



Visitor Guidelines

A successful recovery requires everyone involved to follow certain guidelines. Here are some visitor guidelines that we request you to follow at all times. This is in the best interest of your loved ones receiving treatment at Athena Behavioral Health.

- When visiting your loved ones at the treatment center, all visitors are required to submit their personal belongings, like money and mobile phones, at the reception. They can collect these from the reception at the time of leaving the treatment center.
- Patients can make calls to their families and friends and vice versa with due permission from the treatment team.
- Family members and friends will be allowed to visit the patient with due permission from the treatment team.
- No family member or friend would be allowed to visit the patient without a government photo-ID proof. Please carry your government photo-ID proof at all times inside the premises of the treatment center.
- Encourage your patient to follow the guidelines laid out by the treatment center to enable a speedy recovery.
- All visitors are requested to maintain the decorum of the treatment center.
- Please respect the privacy of other patients and be mindful of the noise you make.
- Damaging or removing any property of the treatment center, staff or other patients is not welcome.
- Violence, in any form, towards the treatment center, staff, or another patient is not welcome. All visitors are requested to speak with the staff and others in polite tones and courteous manner. All of us are here to help your patient recover.
- Use of illegal substances, narcotics, drugs, and alcohol is strictly prohibited.
- We encourage you to be in constant touch with the Case Manager assigned to your patient for updates on the treatment progress and billing enquiries.

Please sign below to indicate that you have read and understood all the patient guideline laid out.

Name of the Visitor: _____

Address: _____

Contact Number: _____

Government ID Proof: _____

Email ID: _____

Relationship with patient: _____

Name of the Patient:

Contact Number:

Name of the Psychiatrist: _____

Signature: _____