Psychiatry Inpatient Admission
A Family Guide

My Child's Information

My Child's Doctor: ________________________________
My Child's ID #: ___________________________________

Why does my child have an ID number?
This number is a safety measure to protect the confidentiality of your child. You and any visitors that you allow your child to have must have this ID number in order to visit, call or get information about your child.

Notes

Watch our Inpatient Admission Video
Learn what to expect when your child is admitted. Use the QR code, or visit the Cincinnati Children's Hospital Medical Center's YouTube channel and search "Psychiatry Inpatient Admission."
Transportation:
How do we get there?
Your child must be transported from the emergency room to the inpatient mental health unit by ambulance for safety reasons. The parent/guardian must go to the unit to complete admitting paperwork and sign consents. Parents may follow in their own car to the campus of the child’s admission.

Cincinnati Children’s
College Hill Campus (Location P)
5642 Hamilton Avenue
Cincinnati, OH 45224
PHONE: 513-636-0800

Building A Inpatient Unit Phone Numbers:
P2 North: 513-636-5565  P2 East: 513-803-9070
P2 West: 513-636-5910  P3 North: 513-636-0878
P3 South: 513-803-8936  P3 East: 513-803-2600
P3 West: 513-636-0883  P3 SouthWest: 513-803-0825

Driving Directions to College Hill Campus:
From Burnet Campus: Turn left onto Burnet Ave. Turn right onto Forest Ave. Turn left onto Reading Rd. Turn right to merge onto OH-562 E toward I-71. Merge onto OH-562 E. Use the left lane to take the exit toward I-71 N. Keep right, follow signs for I-71 N/Columbus and merge onto I-71 N. Use the right 2 lanes to take exit 24 for Western Row Rd toward Kings Island Dr. Turn left onto Western Row Rd. Turn left to stay on Western Row Rd. Turn left onto Old Western Row Rd. Turn right onto driveway on the left.

From Liberty Campus: Turn left onto Cincinnati-Dayton Road, then Left onto Liberty Way. Turn Right onto Butler-Warren Road. Turn Left onto Tylersville Road. Turn right onto driveway on the left.

Guest Services
Our Guest Services department helps out-of-town families before and during the hospital stay. Guest Services can help you find lodging and arrange airport shuttle services.

PHONE: 513-636-5009
TOLL-FREE: 1-888-894-1374
EMAIL: guestservices@cchmc.org

Interpreter Services
(Servicio de Interpretación)
A free service for families that do not speak English as their primary language.

PHONE: 513-636-1444
Asistencia telefónica en Español: 513-636-0799
(lunes a viernes, 8h hasta 1730h)
Getting Settled

It’s important to know that your child is not alone. Our team of psychiatrists, psychologists, registered nurses (RN) and social workers (LISW/LSW) in our Division of Child and Adolescent Psychiatry use evidence-based approaches—proven to be the most advanced and most effective—to treat the full spectrum of child and adolescent mental and behavioral health problems.

Our Programs
Our division provides a continuum of services including outpatient, partial hospitalization, acute inpatient and residential care. All of our programs support family-centered care, in which treatment plans focus on the needs of both the patient and family. In addition to caring for young people and their families, we provide professional training and conduct research aimed at improving outcomes for our patients.

The goal is that this information will help you and your family plan for and know what could happen during your child’s inpatient admission. The team on your child’s inpatient unit can help answer any questions you may have during your child’s admission.

Watch our Inpatient Admission Video
Learn what to expect when your child is admitted. Use the QR code, or visit the Cincinnati Children’s Hospital Medical Center’s YouTube channel and search “Psychiatry Inpatient Admission”.

What does it mean to be admitted “inpatient”?
A mental health professional believes it is best for the safety of your child to spend the night in the hospital for mental health treatment. The goal is safety. The average length of stay for an inpatient admission is 3–5 days however, length of stay varies by patient.

What is a Psychiatric Unit Like?
Whenever possible, your child is placed on a unit best suited to meet their age and developmental needs. All units are secure (locked) for safety reasons. Each unit has between 9–16 beds, but the number of patients varies. Your child may have a roommate. Your child could be moved to a better suited unit during admission.

What Do They Do All Day?
Youth admitted for inpatient treatment will participate in various therapeutic and medical treatment depending on their personal needs. Your child’s inpatient stay could include:

- Daily groups to teach coping skills
- Meeting daily with their psychiatrist and other members of the treatment team
- Attending scheduled family meetings with parents/guardians and the social worker, within 24–72 hours of admission
- Completing one hour of school work Monday–Friday

What You Can Expect Over the Next 24–72 Hours

- A physical safety search and skin assessment will be done on your child as part of our admission process. Clinical team members will perform this step to help insure non-allowed items have not been brought onto the unit.
- Evaluation by psychiatrist within 24 hours of arriving on the unit
- Regular contact with the Primary Team (RN, Social Worker & MHS)
- Daily treatment updates provided by the primary nurse or social worker. Let your child’s nurse or social worker know if you would like to meet or talk to the doctor directly.
- One or two family meetings each week with the social worker, parents/guardians and if appropriate, the child. The first family meeting is scheduled within 24–72 hours of an inpatient admission.
- Medication evaluation, education and management, if appropriate
- Medical History and Physical (H&P) to address any possible medical concerns
- Nutrition, Speech and Occupational Therapy screening and if appropriate, a formal evaluation
Guardian Expectations: How You Can Help

- Share any questions or concerns that arise with your child’s treatment team or clinical leadership.
- Plan to participate in-person for your child’s family meeting(s), which could be twice per week.
- Ensure that we have your current contact information (telephone number, address, etc)
- Be available via phone or in-person to receive daily updates and to participate in your child’s treatment (medication consents, family meetings, etc)
- Visit regularly with your child in-person and/or on the phone (see your unit schedule for best visiting times)
- Engage in the discharge planning process which happens throughout your child’s admission
- Arrange an outpatient follow-up appointment for your child
- During this hospital stay, if there are any specific needs that you would like us to try to address, please inform your primary nurse or social worker.
- If you have concerns or problems with your child’s stay please let your primary nurse or social worker know so those issues can be addressed immediately.
Support From Family & Friends

Support is important to children and teens during a hospital stay. The following guidelines are designed with family centered care, safety and your child’s need for privacy in mind.

Once your child is admitted, you will complete a Family and Friends checklist. This lets our team know who is approved to visit or call your child during their stay.

Who Can Visit?
You will be asked to identify the names of people who can visit during admission, including:

- Up to four primary support persons (e.g. parents, guardians, spouse, domestic partner) 18 or older may receive 24-hour access.
- Siblings (biological, foster and step) of patients and children of adult patients living in the patient’s home (these visits may be limited if patient is in isolation).
- Up to six additional family members or friends.

Additional family and friends may share their support by phone. Patients may call and receive calls from individuals included on a patient’s approved call list in addition to primary support persons, siblings and approved visitors.

We do not restrict or deny visitation based on race, color, nationality, origin, religion, sex, sexual orientation, gender identity/expression or disability. If your family situation changes or you are having challenges receiving or providing support for your child, please request Health Unit Coordinator assistance through the GetWell Network.

Visiting Hours: 8:30 am – 8:30 pm

All Visitors MUST:
- check in at a Welcome Desk upon arrival
- provide a photo ID (age 16 and over)
- have 4-digit patient code
- be approved by a parent/guardian and on the patient’s approved visitor list to be allowed on the unit
- if under the age of 18, be accompanied by a parent/guardian on the approved visitor list.

After Check In:
- All visitors (including siblings) are given a visitor sticker or green arm band. Visitors are asked to keep the sticker/band on at all times and will need it to exit the unit and the building.
- Siblings are invited to visit during visiting hours, but must remain under parent supervision at all times.
- The number of visitors allowed at one time will depend on your child’s treatment plan and the needs of the youth on the unit. Two to four visitors at one time is a suggested number.
- All units are secure (locked).
- Your child may have a roommate. This may mean visiting with your child may happen in a different room to maintain patient privacy.

Restrictions
Cincinnati Children’s year-round visitor policy balances the need for support from family and friends with the importance of limiting patients’ exposure to germs. During peak times of illness in the community, restricting some visitors can help prevent infections from spreading person to person. It is always best to protect yourself and your child by asking visitors not to visit if they have a fever, cold or other signs of an illness you/your child might catch.

Preparing to Visit
- Review the following information pages prior to visiting.
- Please talk with staff if you have questions or need help with your child’s emotions or behaviors during your visit.
What to Bring?
Your child will wear hospital clothing (t-shirt and scrub pants) in the emergency room and initially on the unit. The doctor will determine if your child may wear their own clothing or will need to remain in hospital clothing.

As part of the inpatient admission, we will provide food snacks, clothes and personal care items for your child. However, if you would like to bring in items from home please see the contraband list for what is not allowed and contact the unit your child has been admitted to for further clarification. Review the unit specific information handout for what is okay to bring.

Please leave anything of value at home. We are not responsible for any lost personal property. Label all clothing/toys, etc. with a permanent marker.

Never Allowed*
The following items cannot be in the patient’s possession unsupervised:
• Plastic bottles containing soda or water/plastic bottle caps/pop cans (aluminum)
• Boots
• Weapons
• Belts (Inpatient only)
• Tight fitting clothing, short shorts, low cut tops
• Sleeveless shirts, spaghetti straps
• Clothing with strings (hoodies/sweatpants)
• Clothing with drug, alcohol, violence, obscenity or sexually-related material is PROHIBITED.
• Spiral Bound Notebooks.
• Sharp objects and items containing glass (perfume/ nail polish/make up).
• Mirrors/compacts containing mirrors.
• Jewelry (bracelets, necklaces, rings, etc).
• Matches/Cigarettes/Drugs/Alcohol
• I-Pods/MP3, cell phones/gaming devices/any electronic device with internet access.

Safety
• For the safety of all children, staff will examine personal patient baggage before it enters the unit. All visitors will be asked to lock up all personal belongings in a locker outside the unit. It is best to keep personal items at home or locked in your car. Do not leave any items unattended in your child’s room.
• Your personal over the counter and prescription medications are not allowed on the unit. Please leave them at home or in your car while visiting.
• Do not give your child medication, vitamins, or supplements. Please discuss your child’s medication needs with the nurse.
• Cell phone usage is not allowed on the unit. If you need to make a call, a staff member will help you.
Boundaries

• Visiting generally takes place in your child’s room. You cannot visit in your child’s room with his/her roommate present. Ask your child’s staff member where you can visit.
• If your child enters another child’s room, please ask for help from a staff member to bring your child out.
• If there appears to be an emergency in another child’s room, tell a staff member right away so they may respond to the child’s needs.
• Sometimes, out of concern, you may want to provide words of advice or ask questions about another child’s situation, but please refrain. There is a specific treatment plan for every child that staff members are overseeing. Alert staff if you have concerns about another child’s behavior instead of addressing this child directly.
• Due to confidentiality, certain areas on the units are designated for staff only.
• Please do not sit on your child’s roommate’s bed. Please ask a staff member to bring you a chair to use while visiting.
• Patients are not allowed to share their personal contact information with other patients. This includes their phone number, address, email and other social media information.

Sleeping Arrangements

Spending the night with your child will depend on whether your child has a roommate and if there is a bed available for you. Parents will be provided a bed or recliner to sleep separate but in the same room. Please note: No one may sleep on the floor, as this poses a safety risk to you, your child and our staff. You will not be allowed to sleep in the same bed as your child.

If you would like to spend the night, you must be a guardian of the child. Please call the unit by 4 pm so that we can prepare for your stay, pending available space. You must arrive on the unit by 8 pm. Once your child has gone to bed, you will be asked to remain in your child’s bedroom the rest of the night. Only one guardian can spend the night at a time.

The treatment staff will work with you and your child to see if spending the night is appropriate. At times, it may not benefit your child’s treatment progress. Review unit specific guidelines given out at admission on staying the night and unit procedure.

For help making overnight arrangements outside of the hospital, please contact Guest Services at 513-636-5009. Guest Services can provide information about lodging at discounted rates.

Food/Meals

Parents are able to receive discounts on meals at the College Hill Campus location. Get more information from your child’s social worker or the Family Resource Center, if you are interested.

• The College Hill Campus cafeteria is open during meal times. Monday—Friday, 7:30 am—6:00 pm, Saturday and Sunday, 10:00 am—6:00 pm. The College Hill Campus currently has a traditional snack and beverage vending machine on the first floor, which is available 24/7.
• Lindner Center of HOPE has a sit-down cafeteria available for families, open during meal times.

Parking

Parking is complimentary for patient families and visitors.
Safety

For safety reasons, all Cincinnati Children’s behavioral health inpatient units are secure (locked).

Patient Safety
Patient safety is a top priority at Cincinnati Children’s. Here are some things you can do to help us keep your child safe:

• Tell a nurse or doctor IMMEDIATELY if you think your child is having a bad reaction to a medicine, or if you have any questions or concerns about your child’s safety.
• Tell us about your child’s allergies to medicines, food or latex.
• Tell us about special formulas or food your child needs.
• Tell us if you know your child was recently exposed to a contagious illness such as chicken pox, shingles or pertussis (whooping cough), or has a fever, bad cold, rash or fever blisters.
• Please allow us to choose the safest bed for your child’s age, size and needs.
• Please remember the importance of hand washing and keeping your child’s room free of personal belongings and clutter to prevent any falls.

Medicines Your Child Takes at Home
Please provide a complete list of all medicines and dosages your child takes regularly. (This includes all medicine, vitamins and herbal supplements your child has taken in the last two weeks.)

It is helpful if you can show us your child’s prescriptions and/or over-the-counter medications in their original bottles. After the care provider reviews them, we’ll ask you to take them back home.

Identification
Your child will be given a name bracelet. Be sure your child wears this bracelet. Nurses will scan the bracelet to confirm your child’s identity before giving your child medication.

All healthcare workers wear an ID badge. Question any caregiver who is not wearing a badge.

Asking Questions

• Ask about the benefits and risks of any medicines, tests, treatments or blood transfusions.
• Ask about side effects of medicines or treatments.
• Ask for an explanation of test results.
• Don’t hesitate to ask to have something explained again, or in a different manner.
• Don’t be afraid to ask for a second opinion.
• Write down your questions as you think of them. You may be tired or stressed and forget your question later.

Seclusion and Safety Restraints
A safe environment is the basic foundation for effective mental health treatment.

Therapeutic Crisis Intervention Safety Measures
All of our direct care and support staff are trained in the Therapeutic Crisis Intervention (TCI) program, an internationally recognized crisis prevention program created by the Residential Child Care Project of Cornell University. This program is focused on how staff can support children when they experience emotional crises and help them learn from the experience for a more positive outcome.

We are committed to reducing and preventing the use of seclusion and restraint. We strive to maximize freedom and self-control for our patients while reducing force and avoiding harm for all.
Seclusion and restraints are not treatment options but safety interventions of last resort when there is a risk of danger to a child or others. These measures are very intrusive and will never be used for the purpose of treatment, discipline or staff convenience.

Seclusion and restraints are used as safely and humanely as possible by trained personnel. When used, the dignity, privacy and safety of your child will be preserved to the greatest extent possible.

We are committed to a setting that:
• Supports the dignity, privacy and rights of every child
• Focuses on the physical and psychological safety of every child
• Focuses on establishing positive, healthy and trusting relationships
• Promotes health and recovery

Parents/Guardians will be notified should your child be involved in a seclusion or restraint.

Medical Care
Medical care services are available 24/7 for all patients/youth. Registered Nurses (RNs) are staffed on-site 24/7. Additionally, Mental Health Specialists (MHS), Patient Care Attendants (PCA) and other assisting staff are certified in First-Aid and CPR. A physician (MD/DO) will not be present 24/7 at our College Hill and Lindner Center of HOPE locations.

Procedures at:
Cincinnati Children’s College Hill Campus
5642 Hamilton Avenue, Cincinnati, OH 45229
In the event of a medical emergency, the following will take place:
• The Psychiatry staff, consisting of RNs, MHS, Physicians and other trained assisting staff, will respond, assess and provide treatment.
• If additional support is required, emergency procedures will be initiated including calling 911.
• Transporting the patient/youth by ambulance to the Cincinnati Children’s Burnet Campus for further evaluation and treatment.
• Guardians are required to acknowledge at the time of admission that a physician (MD/DO) will not be present 24/7.

Lindner Center of HOPE
4075 Old Western Row, Mason, OH 45040
In the event of a medical emergency, the following will take place:
• The Psychiatry staff, consisting of RNs, MHS, Physicians and other trained assisting staff, will respond, assess and provide treatment.
• If additional support is required, emergency procedures will be initiated including calling 911.
• Transporting the patient/youth by ambulance to the Cincinnati Children’s Liberty Campus emergency department for further evaluation and treatment.
• Guardians are required to acknowledge at the time of admission that a physician (MD/DO) will not be present 24/7.

Hand Hygiene: Clean Hands Protect Everyone
Germs are everywhere. Hand hygiene is one of the most important ways to protect your child and prevent the spread of infections.

Partner with us to stop germs by cleaning your hands:
• When entering and exiting the room
• Before eating
• After restroom use
• After coughing or sneezing
Ways to Clean Your Hands at the Hospital:

- Scrub with soap and water for 15–20 seconds.
- Use hand sanitizing wipes to wipe your hands thoroughly.
- Use hand sanitizing foam or gel and rub until dry.

Hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs. They are not as effective when hands are visibly dirty or greasy.

Remind everyone who comes in contact with your child to clean their hands too—family, visitors and friends. It’s even OK to ask doctors and nurses to wash their hands.

Safety and Security in our Buildings

A Few Things to Remember:

- If you see anyone who looks suspicious or is acting peculiar, please inform one of our clinical staff, who will contact Protective Services for dispatch to the area.
- Visitors should lock and secure their vehicles in the visitor’s parking.
- Visitors should not leave items in view or on display in their vehicle while on Cincinnati Children’s property.
- Ensure that all hospital staff who interact with your child are wearing a Cincinnati Children’s badge.

Evacuation Process

In the event of a hospital evacuation, a Cincinnati Children’s staff member will assist in the safe transport of your child and will explain how you can help.

If you are not on campus when the evacuation occurs, someone from Cincinnati Children’s will contact you with information, including how to reunite with your child.

Concerns about Patient Safety and Quality of Care

If you have a concern about the quality of care or a safety issue, please speak to your child’s nurse or doctor, or to the unit manager.

Here are steps you can take if you have a concern or grievance that cannot be immediately addressed by your care team.

Contact Family Relations to speak to a patient advocate:

PHONE: 513-636-4700
EMAIL: advocates@cchmc.org

Contact the Ohio Department of Health:

PHONE: 1-800-342-0553
EMAIL: hccomplaints@odh.ohio.gov

Contact The Joint Commission, the organization that accredits hospitals nationwide:

PHONE: 1-800-994-6610
EMAIL: complaint@jointcommission.org
WEB: www.jointcommission.org

Medicare beneficiaries have the right to request a review of their grievances by KEPRO, Ohio’s quality improvement organization. Medicare patients may make this request through Family Relations or by contacting the Ohio Medicare Beneficiary helpline.

PHONE: 1-800-408-8557
WEB: www.keproqio.com
Working With Your Child’s School

At Admission
We will ask you to complete a Release of Information (ROI) consent form that will allow our treatment team to contact your child’s home school. We may ask the school to share the following:

- Your child’s academic progress
- Any testing done by the school
- Homework
- A copy of an IEP/504 Plan

This release form will also let us keep the school up-to-date on any services suggested by your child’s treatment team. If you do not want the school to know why your child is in the hospital, it is still important we make contact to gather school work for your child. You can indicate what information is okay for the school to share with us and for us to release to the school.

Talking with Your Child’s School
As a parent/guardian, we encourage you to maintain regular communication with your child’s school. Though academic work is not the primary focus during your child’s stay, an educational session is provided one hour a day, Monday through Friday. If possible, please pick up books and assignments from school. With a signed release, we can contact the school to assist with gathering assignments so that we can begin working with your child as soon as possible. For children not currently in school, we will offer them a program that includes educational activities. This program is designed to provide educational activities that are academically appropriate for the current functioning of your child.

Returning to School
In preparation for discharge from the hospital, talk with your child about what they plan to tell their peers about their missed school days. Remember that peers are very important to children and some will feel the need to share the real reasons for hospitalization, while others will not. For those who prefer not to share, some common explanations include:

- “I was in the hospital for testing.”
- “I was in the hospital to adjust my medicine.”
- “I was sick.”

It is important that parents/guardians communicate and collaborate with the school in preparation for your child’s return. Our teachers can help the parent/guardian and child create a school transition plan. There are two main goals of a school transition plan. The first is to help the child be prepared for a positive return to school, which could include how to talk to peers and when to use coping skills. The second goal is to help parents and school personnel communicate openly to create a plan that supports the child’s transition goals. Creation of a school transition plan could include; communicating plans, making suggestions for coping skills, or discussing plans for making up school assignments. In some cases, we will call into a meeting with the school and parents to assist in more difficult transitions. Please let your child’s treatment team know if you feel that you could benefit from school transitional services.
**Discharge Preparation**

We think it is best for your child and your family when you can be together at home. This is why we set a shared goal at the beginning of an inpatient admission and use this goal to help plan for your child’s discharge.

We want to make your transition to home as smooth as possible. Your care team will begin to discuss discharge plans with you when your child is admitted to the hospital. You are an important part of discharge planning. Discuss concerns you have related to discharge so we can help connect you with the resources you need.

You will receive discharge instructions that contain important information regarding the care of your child at home. This includes:

- Special instructions you may need to follow to keep your child healthy
- Names and phone numbers you can call with questions you may have once you arrive home
- A list of medications that your child will be taking at home
- Follow up appointments for your child. You may ask your nurse to help schedule these with you before your child is discharged

**Family Meetings**

Participating in family meetings is important. We ask family members to participate in family meetings to help make discharge planning successful. **Family meetings will be scheduled early in admission, within 24–72 hours.** The social worker can recommend if support members from your child’s school and community should participate in these meetings. If you have questions about who to invite or how to prepare for a family meeting please ask your child’s social worker for help.

The length of stay that your child will be admitted varies depending on their psychiatric needs. We begin discharge planning upon admission and ask that you begin to evaluate what support you need from us (education, training, resources) so that you can safely manage your child at home.

You will be asked to work with your social worker to arrange an outpatient appointment for child upon discharge. Our expectations for aftercare appointments are as follows:

- Outpatient therapy appointment within one week of discharge
- Medication Management appointment within 30 days of discharge

A Discharge Care Clinic (DCC) will be offered by the social worker when a medication management/outpatient therapy appointment is not able to be obtained within 7 days of discharge.

If your child will take medication during school hours, contact your child’s school to request a School Medication Form. Deliver the form to the Primary Nurse or Health Unit Coordinator (HUC) so the physician can complete the form. Then, you will need to return the form to your child’s school.

**The Day of Discharge**

Arrange for pick-up of your child between 11 am–2 pm on the day of discharge (we ask this as a courtesy to other families, whose children may be waiting for a bed). At discharge, you will need:

- Your picture ID, such as a driver’s license or state ID
- Clothes and shoes for your child
- Completed financial paperwork
- Infant/child car seat, if appropriate

Transportation for your child at the time of discharge is the responsibility of the parent/guardian.

**Additional Support**

We are here to help you and your family during and after an inpatient admission.

**Patient & Family Engagement Specialists**

Cincinnati Children’s, Division of Child and Adolescent Psychiatry offers FREE support services to parents during an admission and after discharge. To learn more about the programs listed below ask your child’s Social Worker or Primary Nurse to help you connect with our Division’s specialist or call 513-636-9844 to connect on your own.

- **Parent Support**
  - Offered during your child’s admission, the Patient & Family Engagement Specialist will provide emotional support to the parents/guardians during
this challenging time. They can also participate in your child’s family meetings, if you like.

- **Family to Family Support**
  Offered during your child’s admission and can be continued after discharge, this free support program matches parents/guardians to one-on-one support with an experienced and trained support parent who also has a child with similar needs.

- **Patient and Family Advisory Council, Psychiatry**
  After your child’s discharge this may be a way to give back. This is a group of parents and former patients, who volunteer their time to help support projects and give feedback to make care better for kids getting care from the Division of Psychiatry.

- **Parent Mentor for Family to Family Support**
  Parents get trained to be a mentor to help other parents going through similar experiences in getting care for their child. As a parent volunteer you offer personal and emotional support via telephone to other parents who opt into this program.

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**Family Resource Center**

The Family Resource Center can help you find information about your child’s condition, locate resources and support groups, and set up a personalized web page for family and friends.

PHONE: 513-636-7808
EMAIL: chfrc@cchmc.org

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**Want to Say Thank You to a Nurse?**

_The DAISY Award is used to recognize nurses for their excellence in patient care. Nurses use their education, skill and compassion to make a difference in the lives of others. Please join us in thanking the extraordinary nurses who are our “unsung heroes”. Every month, Cincinnati Children’s will award one nurse The DAISY Award in special recognition of their outstanding clinical skills, compassionate care and commitment to excellence. If you know of a nurse who deserves this award, nominating the nurse is a great way to say “Thank You”._

_To nominate a nurse, visit [cincinnatichildrens.org/careers/ped-nursing/daisy-award](http://cincinnatichildrens.org/careers/ped-nursing/daisy-award)_
MyChart: Your Child’s Health Records

MyChart is a mini-view of your child’s Cincinnati Children’s medical information. It can help you participate more fully in conversations about your child’s care and also help you make more informed decisions.

MyChart is available at www.cincinnatichildrens.org/mychart. MyChart is also available as an app for the iPhone and Android phones.

In MyChart, you can view:

- Information about your child’s hospital stay
- Instructions you received when you left the hospital (discharge instructions)
- Current medications and the instructions for taking them
- Results for most tests, such as blood tests or X-rays
- Information about current medical problems (diagnoses)
- The list of allergies we have on file for your child
- Your child’s immunization record, including DTaP, MMR and flu shots
- Your child’s medical history and family history, if you provided that for us
- Future appointments scheduled
- Past appointments and the instructions you received “after visit summaries”

You can also use MyChart to exchange messages with your healthcare team. Some information cannot be viewed, such as progress notes, radiology images and growth charts.

Why would I want to see this medical information?
Everything you can see in MyChart is about your child. By learning more about these health records and condition(s), you can be part of conversations about your child’s care and you can make more informed decisions. MyChart can also assist you when needing information for other providers.

Who can use MyChart?

- **Patients 12 or under:** Parents/guardians register for MyChart. We suggest parents/guardians and patients 12 or under view MyChart together as appropriate.

- **Patients 13–17:** For legal reasons, patients 13–17 must assent for their parent/guardian to have MyChart access to their records. Patients 13–17 can get their own MyChart account, but not unless a parent also has access.

- **Patients 18 or older:** Patients over 18 must sign up for their own MyChart account unless they have a developmental disability—then special rules may apply. Please ask someone if you need more information.

How to Sign Up

To sign up for MyChart, please visit the Health Unit Coordinator (HUC), Customer Service Representative or the front desk. MyChart contains confidential patient information, so there are restrictions about who may open an account. MyChart accounts can be created in person without an appointment. Children 13–17 years old must be present to set up the MyChart account.

We’re happy to help you with MyChart. For assistance or information contact:

PHONE: 513-636-5019
TOLL FREE: 1-877-508-7607
EMAIL: mychart@cchmc.org
WEB: www.cincinnatichildrens.org/mychart

Personal Copies of Your Child’s Medical Record

The information in a patient’s medical record is confidential. It is a legal requirement that Cincinnati Children’s receive permission prior to releasing this information. You must fill out an ‘Authorization For Use and/or Disclosure of Protected Health Information’ form to get information from the medical record. These forms are available through Health Information Management (HIM).

At admission, you will need to sign a release of information form, listing yourself on the form so that we will be able to share your child’s medical information with you.
If you would like a personal copy of your child’s medical records, please call Health Information Management (HIM) for initial processing. Copies will then be forwarded to the Patient Financial Services area for completion.

If you would like a copy of your child’s psychological testing, you must write that on the release of information form. This information is not part of your child’s general medical chart and must specifically be requested.

You can submit the authorization forms in person, via U.S. mail or by fax. There is a fee to receive a copy of your child’s records. Feel free to contact HIM if you need help.

**Health Information Management Department**
Cincinnati Children’s Hospital Medical Center
3333 Burnet Avenue, MLC 5015, Cincinnati, OH 45229

PHONE: 513-636-8233
FAX: 513-636-4217

Requests for X-Ray, MRI, Nuclear Medicine or Other Films:
Cincinnati Children’s Radiology Department

PHONE: 513-636-4251
We Invite You To:

- Ask questions
- Actively engage as a partner in your child’s care
- Work with your care team. Together you can create goals for your child and share expectations about treatment
- Speak up if you see unsafe situations for your child or those around you
- Ask your care team to explain things that are not familiar to you
- Ask questions to find out the reason for delays, disruptions or unexpected circumstances that affect your child’s care and treatment

Our hospital is shared by many families and visitors, and certain behaviors are unacceptable.

- Shouting, cursing, and/or aggressive, offensive non-verbal gestures
- Cruel and/or intimidating behaviors that create a hostile environment, including threats of harm and sexual harassment
- Invading someone’s personal space and privacy, such as unconsented physical contact, taking videos or photos of staff or other patients, or posting unconsented personal information about staff on social media
- Engaging in sexual activity

- Making too much noise, including keeping the TV or music up too loud, or loudly arguing in patient rooms or common spaces
- Trying to physically stop or hamper the care or treatment of a patient

If we see problem behaviors, we will work to understand what issues are causing them. We will take action to improve the conditions leading to them. If the problem behavior continues, we will take any needed action to keep our patients, visitors and staff safe which could include asking you to leave the patient unit.

Cincinnati Children’s will not allow certain kinds of behavior. We will take action right away when we see these behaviors. This helps to keep our patients, visitors and staff safe.

Some examples of patient and family behaviors that are not allowed include:

- Using drugs or alcohol on hospital property
- Any act of violence
- Stealing or damaging property
- Threats of physical violence
- Arriving at the hospital impaired by drugs/alcohol—you may be asked to leave

Our commitment to you is to create a positive experience for our patients and families. We look forward to working with you to accomplish this goal.
Patients & Parents/Guardians
Have the Right To:

- Have a family member or representative of your choice and your physician notified promptly of an admission to the hospital;
- Be treated considerately and respectfully regardless of your race, religion, sex, sexual orientation, gender identity/expression, cultural background, economic status, education or illness;
- Know the names of your Cincinnati Children’s physicians and nurses and the care role they play;
- Be told by the physician, in words you can understand, about an illness, treatment and prospects for recovery;
- Receive as much information as you need in order to give or refuse consent for any proposed treatment;
- Have an active role in medical care decisions, including the development and implementation of the care plan, which shall include the management of pain as appropriate;
- Make an informed decision regarding care including, to the extent allowed by law, the refusal of care;
- Provide, to the best of your knowledge, accurate and complete information about all related health matters;
- Consent or refuse to participate in any research project;
- Be aware and informed if Cincinnati Children’s feels that legal action is necessary to provide treatment;
- Receive a clear explanation of the outcome of any treatments or procedures where the outcomes differ significantly from the anticipated outcomes;
- Expect a response to any reasonable request for help in meeting special needs;
- Request assistance with discharge planning;
- Choose to remove your child or leave the hospital even when the physicians advise you not to, to the extent permitted by law; you will be required to sign a form that relieves Cincinnati Children’s of responsibility for your or your child’s welfare;
- Know about any connections between Cincinnati Children’s and other institutions, as far as your or your child’s care is concerned;
- Consent or refuse to participate in any research project;
- Know what the continuing healthcare needs are after discharge from the hospital or outpatient service;
- Know the charges for services provided, to examine your medical care bills and to receive an explanation of charges.

Patients & Parents/Guardians
Have the Responsibility To:

- Pay for hospital and outpatient services provided, to provide necessary information to process insurance claims and/or to plan for payment of healthcare bills as soon as possible;
- Discuss with a financial counselor the possibility of financial aid to help in the payment of hospital and outpatient bills in cases of financial hardship (call 513-636-0201 to speak to Cincinnati Children’s financial counselors or 513-536-0224 for Lindner Center of HOPE);
- Follow the treatment plan recommended by the practitioner and agreed upon by you;
Hospital Policies continued...

• Follow Cincinnati Children’s policies and procedures concerning patient care and conduct;
• Seek information, to the extent possible, from healthcare providers by asking any questions necessary to reach an understanding of health problem(s) and the treatment plan developed by you and the practitioner.

Ohio Mental Health and Addiction Services (OMHAS) Patient Rights
Each patient shall have the following rights:

1. Each person who accesses mental health services is informed of these rights:
   a. The right to be informed within twenty-four hours of admission of the rights described in this rule, and to request a written copy of these rights;
   b. The right to receive information in language and terms appropriate for the person’s understanding;
   c. The right to speak to a financial counselor.

2. Services are appropriate and respectful of personal liberty:
   a. The right to be treated in a safe treatment environment, with respect for personal dignity, autonomy, and privacy, and in accordance with existing federal, state and local laws and regulations;
   b. The right to receive humane services;
   c. The right to participate in any appropriate and available service that is consistent with an individual service/treatment plan, regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person’s participation;
   d. The right to reasonable assistance in the least restrictive setting; and
   e. The right to reasonable protection from physical, sexual or emotional abuse, or harassment.

3. Development of service/treatment plans:
   a. The right to a current individualized treatment plan (ITP) that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral; and
   b. The right to actively participate in periodic ITP reviews with the staff including services necessary upon discharge.

4. Declining or consenting to services: The right to give full informed consent to services prior to commencement and the right to decline services absent an emergency;

5. Restraint or seclusion: The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.

6. Privacy:
   a. The right to reasonable privacy and freedom from excessive intrusion by visitors, guests, and non-hospital surveyors, contractors, construction crews or others.
   b. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs, or other audio and visual recording technology. This right does not prohibit a hospital from using closed-circuit monitoring to observe seclusion rooms or common areas. But closed-circuit monitoring shall not be utilized in patient bedrooms and bathrooms.

7. Confidentiality:
   a. The right to confidentiality unless a release or exchange of information is authorized and the right to request to restrict treatment information being shared; and
   b. The right to be informed of the circumstances under which the hospital is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A)(7) of section 5122.31 of the Revised Code.
8. Grievances: The right to have the grievance procedure explained orally and in writing; the right to file a grievance with assistance if requested; and the right to have a grievance reviewed through the grievance process, including the right to appeal a decision.

9. Non-discrimination: The right to receive services and participate in activities free of discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.

10. No reprisal for exercising rights: The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. No right extends so far as to supersede health and safety considerations.

11. Outside opinions: The right to have the opportunity to consult with independent specialists or legal counsel at one’s own expense.

12. No conflicts of interest: No inpatient psychiatric service provider employee may be a person’s guardian or representative if the person is currently receiving services from said facility.

13. The right to have access to one’s own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual patient for clear treatment reasons in the patient’s treatment plan. If access is restricted, the treatment plan shall also include a goal to remove the restriction.

14. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.

15. The right to receive an explanation of the reasons for denial of service.

In addition to the rights listed, each consumer residing in an inpatient psychiatric hospital shall have the following rights:

1. Each consumer of mental health services are informed of these rights:
   a. The right to receive humane services in a comfortable, welcoming, stable and supportive environment; and
   b. The right to retain personal property and possessions, including a reasonable sum of money, consistent with the person’s health, safety, service/treatment plan and developmental age;

2. Development of service plans: The right to formulate advance directives, submit them to hospital staff, and rely on practitioners to follow them when within the parameters of the law.

3. Labor of patients: The right to not be compelled to perform labor which involves the operation, support, or maintenance of the hospital or for which the hospital is under contract with an outside organization. Privileges or release from the hospital shall not be conditional upon the performance of such labor.

4. Declining or consenting to services:
   a. The right to consent to or refuse the provision of any individual personal care activity and/or mental health services/treatment interventions; and
   b. The right, when on voluntary admission status, to decline medication, unless there is imminent risk of physical harm to self or others; or
   c. The right when hospitalized by order of a probate or criminal court to decline medication unless there is an imminent risk of harm to self or others, or through an order by the committing court, except that involuntary medication is not permitted, unless there is imminent risk of harm to self or others, for persons admitted for a competency evaluation under division (G)(3) of section 2945.371 of the Revised Code or admitted for sanity evaluation under division (G)(3) of section 2945.371 of the Revised Code. The inpatient psychiatric service provider shall provide the opportunity for informed consent.
5. Privacy, dignity, free exercise of worship and social interaction:
The right to enjoy freedom of thought, conscience, and religion; including religious worship within the hospital, and services or sacred texts that are within the reasonable capacity of the hospital to supply, provided that no patient shall be coerced into engaging in any religious activities.

6. Private conversation, and access to phone, mail and visitors:
a. The right to communicate freely with and be visited at reasonable times by private counsel or personnel of the legal rights service and, unless prior court restriction has been obtained, to communicate freely with and be visited at reasonable times by a personal physician or psychologist;
b. The right to communicate freely with others, unless specifically restricted in the patient’s service/treatment plan for reasons that advance the person’s goals, including, without limitation, the following:
   (i) The right of an adult to reasonable privacy and the freedom to meet with visitors, guests, or surveyors, and make and/or receive phone calls; or the right of a minor to meet with inspectors, and the right to communicate with family, guardian, custodian, friends and significant others outside the hospital in accordance with the minor’s individualized service/treatment plan;
   (ii) The right to have reasonable access to telephones to make and receive confidential calls, including a reasonable number of free calls if unable to pay for them and assistance in calling if requested and needed. The right of a minor to make phone calls shall be in accordance with the minor’s individualized/treatment service plan; and
   (iii) The right to have ready access to letter-writing materials, including a reasonable number of stamps without cost if unable to pay for them, and to mail and receive unopened correspondence and assistance in writing if requested and needed subject to the hospital’s rules regarding contraband. The right of a minor to send or receive mail shall also be subject to directives from the parent or legal custodian when such directives do not conflict with federal postal regulations.

7. Notification to family or physician: The right to have a physician, family member, or representative of the person’s choice notified promptly upon admission to a hospital.

Parents or their representatives who wish to lodge a grievance may do so by contacting the following organizations:

Ohio Mental Health and Addiction Services
Community Supports and Client Rights Office
877-572-6364

Hamilton County Mental Health and Recovery Services Board
Client Rights Officer
2350 Auburn Avenue, Cincinnati, OH 45219
513-946-8600

Disability Rights Ohio
50 West Broad Street, Suite 1400, Columbus, OH 43215
614-466-7264 or 1-800-282-9181

Ohio Department of Health
Provider and Consumer Services Unit
246 N. High Street, Columbus, OH 43215
1-800-342-0553
hcomplaints@odh.ohio.gov

**Reporting Concerns**

Our staff focuses on your child’s safety every day. Some of the things we do to keep your child safe include:

- Keeping the unit secure (checking belongings, limiting visitors, etc)
- Checking two identifiers before giving medicines or administering tests
Using proper hand hygiene

If you have concerns about the care being provided to your child:

**Step 1:** Talk to your treatment team (primary nurse, social worker, doctor) about any questions or concerns.

**Step 2:** If you still have concerns that are not answered by the treatment team, you may ask staff to call the clinical manager or director for your child’s unit. You may also call the clinical manager directly. Please see the director letter in your packet for the contact numbers.

**Step 3:** If your concern is not answered by the clinical manager or director, your concern will be forwarded to Cincinnati Children’s Division of Family Relations; or you may call a patient/family advocate in Cincinnati Children’s Division of Family Relations at 513-636-4700.

The Joint Commission

You and your child can report all quality or safety concerns to staff using the steps listed on the prior page. The hospital is accredited by The Joint Commission. If you feel your quality or safety issue has not been resolved by us, please contact:

**The Joint Commission**
One Renaissance Blvd, Oakbrook Terrace, IL 60181
patientsafetyreport@jointcommission.org

How to Report Privacy Concerns

You can call our Privacy Officer if you:

- Believe we have not properly protected your privacy
- Believe we have violated your privacy rights
- Disagree with a decision we made about access to your protected health information

You can contact our Privacy Officer at 1-866-856-1947, or online at www.cchmc.ethicspoint.com

Our Commitment to Non-discrimination

Cincinnati Children’s complies with applicable laws and does not discriminate against people or treat them differently on the basis of race, color, national origin, ancestry, religion, age, sex, sexual orientation, marital status, disability, or other unlawful reasons.

Cincinnati Children’s provides free:

- Aids and services to help people with disabilities communicate effectively with us, including qualified sign language interpreters, written information in audio or other formats (large print, electronic formats)
- Language services to people whose primary language is not English, including qualified interpreters and information written in other languages.

If you need these services, please call 1-800-344-2462 or contact Cincinnati Children’s Section 1557 Coordinator, Family Relations, 3333 Burnet Avenue, Cincinnati, Ohio 45229, 513-636-4700, advocates@cchmc.org.

If you believe that Cincinnati Children’s has failed to provide these services or discriminated in a prohibited way, you can file a grievance with: Cincinnati Children’s Section 1557 Coordinator, Family Relations, 3333 Burnet Avenue, Cincinnati, Ohio 45229, 513-636-4700, advocates@cchmc.org. You can file a grievance in person, by mail, or email. If you need help filing a grievance, Cincinnati Children’s Section 1557 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

Billing

What to Expect During the Billing Process
When your child is admitted to Cincinnati Children’s, we use the insurance information you provide during registration to process your account. Parents are encouraged to contact their insurance provider to learn more about their families’ MENTAL health coverage and understand what is and is not covered. Your insurer will also let you know your co-pay/deductible amount, so you’ll know exactly how much you are expected to pay when your child has an appointment. As your child receives treatment and services at Cincinnati Children’s, we submit bills to your insurance provider. If they do not pay in a reasonable amount of time or do not cover the entire cost of your bill, we may contact your insurance company again. We may also contact you for help in processing your insurance claim. You will be responsible for the cost that your insurance may not cover.

It will be your responsibility to inform Cincinnati Children’s of ALL insurance providers/plans covering your child. We will contact insurance companies to request authorization of services.

Automated Voice Response System
Our automated voice response system gives customers access to their hospital and physician billing accounts 24 hours a day, seven days a week. You can use this system to check account balances and payment records and to request itemized statements. To use this service, call 513-636-4427, option 1

Cincinnati Children’s Billing Department
Customer Service
College Hill and Burnet Ave. Campus Billing:
Monday–Friday, 8 am – 5:30 pm

Lindner Center of HOPE Billing
Parents at Cincinnati Children’s Lindner Center of HOPE (LCOH) will receive two bills; one for hospital fees and one for physician professional fees. If you have questions about hospital charges, please call Cincinnati Children’s Billing Department Customer Service at 513-636-4427, and press option 9. If you have questions about the professional fees associated with the physician’s care, please contact the LCOH Billing Department at 513-536-0200. LCOH Financial Counselors are available Monday–Friday, 8 am – 11 pm.

For a financial counselor to assist you with the process of applying for Financial Assistance and answer your questions regarding the LCOH Financial Assistance program please call 513-536-0224.

Financial Assistance
If you are worried about paying your medical bills, we can help you through one of the financial assistance programs at Cincinnati Children’s. Financial counselors can help. For more information, contact our financial counselors at:

PHONE: 513-636-0201
EMAIL: pfc@cchmc.org

Most major insurance programs cover treatment services offered at Cincinnati Children’s Hospital Medical Center. We are an Ohio Medicaid provider, with limited availability for non-Ohio Medicaid.
The Care Team

A team of health professionals and other staff will care for your child at the hospital. You are an important member of this team.

On occasion, a family makes a special request for the patient to be treated by caregivers based on their race, gender, ethnicity, age or other characteristic. We believe that patients are best served when we provide the best-qualified staff, regardless of these personal characteristics. Therefore, such requests will not be honored.

Below is a list of some of the people you may meet during your child’s inpatient admission.

**Psychiatrist:** This is the doctor that is in charge of your child’s care in respect to medications and treatment plans.

**Primary Care Nurse:** The nurse will work side by side with the psychiatrist and the social worker to coordinate your child’s treatment. Primary Care Nurses work closely with parents/guardians to support patient treatment goals.

**Social Worker:** Helps patients and their families cope with the practical and emotional concerns that accompany diagnosis and treatment; can help you find resources in the hospital and at home.

**The Milieu Staff:** The group of staff taking care of your child on the inpatient units includes nurses (RN’s) and Mental Health Specialists (MHS’s). The nurses and mental health specialists are in charge of ensuring and promoting your child’s safety, proper hygiene, teaching appropriate coping skills and helping them to understand their diagnosis. This team of milieu staff help to provide structure and stability to your child’s care.

**Advance Practice Nurses (APN):** Nurse practitioners and clinical nurse specialists are registered nurses who have completed graduate-level education and board certification. APN’s complete H&P’s and address medical concerns for children during an inpatient admission and work closely with our Psychiatrists in providing care for all our patients.

**Registered Nurses (RN):** Nurses who have graduated from a college-level nursing program and have passed a national licensing exam. RN’s are in charge of the milieu and nursing care for all patients.

**Mental Health Specialist (MHS):** a bachelors or masters prepared team member who provides milieu management, leads therapeutic groups and provides overall structure and stability during your child’s inpatient admission.

**Health Unit Coordinators (HUC):** Help keep the unit running smoothly by supporting visiting policies, answering phones, providing support to the milieu staff and completing paperwork. They are a good source of information about the unit.

**Patient Care Assistants (PCA):** Perform basic care services, such as checking temperature and blood pressure, and assisting with feeding and bathing. Respond to call lights. PCAs work under the supervision of nurses and doctors.
Behavioral Specialist: Completes behavioral assessments, develop behavior plans, and facilitates parent training.

Behavioral Psychologist: Creates and implements your child’s behavior plan based on behavioral observations and data collection (P3SW).

Clinical Director/Clinical Manager: The unit leader for each patient care area.

Occupational Therapists (OT): Help children with coordination needed for fine motor skills and daily tasks, such as writing, feeding and brushing teeth.

Speech Pathologists: Help children with speech and communication, feeding and swallowing. Evaluates your child’s language, communication and social skills, facilitates individual and group treatment target language and communication deficits. At times alternative communication methods may be deemed necessary. These alternative methods may include, but are not limited to, use of sign language and/or the Picture Exchange Communication System (PECS).

Child Life Specialists: Provide developmentally-appropriate toys, activities and education to help ease stress and prepare children and families for medical procedures. Also provide opportunities for children to play, watch movies, and celebrate birthdays and holidays.

Dietitians and Diet Technicians: Coordinate the special diet and nutrition therapy your child may need.

Chaplain: Supports patients and families and attends to their diverse spiritual needs and practices. If you have specific religious needs or requests, please ask for assistance.

Common Terms
Below is a list of some of the common terms you may hear during your child’s Psychiatric Inpatient Admission.

Treatment Team: This includes both the staff on the inpatient unit (doctor, RN, social worker, MHS) and the people who will support your child’s treatment after discharge, which includes; parents, care givers, school personnel, community providers, etc.

Family Meetings: Family meetings are designed to give Parents/Guardians an opportunity to meet with the social worker and other treatment team members to discuss goals, concerns, services and resources after discharge. Our team is here to assist you as your child transitions from crisis to a more stable setting and return to the community. Team members include parents, caregivers, outpatient and community providers.

Safety Plan: a plan you and your child will work together to create that includes steps to take to keep your child safe during crisis. This is discussed during family meetings.

Treatment Plan: goals that you and your child are working to meet during an inpatient stay. This is discussed during family meetings.
Discharge: is planned for when your child can safely return home.

DCC: stands for Discharge Care Clinic.

H&P: stands for History and Physical.

Coping Skill: a skill that helps the child deal with stress.

Milieu: this is the main space on an inpatient unit. It is where therapeutic groups and meals are shared throughout the day.

ADL: ADL stands for Activities of Daily Living. Examples of an ADL are brushing teeth, taking a bath or shower.

PRN: a medication given to your child on an as needed basis such as Tylenol or Ibuprofen.

AVS: Stands for After Visit Summary. All patients receive an AVS at the time of discharge. Your child’s AVS can be accessed via MyChart.

Care Journey Map: a visual tool used by the treatment team and the parent/guardian(s) to share information on your child’s treatment and work toward a common goal.
Psychiatry Inpatient Admission
A Family Guide

My Child's Information

My Child's Doctor: ________________________________
My Child's ID # ___________________________________

Why does my child have an ID number?
This number is a safety measure to protect the confidentiality of your child. You and any visitors that you allow your child to have must have this ID number in order to visit, call or get information about your child.

Notes

Watch our Inpatient Admission Video
Learn what to expect when your child is admitted. Use the QR code, or visit the Cincinnati Children's Hospital Medical Center's YouTube channel and search "Psychiatry Inpatient Admission".

www.cincinnatichildrens.org
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