

**PRIVATE MENTAL HEALTH INSTITUTION 440 IAC 1.5 – ANNUAL ATTESTATION**

**Information on file is current**

**Updated information is enclosed**



List of governing board and executive staff



Name and title of medical services director who has responsibility for the oversight and provision of all medical services. Include a copy of physician’s current unlimited license to practice medicine per IC 25-22.5.



A floor plan. If the hospital occupies only part of the building include a floor plan of the entire building. Indicate location of hospital beds and types of certifications or licenses of other areas in the building.



Complete copy of all accreditation decision reports.



CEO statement regarding the use of any of the Special procedures listed in 440 IAC 1.5-3-12 (restraint and/or seclusion; electro-convulsive therapy or investigational/experimental drugs) will be used at this facility. Policies, procedures and the written plan regarding Special procedures.



The description of the process for admitting a child (age fourteen and under) to a non segregated unit (adult unit) under an emergency situation. Include the criteria for such an emergency admission. OR Submit a copy of the policy stating that such an admission will not occur.



Name of the Nursing executive and a copy of current nursing license



Name of Registered health information administrator (RHIA) or Registered health information technician (RHIT). Include a copy of current registration. Identify if the person is full-time, part time or a consultant.



Name of registered dietitian and copy of current American Dietetic Association registration

Has the agency had an accreditation survey within the last twelve months?

No       Yes

If yes submit a copy of the report.

Upon licensure of a Private Mental Health Institution, the applicant shall abide by all laws, rules and administrative directive governing Private Mental Health Institutions. The applicant affirms that the statements and declarations contained herein are true and correct to the best of the applicant’s knowledge.

Signature of CEO/Owner of Applicant Agency

Date (month, day, year)