



Regional Psychiatric Hospitals

Forensic

Client Rights

Your name: _____

Name of Hospital:

Twin Valley Behavioral Healthcare

Telephone Number: (614) 752-0333

TDD/TTY Number: (614) 274-7137

Toll Free Number: (877) 301-8824

Client Rights Specialist:

Susan Cross, extension 4317

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

1. Right to treatment
2. Right to communicate
3. Right to personal privileges
4. Other Rights
5. Grievance procedures
6. Not Guilty by Reason of Insanity
7. Incompetent to Stand Trial,
Competency Restoration
8. Incompetent to Stand Trial,
Criminal Court Jurisdiction
9. Movement Levels
10. Advance Directives/Power of Attorney/
Living Wills
11. HIPAA

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. 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 pamphlet 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 Client Rights Specialist.

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 Client Rights Specialist, your own lawyer and/or:

Disability Rights Ohio
200 Civic Center Drive, Suite 300
Columbus, Ohio 43215-5923
<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 Client Rights Specialist and/or:

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Phone: 1-877-223-6866 (8 am - 8 pm EST)

If you have a concern about your healthcare you may also report this to unit staff, the Client Rights Specialist 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 Client Rights Specialist 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 Client Rights Specialist 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 Client Rights Specialist, who will look into it and let you know the result. The Client Rights Specialist 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 Client Rights Specialist that you want the 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 Client Rights Specialist may assist you in writing this down if you ask for help. After your complaint is written, it will be investigated by the Client Rights Specialist as a grievance.
5. You may then meet with the Chief Executive Officer (or other person chosen by the CEO) and the Client Rights Specialist 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 Consumer Advocacy and Protection at the following address:

Consumer Advocacy and Protection Specialist
Ohio Department of Mental Health and Addiction
Services

30 East Broad Street, 36th Floor
Columbus, Ohio 43215

Or call ODMAS:

Toll Free Bridge 1-877-275-6364
(614) 466-7228

TTY 1-888-636-4889

If you wish, the Client Rights Specialist 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, Ohio 43215-5923

<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 BEEN FOUND NOT GUILTY BY REASON OF INSANITY AND INVOLUNTARILY COMMITTED

If you have been found NGRI and involuntarily committed by the Criminal Court, you have the right to:

1. Be informed of the hearing process by the Client Rights Specialist;
2. A mandatory hearing after the expiration of the first six month period that you were involuntarily committed, and every two years thereafter;
3. Request a full hearing every 180 days after the expiration of the first six month period that you were involuntarily committed;
4. Attend all hearings and have these additional rights in these proceedings;
 - a. Subpoena witnesses and documents, to present evidence on your own behalf, and to cross-examine witnesses against you;

- b. Testify in your own behalf and not to be compelled to testify;
 - c. Have copies of any relevant medical or mental health documents in the custody of the state, or of any place of commitment, (other than a document for which the Court finds that the release to you of information contained in the document would create a substantial risk of harm to any person.)
5. Hire an attorney or, if indigent, to have a court-appointed attorney;
 6. Have an independent expert evaluation of your mental condition and, if indigent, the right to such evaluation at public expense;
 7. Receive the final termination of the court commitment, which occurs when:
 - a. You are no longer a mentally ill person subject to hospitalization by court order, as determined by the trial court, or
 - b. The expiration of the maximum prison term or term of imprisonment that you could have received if you had been convicted of

the most serious offense of which you were found not guilty by reason of insanity.

The granting of movement levels 3, 4 and 5 requires review by a Forensic Review Team and approval from the CCO of the hospital and the Criminal Court of jurisdiction. This includes on-grounds unsupervised, off-grounds supervised, off-grounds unsupervised, trial visit, and conditional release (non-secured status). Cases with high felony charges require FRT and CCO approval.

IF YOU ARE HOSPITALIZED BY PROBATE COURT ORDER AFTER BEING FOUND UNRESTORABLE TO COMPETENCE

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.

This category includes individuals who have been found Incompetent to Stand Trial, Unrestorable (IST-U) and not retained under criminal court jurisdiction. After the court finds an individual un-restorable, the individual may be committed to the hospital by the Probate Court when the criteria are met for hospitalization.

If you are found IST-U, Level 1 through 5 movement is permitted. Forensic Review Team and CCO approval is required if you have been charged with a Felony or Misdemeanor 1.

If you are found IST-U, the prosecutor will be notified in the following situations:

- prior to discharge;
- if you are absent without leave (AWOL);
- when you are granted unsupervised off-grounds movement or trial visit;
- when your status changes to voluntary.

Upon receiving notice that you will be granted unsupervised, off-grounds movement, the prosecutor shall either refile to prosecute you or promptly notify the court that there is no intent to prosecute the charges against you.

IF YOU HAVE BEEN FOUND INCOMPETENT TO STAND TRIAL-UNRESTORABLE TO COMPETENCY AND ARE UNDER COURT JURISDICTION

If you have been found IST-U and remain under the jurisdiction of the Criminal Court, you have many of the same rights after commitment to the hospital as a person found Not Guilty by Reason of Insanity.

You have the right to:

1. Be informed of the hearing process by the Client Rights Specialist;
2. A mandatory hearing after the expiration of the first six month period that you were involuntarily committed, and every two years thereafter;
3. Request a full hearing every 180 days after the expiration of the first six month period that you were involuntarily committed;
4. Attend all hearings;

5. Hire an attorney or, if indigent, to have a court-appointed attorney;
6. Receive the final termination of the court commitment, which occurs when:
 - a. You are no longer a mentally ill person subject to hospitalization by court order, as determined by the trial court; or
 - b. The expiration of the maximum prison term or term of imprisonment that you could have received if you had been convicted of the most serious offense with which you were charged; or
 - c. The trial court enters an order terminating the commitment when the court determines that you are competent to stand trial and you shall be proceeded against as provided by law. If the court determines that you remain a mentally ill person subject to hospitalization, the court shall order that your commitment to the hospital continue during the pendency of the trial. If you are not subject to hospitalization, the court shall not continue the commitment to a hospital during the pendency of the trial.

The granting of movement levels 3, 4, and 5 requires review by a Forensic Review Team and approval from the hospital CCO and the Criminal Court of jurisdiction. This includes on-grounds unsupervised, off-grounds supervised, off-grounds unsupervised, trial visit, and conditional release (non-secured status). Level 2 requires FRT and CCO approval only. (This may have been earned if you were approved as a 38 B – Competency Restoration.)

IF YOU HAVE BEEN FOUND INCOMPETENT TO STAND TRIAL BY THE CRIMINAL COURT AND INVOLUNTARILY COMMITTED FOR RESTORATION

If you have been involuntarily committed for competency restoration (or for a continuing evaluation and treatment period of up to four months to determine if you can be restored to competency), you will be offered treatment unless the hospital determines that you probably cannot become competent to stand trial and the judge agrees.

You have the right to:

1. Not be required to undergo competency restoration treatment longer than:
 - One year for a serious felony charge,
 - Six months for a less serious felony charge,
 - Sixty days for a higher level misdemeanor charge;

- Thirty days for a lower level misdemeanor charge;
2. Attend all hearings;
 3. Hire an attorney, or if indigent, to have a court-appointed attorney.

No supervised, off-grounds movement (unless granted for a special medical condition) or unsupervised privileges (movement) will be granted. This requires court approval.

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 for specific defined purpose 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 and for specific defined purpose only.

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 restricted movement list due to a 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 Client Rights Specialist.

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.

For more information contact the Client Rights Specialist.

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.