**Expectations for Families Receiving Care on XXX or XXX Clinic**

We recognize that this is a stressful time for your child and family and we want to provide the best possible care for all of our patients. **The following are a list of expectations regarding behaviors that will help you, your child, the medical team and other families through this process.** By receiving treatment with us you are agreeing the help the medical team by adhering to the following standards many of which are consistent with hospital policy**. By signing below, you also agree that all visitors shall adhere to these expectations as well.**

1. **Communication is key.** Nothing is more important to providing good care than speaking with one another. You agree to use respectful language (toward staff, your family, or on the phone), keep your voice at an appropriate volume, and talk directly with staff about your needs/complaints. You agree to refrain from fighting, cursing, name calling, or public complaining while on the unit or in clinic. The medical team agrees to do the same. \_\_\_\_\_
2. **Be involved in care.** Your child trusts you more than anyone else. The more involved you are the better they will feel. You agree to help calm your child when they are upset. You agree to learn needed education and cares. You agree to have a related adult present with your child as much as possible. You agree to let staff know if you will be leaving a child alone for more than an hour. \_\_\_\_\_\_
3. **Keep it clean.** Exposure and infection are a constant concern in and out of the hospital. You agree to keep rooms free of clutter, dirt and trash. You agree to wash hands and objects that have come in contact with possible germs. You agree to limit the number of visitors and ensure that they are not sick. Outside the hospital, you agree to adhere to medical recommendations regarding activities. The medical team agrees to do the same. \_\_\_\_\_\_
4. **Trust your doctors.** We have expertise in providing comprehensive care to a wide range of XXXX disorders. You agree to follow the medical recommendations from the team including medication compliance and keeping follow-up appointments. You agree to speak with providers by contacting the XX clinic if you have questions or concerns. \_\_\_\_\_\_
5. **Take care of yourself.** Engaging in good self-care allows you to be the best caregiver you can be. You agree to refrain from substance/alcohol use. You agree to attempt to maintain and normal sleep schedule so that you are accessible to the team during the day. \_\_\_\_\_\_

**If you are having difficulty with the above expectations, we will hold a care conference to address the difficulties and develop a plan to help improve care. Following the care conference, continued behaviors may result in immediate dismissal from the hospital, Child Protection Service report, or transfer of care. Thank you for collaborating with us in the care of your child.**

Printed name of caregiver/Signature

Printed name of caregiver/Signature

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Printed name of witness/Signature/Date