**Crisis Stabilization Unit – Rules and Regulations**

1. **I agree to participate in all scheduled programmatic CSU activities pertaining to my individual recovery plan.** This will help me meet my stabilization goals.
2. **I will contact staff immediately if I feel that I am a danger to myself or others**. Staff is available to meet with me 24 hour/day, 7 days/week. Staff can check on me while I sleep to ensure my safety.
3. I request that the medical staff store, monitor and assist me with the administration of medications that are prescribed for me as part of my recovery plan. All medications that I take while in the program must be approved by the psychiatrist or nurse practitioner, including over the counter medications. I authorize CSU medical staff to order, store, and destroy discontinued medications. **Should I leave CSU Against Program Advice (APA), I will not be authorized to leave with my medications; however, a responsible third party may sign for my medications.**
4. Sleep is important to my health and recovery. I will observe lights out at 11pm-630am.  **I will stay out of my bed during the day except during breaks.**
5. I understand that all items that will be kept in my possession while in the program must first be fully inspected prior to being taken to my room. This includes purses, shoes, etc. If an item in my possession on admission cannot be put in the dryer, it must be stored in sealed plastic during my stay in the program and will not be accessible to me until my discharge. Sharps, razors, and other objects that would be considered a safety risk will be kept locked until I am discharged. I may request to use disposable razors from staff. Any weapons will be destroyed.
6. If my mental and/or physical condition changes to the extent that I cannot fully participate in the treatment process, I will be assessed to determine alternative treatment options available and linked with these options as available.
7. I will not have access to my cell phone, laptop or any other electronic devices while in the CSU program unless provided/approved as part of my treatment program. These devices will be kept locked until my discharge. I will have access to a telephone for personal calls during specified times during the day.
8. The CSU is a non-smoking program. If I am a smoker I agree not to smoke while in the program, even when outside. Staff in the CSU will help me to manage symptoms of nicotine withdrawal as part of my treatment in the program as appropriate.
9. **I am responsible for my personal possessions** while I am a client of the RBHA-CSU and that in the event they are lost, damaged, or stolen, RBHA cannot be held responsible for any such item – lost, damaged, or stolen.
10. I must wear appropriate modest street attire whenever I am outside of my room. Hats, bandanas, and sunglasses cannot be worn in the building except for medical or religious reasons**. I will not share or lend my clothes to others in the program**. If I do lend my clothes, RBHA cannot be held responsible.
11. I will not bring food or drink into the program. Food and snacks will be provided to me and eaten in the dining room during meal times**. I will not take or store food or drink, except water, in my room**.
12. RBHA does not provide parking for private vehicles for clients in the CSU. If I drive myself to this program, I assume all responsibility for my vehicle.
13. I may only have visitor during specified times posted on the Unit. I will specify who can visit me and submit it to my treatment team prior to scheduled visitation.
14. **I understand that aggression, hostility, or threatening behavior is grounds for termination from the program. I will not bring any weapons or illegal substances into the program. Sexual activity is not permitted between members of the same or opposite sex while in the program.**
15. In the event of a medical emergency, it may be necessary for RBHA personnel to seek medical aid or treatment for me and I hereby authorize RBHA to secure necessary transportation for me by car or ambulance for transportation to a local emergency room for treatment in the event of such an emergency. I will assume full responsibility, both financial and otherwise, for all emergency transportation, medical bills, and/or prescribed medications incurred at such a time.
16. Federal and State of Virginia confidentiality laws ensure information about me cannot be given or used in any form without my permission, unless the release is permitted by law. Exempted by Federal and State law are the specific circumstances of life threatening health issues, including suicidal and homicidal threats, child abuse and neglect, information relevant to crimes committed against staff members or clients of RBHA and RBHA property, and specific information I choose to report to staff regarding past involvement in felony crimes which have not been previously reported to the authorities. See privacy notice for complete listing.
17. I understand that I will be automatically discharged from the CSU if admitted to another facility for any medical or psychiatric reason. I will participate in the admission process again should I need to return to the CSU for treatment.