, in order to be on the Brookhaven campus this confidentiality agreement must be signed. If you are not willing to sign, alternative arrangements can be made so that you may fulfill your responsibilities without being on campus. If you need help understanding any part of this form, please ask for the Brookhaven HIPAA Compliance Officer or the Clinical Coordinator.***

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |

***Witness to Signature:***

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Printed Full Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Brookhaven Position/Title** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date** |