



## **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 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 800-282-9181 (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: 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, including toilet articles;
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. The right to free exercise of religious worship within the facility, including a right to services and sacred texts that are within the reasonable capacity of the facility to supply, provided that no patient shall be coerced into engaging in any religious activities
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 **following the submission of your request (weekends and holidays excluded)**, 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 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. That person will act to immediately resolve your complaint or give you a resolution plan that is acceptable to you. If your complaint isn't resolved to your satisfaction or you submit it in writing it will immediately become a grievance.
2. Once a grievance has been filed the grievance committee will investigate the issue and provide you with a written response within 7 working days.

The response will include the following:

- The name of the person to contact if you are not satisfied and wish to appeal.
  - The steps taken on your behalf to investigate your grievance.
  - The result of your grievance.
  - The date you received the response.
3. If you choose you may request mediation to resolve your grievance. 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. If you request mediation it must occur within 5 working days of your request. The goal of the mediation is for you and the other person(s) involved to develop a mutually satisfactory resolution.
  4. If you are not satisfied with the resolution of your grievance you may request to appeal to the Chief Executive Officer (CEO). The CEO or their designee must meet with you in person within 3 working days. That person must give you a written response to your appeal within 3 working days after the meeting.
  5. If you are dissatisfied with the resolution of the CEO or their designee, the Rights and Recovery Administrator will help you file an appeal. You may appeal the decision by contacting the OhioMHAS Advocacy Services Administrator at:

**Ohio Mental Health and Addiction Services 30 East Broad Street, 36th  
Floor Columbus, Ohio 43215  
Or call OhioMHAS:  
Toll Free Bridge 877-275-6364 (614) 466-7228**

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  
<http://disabilityrightsohio.org/> Phone: 614-466-  
7264  
or 1-800-282-9181 (toll-free in Ohio only)**

## 6. 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, **this does not include weekends or holidays**) 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.

## 7. 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.

## 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 your hospital's 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.