



### **Behavioral Health Clinical Agreement**

I affirm I have reviewed the Behavioral Health Inpatient Unit Student Orientation presentation. I assume accountability for this information and understand I have the opportunity to ask questions with the Behavioral Health staff or Clinical Nurse Educator. I understand I must sign this agreement and return to the AHEC office prior to attending clinical on the Behavioral Health Unit.

I assume accountability for the above content \_\_\_\_\_

**Student Signature**