

The following sections apply to me (check those that apply):

1.  Right to treatment
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8.  Involuntarily committed by Probate Court
9.  Voluntary Status
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# **YOU ARE GUARANTEED CERTAIN BASIC RIGHTS BY LAW**

We want you to know and understand your rights as guaranteed by law in the Ohio Revised Code. Upon request your spouse, guardian, parent, adult children, next-of-kin and/or significant other may also be informed of your rights. In some instances, one or the other may act on your behalf.

You have the right to be fully informed of all of your rights. This document lists many of these rights to which you are entitled. Unless the court has limited your rights, you don't lose them just because you are hospitalized. You retain all your civil rights not specifically denied in the Ohio Revised Code (Section 5122.301). You have the right to have the hospital address ethical issues in providing your care. For more information on these or other rights, contact your Rights and Recovery Administrator.

First and foremost - you have the right to be treated with respect and dignity!

If you, your spouse, guardian, parent, adult children, next-of-kin and/or significant other, think your rights have been violated, you should report this to the Rights and Recovery Administrator, your own lawyer and/or:

**Disability Rights Ohio**  
**200 Civic Center Drive, Suite 300**  
**Columbus, OH 43215**  
**<http://disabilityrightsohio.org/>**  
**Phone: 614-466-7264**  
**or 1-800-282-9181 (toll-free in Ohio only)**  
**TTY: 614-728-2553 or 1-800-858-3542 (toll-free in Ohio only)**

If you have a patient safety concern you may also report this to unit staff, the Rights and Recovery Administrator and/or:

**Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, Illinois 60181  
Phone: 877-223-6866 (8 am - 8 pm EST)**

If you have a concern about your healthcare you may also report this to unit staff, the Rights and Recovery Administrator and/or:

**Ohio Department of Health  
Office of Health Assurance and Licensing  
Bureau of Licensure Operations  
Public Information  
246 North High Street, 3rd Floor  
Columbus, OH 43215-2412  
Phone: 1-800-342-0553**

# **1. YOU HAVE THE RIGHT TO TREATMENT**

This includes, but is not limited to, the right to:

1. A humane psychological and physical environment.
2. The least restrictive environment appropriate to your needs;
3. A current, written, individualized treatment plan;
4. Participate in developing your treatment plan;
5. Freedom from restraint or isolation, unless required by psychiatric or medical needs;
6. Freedom from unnecessary or excessive medication;
7. Participate in discussions and decision-making about medication and treatment;
8. Current information concerning your condition, treatment and progress;
9. If surgery or other major medical treatment is recommended, you have additional rights that will be explained to you at that time;
10. No compulsory medical, psychological or psychiatric treatment applied to you without specific court authorization if you are being treated by spiritual means through prayer alone, in accordance with a recognized method of healing, unless there is substantial risk of physical harm to yourself or others;
11. Give or deny written consent to the use and disposition of visual techniques, such as one-way vision mirrors, tape recorders, television, movies or photographs;

12. Refuse to participate in any research project without being denied access to services;
13. Be informed of the reasons for your admission to a hospital and to be involved in planning for your discharge, unless limited by court involvement;
14. Have your need for hospitalization or commitment be reviewed at least every 30 days by your hospital treatment team;
15. Be free from physical and verbal abuse and neglect;
16. Not to be discriminated against because of race, handicap, sex, age, ancestry, lifestyle or national origin;
17. Receive adequate medical treatment for physical disease or injury;
18. Have reasonable accommodation made for you if you are deaf or hard of hearing so that you have an equal opportunity to participate in and benefit from services. You should also feel free to talk with the Rights and Recovery Administrator about what additional services may be available that you may choose to participate in. If you are unable to read or if you speak a language other than standard English as a primary means of communication, or have a limitation on your ability to communicate effectively, such as deafness or hearing impairment, the list of rights shall be explained to you by providing interpreters, readers, and/or appropriate communication devices or other assistance;
19. Have information regarding services and your rights presented to you in a way that you are able to understand.

## **2. YOU HAVE THE RIGHT TO COMMUNICATE**

This right includes, but is not limited to the right to:

1. Communicate freely and be visited at reasonable times by your lawyer and by the staff of the Disability Rights Ohio (1-800-282-9181);
2. Have the opportunity to consult with independent specialists;
3. A clear and effective means of communication between you and the treatment staff. If you are unable to read, or speak a language other than English as a primary means of communication, or if you have a limitation on your ability to communicate effectively, such as deafness or hearing impairment, the staff shall communicate with you by providing interpreters, readers and/or appropriate communication devices or other assistance;
4. Receive visitors at reasonable times;
5. 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 you request it;
6. Social interaction;
7. Have letter-writing materials and stamps, including a reasonable number without cost if you are unable to pay for them, and to mail and receive unopened correspondence and receive assistance with writing, if you request it.

Your rights in paragraphs 4, 5 and 6 above can be restricted or withheld by your treatment team for “clear treatment reasons.” The term “clear treatment reasons” means your treatment team believes that allowing you to freely communicate with others will result in a “substantial risk

of physical harm” to you or to others, or will “substantially preclude” your effective treatment. If there is a restriction on any of these rights, your treatment plan must state how the restriction will be eliminated as soon as possible and must be reviewed at least every seven (7) days.

### **3. YOU HAVE THE RIGHT TO PERSONAL PRIVILEGES**

You have the right to personal privileges, consistent with health and safety factors. These include, but are not limited to, the right to:

1. Wear your own clothing and maintain your own personal effects.
2. Be provided neat, clean and seasonable clothing if unable to provide your own;
3. Maintain your personal appearance according to individual taste;
4. Keep and use personal possessions in accordance with hospital policy;
5. Have individual locked storage space for your private use;
6. Keep and spend a reasonable sum of money for expenses and small purchases;
7. Read and possess reading materials without censorship, limited only by the clear and present danger to the safety of others.

## 4. OTHER IMPORTANT RIGHTS

You have the right to:

1. Be treated with respect at all times;
2. Reasonable protection from assault or battery by any other person;
3. Reasonable privacy, including periods and places of privacy;
4. Refuse medical testing, unless there is an emergency or a court order. The Rights and Recovery Advocate will explain your rights.
5. Refuse blood or urine drug testing unless there is a medical emergency or a court order.
6. Confidentiality in accordance with state and federal law;
7. Free exercise of religious worship;
8. Refuse to perform labor which involves the operation, support or maintenance of the hospital. (You are, however, expected to perform therapeutic tasks if they are part of your treatment plan. You are also expected to perform tasks of a personal housekeeping nature.)
9. File a grievance and have it resolved promptly.
10. Register to vote and vote;
11. Request your discharge in writing, if you are a voluntary patient. If you do this, within three court days, the hospital must either discharge you or file an affidavit with the probate court to request a court hearing to determine whether you meet the definition of “mentally ill subject to hospitalization by court order.” If the court finds that you meet this definition, you can be hospitalized by

probate court order for up to ninety (90) days, or until your treating psychiatrist believes you no longer meet this definition and orders your discharge, whichever comes first.

## **5. COMPLAINT, MEDIATION, AND GRIEVANCE PROCEDURE**

1. If you have a complaint about anything at this hospital, you should talk with the nursing supervisor on your unit or another staff person with whom you feel comfortable, who will then inform the nursing supervisor. The nursing supervisor should tell you within two working days what he or she is doing to solve the problem. If you feel uncertain about this, you might prefer to talk with the Rights and Recovery Administrator, who will look into it and let you know the result. The Rights and Recovery Administrator has four working days to attempt to resolve your complaint.
2. If your complaint isn't resolved the way you want it to be, you may request mediation or file a grievance by telling the nursing supervisor or the that you want the Rights and Recovery Administrator problem looked into further. You will be provided information regarding your options of requesting mediation or filing a grievance.
3. Mediation is a voluntary process in which a neutral third party meets with you and the other person(s) involved in your concern or disagreement. At the end of the mediation you and the other person(s) will develop a mutually satisfactory resolution.
4. If you decide to file a grievance, you will be asked to write down your complaint, including exactly what happened, when it happened, the name of the staff member or other persons involved, and what you would like to see done. The nursing supervisor or the Rights and Recovery Administrator may assist you in writing this down if you ask for help. After your complaint is written, it will be

investigated by the Rights and Recovery Administrator as a grievance.

5. You may then meet with the Chief Executive Officer (or other person chosen by the CEO) and the Rights and Recovery Administrator to tell them of your grievance. You may also have another person with you. That person may be anyone you choose who is willing to help you. The Chief Executive Officer (or other person chosen by the CEO) will review your concern and tell you of his/her decision about your complaint within five working days of the meeting.
6. If you are dissatisfied with the resolution of the Chief Executive Officer (or other person chosen by the CEO), you may appeal the decision by contacting the Department's Office of Advocacy and Protection at the following address:

**Advocacy and Protection Administrator**  
**Ohio Department of Mental Health and Addiction Services**  
**30 East Broad Street, 36th Floor**  
**Columbus, Ohio 43215**  
**Or call ODMH:**  
**Toll Free Bridge 877-275-6364**  
**(614) 466-7228**  
**TTY 888-636-4889**

If you wish, the Rights and Recovery Administrator will help you contact this office.

At any time during the complaint, grievance or appeal process, you may call or write to Disability Rights Ohio at:

**Disability Rights Ohio**  
**200 Civic Center Drive, Suite 300**  
**Columbus, OH 43215**  
**Phone: 614-466-7264**  
**or 1-800-282-9181 (toll-free in Ohio only)**  
**TTY: 614-728-2553 or 1-800-858-3542 (toll-free in Ohio only)**

## **EMERGENCY HOSPITALIZATION**

If you have been brought to a psychiatric hospital (Pink Slip), the hospital has three court days (i.e., days the court is open for business) to evaluate you to see if you meet criteria for hospitalization. By the end of the third court day the hospital must do one of the following: discharge you, allow you to sign an application for voluntary admission, or file an affidavit with the probate court to request a civil commitment hearing (also called a “probate court” hearing). This type of court hearing is to determine if you meet the criteria to be hospitalized by a probate court order. It is not a criminal court hearing and it does not mean that anyone has done anything wrong.

1. You have the right to know the circumstances and the reasons under which you were taken into custody and transported to the hospital.
2. You have the right to be taken into custody in the least conspicuous manner possible and to be informed of the name, professional designation and agency affiliation of the person taking you into custody; that this is not a criminal arrest; and where you are being taken and why.

## **IF AN AFFIDAVIT HAS BEEN FILED FOR YOU IN PROBATE COURT**

If an affidavit has been filed in the Probate Court, you have the following rights:

The right to:

1. Be informed of the hearing process by the Rights and Recovery Administrator;
2. Have a hearing to review your commitment, at the latest 10 days after the filing of the affidavit unless waived by you or your attorney;
3. Attend the hearing;
4. Hire an attorney or, if indigent, to have a court-appointed attorney;
5. Have an independent expert evaluation of your mental condition, and if indigent, the right to such evaluation at public expense.

## **IF YOU ARE HOSPITALIZED BY PROBATE COURT ORDER**

You have the right to:

1. A mandatory hearing after the expiration of the first 90-day period that you were involuntarily committed; and every two years thereafter;
2. Request a full hearing every 180 days, after the expiration of the first 90-day period that you were involuntarily committed;
3. Attend all hearings;
4. Hire an attorney or, if indigent, to have a court-appointed attorney;
5. Request from the Court an independent expert evaluation of your mental condition and, if indigent, the right to such evaluation at public expense;
6. Apply for voluntary admission to the hospital and, if your application is accepted, the right to request discharge from the hospital by writing a letter or completing the request for discharge form. At that time, the hospital would have three court days in which to decide whether to seek involuntary commitment for you or to discharge you.

## **VOLUNTARY STATUS**

1. If you have been involuntarily committed by the Probate Court, you have the right to request voluntary admission.
2. If you are a Parolee or Probationer, you can be initially admitted as a voluntary patient or you have the right to request voluntary admission. Your parole or probation officer can also admit you. Either way, you remain under the jurisdiction of the Parole/Probation Department. Ohio Mental Health and Addiction Services is ordered by the court to monitor you, so this is closely related to being under court jurisdiction.
3. If you are a Jail Transfer or Police Hold, you may seek voluntary admission.
4. If you are found Incompetent to Stand Trial/Unrestorable, you have the right to apply for voluntary admission provided you comprehend the implications of voluntary admission.

## **THREE DAY LETTER**

If you are a voluntary patient, you can write a “Three Day Letter” requesting to be discharged from the treatment. The doctors providing your treatment then have three court days (not including weekends or holidays) to either accept your request and discharge you, or deny your request and file an affidavit of mental illness asking a court to order more treatment.

## **INVOLUNTARY DETENTION AND “PINK SLIPS”**

If you represent a substantial risk of physical harm to yourself or others, you can be involuntarily detained for the purpose of mental health evaluation. This can be done with a form called a “pink slip.” If this happens, you have the right to:

1. Be taken into custody in the least conspicuous way possible;
2. Know the name and agency of the person taking you into custody;
3. Be told the name of the mental health facility where you will be taken for evaluation;
4. Be taken to a mental health organization or a psychiatric hospital within 24 hours of being involuntarily detained; and
5. Receive a copy of your “pink slip” if you ask for it.

Even if the police or sheriff are involved, this is not an arrest. It is not criminal, and it does not mean anyone has done anything wrong.

If you are involuntarily detained or otherwise in custody for mental health evaluation, you have the right to immediately be informed and receive a written statement of the following rights:

1. To immediately make a reasonable number of telephone calls or use other ways to contact an attorney, physician or psychologist;
2. To contact other people for help to get an attorney or medical or psychological assistance; and
3. To receive assistance to make phone calls if needed and requested

# **MOVEMENT LEVELS**

There are five (5) levels of movement within the hospital

**LEVEL I** Patients cannot be permitted off the unit except by one-to-one escort/supervision.

**LEVEL II** Patients can have supervised access to all areas of the hospital not designated off-limits. This level does not permit off grounds movement.

**LEVEL III** Patients can have access to all areas of the hospital (except those designated as off limits to all patients), without staff supervision. Unsupervised movement will be for no longer than one hour unless otherwise specified by physician order. This level does not permit off grounds movement.

**LEVEL IV** Patients can have access to the community-at-large with a staff member, case manager, or agency personnel supervising the patient's activities. The patient is to be within view of the staff member at all times.

**LEVEL V** Patients can leave the hospital grounds without supervision for a specified period of time.

## **Note:**

There is no off unit movement during severe weather conditions or other types of emergencies. Patients with certain legal statuses (e.g. Forensic) must go through a review process before an increased movement level can be granted. Patients on Police Hold or Jail Transfer remain on Level I (one).

# ADVANCE DIRECTIVES

In Ohio, "advance directives" is the term used to describe three types of legal documents you can complete to express your wishes regarding your future health care: (1) a durable power of attorney for health care (POA), (2) a declaration for mental health treatment, and (3) a living will. An advance directive can be an important tool for you as a consumer of mental health services to guide your care should your attending physician determine that you lack capacity to make your own health care choices.

Many people today are worried about the medical care they would be given should they become terminally ill and unable to communicate. They may not want to spend months or years dependent on life-support machines, or they may want every measure to be taken to sustain their life. You have a choice.

A growing number of people are taking action before they become seriously ill. You may now state your health care preferences in writing, while you are still healthy and able to make such decisions.

This healthcare organization is required by federal and state law to provide you, the patient, an explanation of your right to make personal decisions regarding your own medical care. We are also required to ask whether you have written down your wishes.

This pamphlet explains your options concerning the right to accept or refuse medical treatment and how you make your wishes known about the care you want when you are unable to decide for yourself.

## **What are my rights regarding medical treatment decisions?**

You have the right to make your own medical treatment decisions. If you do not want certain treatments, you have the right to tell your doctor

you do not want them.

Most patients can express their wishes to their doctor, but some who are seriously injured or unconscious cannot. However, you have the right to make your wishes known before such a situation occurs.

**What if I am too sick to decide or unable to communicate my wishes?**

Sometimes people cannot tell their doctor about the kind of care they want because they become too sick and are unable to communicate. Under Ohio law, you have the right to fill out a form, while you are still able, that tells your doctors what you want done if you are unable to communicate your wishes.

**What kinds of forms are available?**

Under Ohio law, there are three (3) different forms you can use to make your wishes known. These documents are referred to as Advance Directives because they are signed in advance to let your doctor and others know your wishes concerning medical treatment.

**Do I have to fill out these forms before I get medical care?**

No. No person or health care provider can require you to fill out these forms. Completing any of these forms is a voluntary action on your part.

**Who can fill out these forms?**

Anyone at least eighteen (18) years old, who can make their own decisions, can fill out these forms.

**Do I need a lawyer?**

No, you do not need a lawyer to fill them out.

**Do my health care providers have to follow my instructions?**

Yes, if your directions comply with state law. Ohio law includes a conscience clause in case your health care provider is unable to follow your directions because they are in conflict with the care giver's

conscience. However, in this case, you can be transferred to another health care provider who will comply with your wishes.

## **POWER OF ATTORNEY**

### **DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

#### **Who should I choose to make all my health care decisions for me when I am unable to?**

You can choose any adult relative or friend you trust to speak for you when you are unable to make your own decisions. Be sure you talk with that person about what you want. Then write down what you want or don't want on your Durable Power of Attorney form. You should also talk to your doctor about what you want.

#### **When does my Durable Power of Attorney take effect?**

This document becomes effective only when you are temporarily or permanently unable to make your own decisions about your treatment.

## **LIVING WILL**

#### **What is the basic difference between a Durable Power of Attorney and a Living Will?**

Your Living Will is your set of written instructions about the type of health care treatment you want when you are unable to communicate your wishes. Your Durable Power of Attorney is a person you have chosen to make your health care treatment decisions for you when you are unable to do so yourself.

#### **If I have a Durable Power of Attorney, Do I need a Living Will too?**

Many people will want to have both documents because they can address different aspects of your medical care. A Living Will gives your instructions directly to your doctors and Durable Power of Attorney appoints another person you have chosen to make health care treatment

decisions for you.

### **How does a Living Will work?**

- It becomes effective only when you are permanently unconscious or terminally ill and unable to communicate.
- It spells out to what extent you want life-support technology used to prolong your life.
- It gives your caregivers the authority to follow your instructions regarding the medical treatment you want under these conditions.

## **OTHER MATTERS TO CONSIDER**

### **Can I make changes to my forms?**

Yes, at any time. In fact, if you already have a Durable Power of Attorney, it may be recognized under state law if either document is substantially in compliance with Ohio's law, which took effect October 10, 1991. Ohio law did not formally recognize living wills until October 10, 1999. It is always a good idea to periodically review your forms to be sure they still reflect your view and your old forms may not cover specific areas.

### **Where do I get a Living Will and Durable Power of Attorney forms?**

If you are interested in getting copies of these forms, ask a member of your Treatment Team or the Rights and Recovery Administrator.

### **What do I do with my forms after filling them out?**

You should give copies to your doctor and health care facility to put into our medical record. Be sure and tell your family or friends – persons close to you – about what you have done and consider giving them a copy as well. Do not simply put these documents in a “safe” place and forget about them.

# PSYCHIATRIC ADVANCE DIRECTIVES

There is a third kind of Advance Directive.....

Anyone who has suffered from mental illness understands the fear of what would happen if they go into crisis again. It is the real fear of losing control. If this sounds like you, then maybe you should consider an Advance Directive for psychiatric health care. Similar to a medical advance directive or a health care power of attorney, a psychiatric advance directive is a legal document completed in a time of wellness that provides instructions regarding treatment or services one wishes to have or not have during a mental health crisis, and may help influence his or her care. A mental health crisis is when a person is unable to make or communicate rational decisions.

A psychiatric advance directive allows you to specify considerations about your mental health care treatment and appoint an agent who may make decisions about your treatment in the event of a mental health crisis. In some cases, you may also give further background information about how you have reacted to past treatment.

Having an Advance Directive like a “Declaration for Mental Health Treatment” is important because it gives you more control over your mental health treatment if you can’t tell others what you want.

The “Declaration for Mental Health Treatment” lets you decide, ahead of time, about your mental health treatment. It lets you make decisions about:

- medications;
- electroconvulsive therapy (ECT or “shock treatment);
- where you get treatment;
- what kind of treatment you want, and who you want to treat

you (for example, if you have a Wellness Recovery Action Plan [WRAP], or a crisis plan).

Your treatment preferences will be honored unless:

- The treatment preference conflicts with reasonable medical practices;
- The treatment preference conflicts with available resources;
- An emergency situation endangers the life or health of you or another person; or
- The treatment preference conflicts with a court order.

Advance directives are documents which state your instructions today about your health care for the future, in case you become unable to speak for yourself at the time you need treatment. You can state your instructions about the kinds of treatment you want and do not want, who may provide you treatment and who may not, and where you will and will not receive treatment.

Ohio law allows you to use different kinds of documents to state your instructions about your health care. There are important differences between these documents. The durable power of attorney for health care can state your instructions about medical treatment or mental health treatment or both. The declaration for mental health treatment can state your instructions for mental health treatment. You may have both of these documents stating your instructions about mental health treatment, but the declaration for mental health treatment controls.

The most important difference between these two documents is that the durable power of attorney for health care is always "revocable:" you may change or cancel your instructions at any time. The declaration for mental health treatment is not always "revocable:" if you become unable to make your own decisions because of a mental illness, you will be bound by the instructions for treatment

that you gave when you created the document.

For more information, contact the Rights and Recovery Administrator.

# HIPAA

What is HIPAA?

The Health Insurance Portability & Accountability Act (HIPAA) became law August 21, 1996. The primary goal of the law is to make it easier for people to keep health insurance, and help the industry control administrative costs. HIPAA also included privacy and security provisions designed to protect individually identifiable health information from careless or inappropriate use or disclosure.

What is Protected Health Information?

Individually identifiable information relating to the past, present or future physical or mental health, condition, treatment or payment for care of the individual is called "Protected Health Information," or PHI. However, certain types of records, including records held by an employer, are excluded from this definition.

The HIPAA privacy rules outline how PHI can be used or disclosed. Under HIPAA, PHI uses and disclosures are permitted for treatment and payment purposes, and as part of health care operations, without the individual's authorization.

Under the law, in compliance with HIPAA, mental health providers must attempt to obtain your consent for the disclosure, **but if unable to do so, may release or exchange your information with other providers of treatment and health services when it is needed for continuity of care.** Health care providers will stay connected by sharing, so they can make sure that decisions relative to your care are based upon complete information.

What the changes mean for you

To be an active participant in this process, you need to be aware of how your information is released and exchanged. These changes mean that your family doctor, other health care practitioners, and your mental health treatment providers can have the minimum

information necessary for your treatment. Having this information as quickly as possible can help them avoid problems that occur when treatment providers are not on the same page, such as adverse drug interactions.

Improved sharing of health care information may lead to better health and longer lives. These changes also may facilitate the transition for your provider to electronic health records in the future.

## **IF YOU ARE POLICE HOLD**

If you are a Police Hold, you have been taken into custody by a law enforcement officer, and subsequently transported to an OhioMHAS hospital for inpatient services. Formal charges have not yet been filed, but you are identified as being under the custody of the law enforcement agent who brought you to the hospital.

1. You have the right to know that you are not allowed any movement or unsupervised privileges while hospitalized.
2. You have the right to know that when you are not in need of hospitalization, the law enforcement agency whose custody you are under will be notified of your pending release. This law enforcement agency is responsible to pick you up, unless the hospital receives written notification from the police agency indicating that you are no longer under their custody.

## **IF YOU ARE A JAIL TRANSFER**

If you are a Jail Transfer, you have been incarcerated in a jail and require psychiatric hospitalization. Based on these special circumstances, you probably have been admitted as an emergency admission. You can also sign a voluntary admission form. Charges have been filed against you, thus when you are ready for release from the hospital, the jail will be notified so that they can transport you back to jail. You are under the custody of the jail.

1. You have the right to know that you are not allowed any movement or unsupervised privileges while hospitalized.
2. You have the right to know that when you are not in need of hospitalization, the staff at the jail are responsible to pick you up unless the hospital receives written information from the jail that indicates you are no longer under their custody.

## **IF YOU ARE A PAROLEE OR PROBATIONER**

If you are a Parolee or Probationer under supervision and subject to hospitalization at an Ohio Mental Health and Addiction Services facility:

1. You can be admitted voluntarily, or probated by your Parolee/Probation Officer (P.O.) to an OhioMHAS hospital.
2. If probated by your P.O., the hospital staff can share information with the P.O. without a signed release of information.
3. You are allowed Level 1-5 movement. This requires a review by the Forensic Review Team (Forensic Team Review) if the crime committed was a Misdemeanor 1 or a Felony.
4. If you are a voluntary admission, the hospital staff are required to have a signed release of information to share information with your P.O. Prior to your being granted a Level 5 movement or discharge the staff will notify the P.O., if you agree.
5. The hospital staff must notify the P.O. if you are absent without leave (AWOL).
6. You are given credit toward your overall time while in the hospital.