

Refer to Core Policy:
[CP01.017, Visitor Management](#)
[PS87000 Authorization for Verbal Release of PHI](#)

POLICY TITLE: Visitor Management

GUIDELINES:

UF Health Psychiatric Hospital reserves the right to exclude visitors only if such access will be detrimental to the patient or visitor. Administration, Director of Nursing, Nurse Manager or designee is responsible for staff adherence to visitation policies and procedures and authorized to invoke limitations and grant exceptions.

Former patients are not permitted to visit until 30 days after discharge in order to maintain a therapeutic environment for all patients.

Only persons authorized by the patient (≥ 18 years old), proxy, or guardian (if < 18 years) will be permitted to visit.

The number of visitors at one time may be limited to two visitors due to space, patient condition, overall conditions on the unit or infection control reasons.

Visitors who do not comply with visitation rules may be asked to leave the building.

Visitors who are exhibiting signs of illness, such as frequent coughing and/or sneezing, may be asked to leave the patient care area.

Other visitation arrangements outside of scheduled visiting hours may be made by contacting the unit Nurse-in-Charge with consultation of the treatment team.

I. General Visiting Regulations

A. Visiting Hours:

1. General visiting hours will be 5:00pm-6:00pm or 6:00pm-7:00pm daily:
 2. Visitation Hours will be one hour in duration.
 3. Visitors are encouraged to arrive 30 minutes prior to the visitation (4:30pm or 5:30pm), as the groups will be escorted to the assigned unit by Security at the top of the hour.
 4. Failure to show during the recommended hours will result in waiting until the next group is escorted back, or the next day.
 5. At the end of the hour of visitation, visitors will be escorted back to the lobby by Security or nursing staff.
- Children under the age of 18 are not permitted on the psychiatric units. Arrangements can be made as warranted for a visiting area off the unit as patient condition permits.
 - a. Children who are attending family meetings are acceptable when

accommodations have been made to have children under 18 off the unit.

B. The Patient's Right to Communicate

1. Phones are available on every unit for the patients to use. All patients have the right to, despite any possible phone restrictions:
 - a. Report an alleged abuse
 - b. Contact and receive communication from their attorney
 - c. Call identified clergy
2. The right to communicate or receive visitors is never restricted as a means of punishment.

C. Visitor Check-in and Identification

1. Visitors must present to the lobby receptionist and must be on the list of approved visitors for each specific patient. The receptionist and the unit will reference the form for approved visitors.
2. If a visitor's name is not on the approved list, the lobby receptionist will request the visitor to take a seat, and then call the patient's nurse on the unit per the following procedure:
 - a. Explain that a visitor has presented that is not on the approved list at the reception desk.
 - b. The nurse will check this against the approved list on the unit.
 - c. If the visitor is not on the unit's approved list, the nurse will ask the patient if he/she wants to see the visitor, and if so, add the visitor's name to the approved list and have the patient initial next to this change.
 - d. The unit staff will take a new copy of the approved list to the front reception area, and visitor will be allowed back to the unit with normal sign in and badge procedure.
 - e. If the patient does not wish to see the visitor in question, lobby receptionist is to inform the visitor as such and the visitor will not be allowed onto the unit.
 - f. If the patient has a signed phone restriction form, it maybe used for visitor restriction as well.
 - g. If at any time the nursing unit cannot be accessed by phone, the lobby receptionist will immediately call the Nursing Coordinator on duty to have him/her go to the respective nursing unit to determine visitor status.
3. UF Health Psychiatric Hospital reserves the rights to exclude visitors based on safety concerns or by physician order accompanied by signed Restriction of Communication form.
4. Upon approval of visitation, visitors must read the confidentiality statement on the sign in board at the front desk and sign in before entering through the locked doors.
5. Former patients that are currently in treatment at Florida Recovery Center may visit to provide support and personal testimony on the West, as part of their peer support and Twelve Step program.
6. This facility does not require visitors to provide proof of vaccination or immunization status.
7. All visitors to UF Health Psychiatric Hospital must be identified with an

appropriate visitor badge.

8. The hospital receptionist will issue a color-coded badge to the visitor(s), indicating the approved access area(s) for the visitor(s). These colors are:
 - a. Yellow: Any meetings held in 1301 or 1222 by non-employees. Yellow badges are not permitted on the nursing units.
 - b. Pink: Entry into Intake. Pink badges are not permitted on the nursing units.
 - c. Green: Entry into locked unit.
8. Visitors are to return the color-coded badge to the hospital receptionist before leaving the facility.
9. Visits outside of the program visiting hours are coordinated with the unit charge nurse.

C. Visitors are not permitted in patient rooms throughout the duration of the visit. The room doors of patients with visitors, will be locked just prior to visitation hours and will remain locked throughout visitation.

1. Visitors that need to have private conversations with the patient, please speak with the Unit Charge Nurse. The Unit Charge Nurse will arrange accommodations in the group room along with an assigned observer.
2. COVID-19 positive patients will remain inside their room during visitation hours.
 - a. Visitors of COVID-19 positive patients' will be provided a face mask, gown, and gloves and will be permitted inside the patient's room.

D. Visitors and patients are permitted to have consensual physical contact such as hugging, hand/shoulder contact, and holding hands during visitation. Other forms of consensual contact such as kissing, sitting on each other's lap, or socially inappropriate consensual physical contact is not permitted.

E. Conduct and Attire

1. Visitors shall refrain from speech or actions disruptive to the peace and well-being of patients. Alcoholic beverages and other inappropriate substances shall not be brought into the hospital.
2. All visitors must be fully clothed when in the facility. Visitors in attire inappropriate for the facility may be asked to leave.
3. Visitors are to leave personal belongings either in their vehicle or in the lockers available in the lobby of the facility.
4. All items brought in for patients are to be left at the front desk and must be screened by the nursing staff prior to being delivered to the patient.

F. Infection Control

1. All visitors must comply with infection control policy.
2. Visitors must perform hand hygiene prior to entering the locked unit and upon leaving the locked unit.

3. Families and visitors are asked to use the public restrooms rather than the patient bathroom.
4. Visitors with colds, fever, GI symptoms, eye or skin infections or other contagious diseases may be excluded from visiting. If symptoms are present, visitation will not be allowed.
5. Visitation restrictions may be placed during flu season, epidemics or pandemics.

II. Clergy Visitation:

A. General:

Clergy visitation is encouraged. Clergy access is not limited to visiting hours nor restricted when the patient has other visitors.

B. Guidelines:

1. Clergy shall respect the patient's rights, the physical limitations of the patients, the treatment plan prescribed by the attending physician, and the hospital setting.
2. Random or unsolicited visitation to other patients is not permitted.

Authorization for Verbal Release of Protected Health Information

Patient Name	Date of Birth	Medical Record Number (if known)
Address, City, State, ZIP		
Telephone # ()	Last 4 digits of SSN (Optional)	

I hereby authorize the staff of UF Health Shands Psychiatric Hospital to acknowledge the presence of the patient named above to the following person(s):

Any Requestor: Yes No **OR** Only those Requestors specifically named below Yes No

Requestor Name	Requestor Relationship
1.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
2.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
3.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
4.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
5.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
6.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:

I hereby authorize the staff of UF Health Shands Psychiatric Hospital to release verbal protected health information (PHI) about the treatment and condition of the patient named above to the persons specifically listed below:

Requestor Name	Requestor Relationship
1.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
2.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
3.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
4.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
5.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:
6.	<input type="checkbox"/> Family member <input type="checkbox"/> Friend <input type="checkbox"/> Other:

Purpose of release: personal use / request Continued care Other: _____

This authorization is for the verbal release of protected health information (PHI) including diagnosis, treatment, and/or examination related to mental health, substance and/or alcohol abuse, HIV/AIDS, and sexually transmissible diseases. By signing this authorization, I am giving permission for the uses and disclosures of the PHI described above.

I hereby release and discharge UF Health Shands Psychiatric Hospital, all of its successors and all persons acting under its permission and authority from any liability that may arise from the release of PHI as I have directed. I understand that state law prohibits the re-disclosure of the information disclosed to the persons/entities listed above without my further authorization, but that UF Health Shands Psychiatric Hospital, cannot guarantee that the recipient(s) of the information will not re-disclose this information contrary to such prohibition. I understand that this authorization will remain in effect for one (1) year or until I revoke it in writing. I understand that I have the right to revoke this authorization, but only to the extent that UF Health Shands Psychiatric Hospital, has not already relied on this authorization. I may revoke this authorization by providing a written statement to UF Health Shands Psychiatric Hospital, HIM, 4101 NW 89th Blvd., Gainesville, FL 32606 or by fax to (352) 627-4425. If I refuse to consent, my refusal will not affect my enrollment in a health plan, eligibility for benefits, my eligibility to receive care or affect the quality of care I receive.

Signature of patient/patient representative _____ Date _____

Complete following section only if the person making the request is NOT the patient.

Name of Requestor	Relationship to Patient <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:
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Patient Name: _____ Patient Identification #: _____



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Authorization for Verbal Release of PHI (page 1 of 1)

If printed electronically, all pages must be stapled.

Distribution: Original - Patient record; Copy - requestor

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