

5122-14-11 Patient rights, participation and education.

(A) The purpose of this rule is to:

- (1) Require written policies and procedures for patient rights including a grievance procedure, and requirement of a patient rights advocate;
- (2) Require policies and procedures about family and patient communication, patient abuse or denial of patient rights; and
- (3) Require written policies and procedures regarding how patients are educated about and involved in their care or services and in care decisions.

(B) The provisions of this rule are applicable to each inpatient psychiatric service provider licensed by the department.

(C) Definitions applying to this rule are those appearing in rule 5122-14-01 of the Administrative Code.

(D) Each inpatient psychiatric service provider shall have written policies and procedures for patient rights to include a grievance procedure, which shall provide for and maintain the basic human rights of all patients in accordance with Chapter 5122. of the Revised Code, including but not limited to sections 5122.27 to 5122.31 of the Revised Code, and in accordance with this rule. Such policies and procedures shall address:

- (1) The right of a patient or any other interested person to file a grievance;
- (2) The right to receive assistance in filing a grievance upon request; and
- (3) The inpatient psychiatric service provider's responsibility to investigate, resolve and/or provide a written response to grievances within a specified period of time.

(E) Each inpatient psychiatric service provider shall provide a patient right advocate(s) to safeguard patient rights. The patient rights advocate (s) or a designee(s) shall:

- (1) Be appropriately trained and knowledgeable in the fundamental human, civil, constitutional, and statutory rights of psychiatric patients including the role of the Ohio legal rights service;
- (2) Ensure that the patient, and as appropriate the patient's family members, significant others, and the patient's legal guardian, are informed about patient rights, in understandable terms, upon admission, and throughout the hospital stay, to include a written statement of patient rights. Treatment staff shall also work with patients to assist them in understanding and exercising patient rights; for any person who is involuntarily detained, the inpatient psychiatric service provider shall, immediately upon being taken into custody, inform the person orally and in writing of his/her basic rights according to division (C) of section [5122.05](#) of the Revised Code;
- (3) Be accessible in person during normal business hours, and during evenings, weekends, and holidays as needed for advocacy issues, twenty-four hours, seven days a week. The name, title, location, hours of availability, and telephone number shall be available to the patient, the patient's legal guardian if any, and the patient's family and significant others, at all times;
- (4) Assist and support patients, their family members, and significant others in exercising their legal rights and representing themselves in resolving complaints. This shall include providing copies of the inpatient psychiatric service provider's policies and procedures relevant to patient rights and grievances upon request and assistance with the grievance procedure. This shall also include assistance in obtaining services of the Ohio legal rights service in accordance with sections 5123.60 to 5123.604 of the Revised Code, and assistance in obtaining access to or services of outside agencies or resources upon request;

(5) Not be a member of the patient's treatment team and not have clinical management or care responsibility for the patient for whom he or she is acting as the patient rights advocate; and

(6) Maintain a log available for department review of patient grievances, including all allegations of denial of patient rights as identified by patients, family members of patients, significant others or other persons.

(F) Each inpatient psychiatric service provider shall ensure that its staff members are knowledgeable about patient rights and referral of patients to the patient rights advocate.

(G) Any significant changes in programming and in relevant policies and procedures shall include participation of patients and families of patients in an advisory capacity.

(H) No patient shall be denied participation in the activities and services of the hospital based solely on race, ethnicity, creed, sex, sexual orientation, national origin, age, disability, life style, ability to pay for care, any concurrent medical condition that can be managed by the inpatient psychiatric service provider, or legal status as a voluntary or involuntary patient.

(I) No patient shall be denied other appropriate services offered by the inpatient psychiatric service provider based on the refusal of any other treatment or service. This includes recognition of the right of any patient to refuse to accept psychotropic medication absent an emergency situation or unless medication or surgery has been authorized by the court to be administered or performed.

(J) Patients shall be allowed to communicate freely and confidentially both in writing and on the telephone, and visitors may visit at reasonable times with the patient according to the patient's wishes, unless the patient refuses such contact, or such contact is contraindicated for clear treatment reasons in which case the patient's treatment plan shall document such and shall specify the treatment designed to eliminate this restriction at the earliest possible time.

(K) Each inpatient psychiatric service provider shall ensure that patient and family education is an interdisciplinary and coordinated process, as appropriate to the patient's treatment plan, consistent with patient confidentiality and documented in the medical record. Education shall incorporate appropriate members of the treatment team, types of materials, methods of teaching, community educational resources, and special devices, interpreters, or other aids to meet specialized needs.

(L) Each inpatient psychiatric service provider shall obtain the informed consent of a patient and/or when appropriate, a guardian, for all prescribed medications that have been ordered, except in an emergency, and for those medical interventions as referenced in and in accordance with section 5122.271(A) of the Revised Code.

(1) Each inpatient psychiatric service provider shall ensure that the patient and legal guardian, when legally appropriate, receives written and/or oral information in a language and format that may be standardized and that is understandable to the person receiving it.

(a) Information shall include the anticipated benefits and side effects of the intervention, including the anticipated results of not receiving the intervention, and of alternatives to the intervention.

(b) Persons served shall be given the opportunity to ask questions, seek additional information and provide input before the intervention or medication is administered/dispensed.

(c) Documentation shall be kept in the patient's medical record regarding the patient's participation in this process, including the patient's response, objections, and decisions regarding the medication or medical intervention. Such documentation may be accomplished through a notation from an appropriate professional staff person, signature of the patient and/or guardian, or other mechanism.

(2) For purposes of informed consent specific to medication, each psychiatric inpatient service provider shall ensure that the patient and parent or legal guardian when legally appropriate receives written and/or oral information from a physician, registered nurse and/or registered pharmacist.

(3) Except in an emergency, patients on voluntary admission status may not be involuntarily medicated. The parameters for emergency use of medication shall be defined.

(4) Permission for the involuntary medication of patients committed by the probate or criminal court shall be obtained through an order by the committing court, except that involuntary medication is not permitted, absent an emergency, 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 paragraph (G)(4) of section [2945.371](#) of the Revised Code. The inpatient psychiatric service provider shall provide the opportunity for informed consent.

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