

Chapter: Patient Rights (RI)

Section 1: Utah State Hospital Statement of Patient Rights

Policy

Utah State Hospital supports and protects the fundamental human, civil, constitutional, and statutory rights of each patient.

Procedure

1. Statement of Patient Rights. The Utah State Hospital Patient Rights Statement describes the rights of patients and the means by which these rights are protected and exercised.
 - 1.1. A copy of this statement is posted in various areas of the hospital.
 2. Informing Patients of Their Rights. Patients are informed of their rights in a language they understand.
 - 2.1. Each patient receives a written statement of his/her rights.
 3. Access to Treatment. Patients have access to treatment regardless of race, religion, sex, ethnicity, age, or disability.
 - 3.1. Each patient is entitled to considerate and respectful care.
 4. Admission. Patients have the right to an explanation of admission status and the provision of the law pertaining to their admission.
 5. Notice of Right to Release. Involuntarily civilly committed patients are informed of their right to release and are assisted in making requests for release.
 - 5.1. Civilly committed patients have the right to petition the court for release.
 6. Personal Dignity. Personal dignity is recognized and respected in the provision of care and treatment of each patient.
 7. Personal Privacy. The personal privacy of each patient is assured and protected within the constraints of the individual comprehensive treatment plan.
 - 7.1. Staff respect a patient's right to privacy by knocking on the door of his/her room before entering.
 - 7.1.1. In an emergency situation, or during night checks, staff may not knock on the door before entering.
 8. Legal Counsel. Patients have the right to legal counsel and an attorney of their choice.
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- 8.1. If the patient has no attorney or is unable to afford private counsel, legal services are provided through a contract attorney and/or through the Disability Law Center.
 - 8.2. Patients have the right to contact a legal representative by phone or sealed mail.
 9. Patient Advocate. Patients have access to the patient advocate provided by the hospital.
 10. Individualized Treatment. Each patient receives individualized treatment.
 - 10.1. Each patient has the right to collaborate with his/her physician in making decisions involving his/her treatment.
 - 10.2. Each patient is provided an individualized treatment plan.
 11. Review of Treatment Plan. Patients may request an in-hospital review of their individual comprehensive treatment plan.
 12. Participation in and Access to Information Regarding Treatment. Patients may exclude relatives, friends, and others not officially connected with the hospital from participating in and having access to information regarding their treatment.
 13. Access to Contents of Medical Records. Patients may meet with a member of the hospital clinical staff, at a scheduled meeting, to discuss the contents of his/her medical records.
 - 13.1. Patients may request access to or copies of their medical record by completing an "Access to Patient Records Request Form" and forwarding it to the Medical Records Department for processing.
 14. Medication Treatment. Patients are informed of the risks, side effects, and benefits of all medications and treatment procedures used.
 - 14.1. Patients are informed of alternate treatment procedures available.
 - 14.2. Patients have the right, to the extent, permitted by law, to refuse specific medications or treatment procedures.
 - 14.3. The Utah State Hospital has the responsibility to seek appropriate legal alternatives or orders of involuntary treatment, or, in accordance with professional standards, to terminate the relationship with the patient upon reasonable notice.
 15. Pain. Patients have the right to be assessed and treated appropriately for pain complaints.
 16. Advance Directives. Patients have the right to receive information regarding and to execute advance directives. (See: Patient Rights, Subsection: Advance Directives/Personal Choice/Living Will)
 17. Informed Consent. A written, dated, and signed consent form is obtained from the patient or the patient's legal guardian for participation in research projects and for use or performance of:
 - 17.1. surgical procedures;
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- 17.2. electroconvulsive therapy;
 - 17.3. unusual medications;
 - 17.4. dental extractions;
 - 17.5. hazardous assessment procedures;
 - 17.6. audiovisual equipment; and
 - 17.7. other procedures where consent is required by law.
18. Confidentiality. Patients are entitled to confidentiality meaning that persons and agencies not providing the patient with care and treatment cannot access medical records without the patient's authorization.
- 18.1. Patients may refuse student access to his/her medical record.
 - 18.2. Patients may not record or photograph other patients.
19. Communication by Mail. Patients have the right to communicate by sealed mail or otherwise with persons, including official agencies, inside and outside the facility.
20. Communication by Telephone. Patients have the right to conduct private telephone conversations with family and friends, unless clinically contra-indicated.
- 20.1. Telephone access is within each unit's guidelines.
21. Visitors. Patients have the right to receive visitors in accordance with the hospital's visiting policy. (See Patient Management, Section: Visitors)
- 21.1. In no event is a patient's legal counsel or legitimate clergy denied a visit.
22. Exercise of Religious Beliefs. Patients have the right to exercise their religious beliefs and to participate in religious services at the hospital.
- 22.1. This right may be modified according to clinical indication as determined, documented, and approved by the clinical staff responsible for the patient's treatment and by the hospital chaplain.
 - 22.2. Patients are not coerced or forced to engage in religious activity.
23. Possession of Personal Items. Patients may wear their own clothing, keep personal possessions, and keep enough personal funds for small day-to-day purchases.
24. Voting. Patients have the right to vote in accordance with Utah State Code.
25. Contractual Relationships and Purchasing. Patients have the right to enter into contractual relationships and to make purchases, except as psychiatrically contra-indicated for treatment purposes, or as may be limited on the basis of legal competence as determined by a court of law.
26. Personal Property. Patients have the right to dispose of personal property, except as psychiatrically contra-indicated for treatment purposes, or as may be limited on the basis of legal competence as determined by a court of law.
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27. Citizen Participation. Patients have the right to citizen participation, except as psychiatrically contraindicated for treatment purposes, or as may be limited on the basis of legal competence as determined by a court of law.
28. Disposition of Body After Death. Patients have the right to determine the disposition of their body after death.
29. Ethical Issues. Patients have the right to participate in the consideration of ethical issues that arise in their care.
30. Suggestion/Concern Program. Patients have the right to initiate a complaint, concern, or suggestion procedure and the appropriate means of review of the complaint or suggestion. (See Patient Rights, Section: Suggestion/Concern Program)
 - 30.1. Patients have the right to contact the Joint Commission on Accreditation of Hospitals (JCAHO) at 1-800-994-6610 if they have any concerns that have not been resolved within the hospital organization.
31. Communication with Local Mental Health Authorities (LMHAs). Civilly committed patients have the right to periodically speak to a representative of the mental health agency to which they are committed.
32. Writ of Habeas Corpus. Patients are entitled to the writ of habeas corpus upon proper petition by himself or a friend to the district court in the county in which he is being detained.
33. Rights of Patient's Guardian. To the extent permitted by law, a patient's legal guardian or personal representative may exercise the rights delineated on behalf of the patient if the patient has been adjudicated incompetent or is a minor.
34. Industrial Assignments. Patients may work for the hospital, as part of the Industrial Program, under the following condition:
 - 34.1. any wages paid to the patient who is working within the program are in accordance with applicable laws and regulations;
 - 34.2. the work is part of the patient's individual treatment plan; and
 - 34.3. the work is performed voluntarily.
 - 34.4. Patients are encouraged as part of the therapy process to engage in tasks that will help them in their skill development. Patients have the right to perform or refuse to perform the tasks in or for the hospital.
35. Discharge. Patients have the right to be discharged from the hospital when they and their treatment team feel it is appropriate and when adequate services are available in the community.
36. Denying or Limiting Rights. Patients are informed immediately when a right is taken away or limited and are given an explanation of why the right was taken away or limited.
 - 36.1. Rights may be limited or taken away for "good cause" reasons which include:
 - 36.1.1. it poses a danger to self or others;

- 36.1.2. it would seriously infringe on the rights of others;
 - 36.1.3. it would pose serious damage to the facility; and/or
 - 36.1.4. it is determined to be therapeutically contraindicated.
- 36.2. When any right is limited or denied, the nature, extent, and reason for that limitation or denial is entered into the patient's treatment record.
- 36.2.1. When applicable and legal, the family member(s) are informed of the restriction and documentation is made.
 - 36.2.2. Restrictions greater than 30 days, USH will report to the Divison on a monthly basis.
37. Policies concerning patient limitations and the review of those limited are addressed in USHOPP Chapter: Special Treatment Procedures, Section: Restrictions and Limitations of Patient Rights.

Revised: 6-92
Revised: 5-93
Reviewed: 9-95
Revised: 12-98
Revised: 11-01
Revised: 6-07
Revised: 7-09
Revised: 9-12

Chapter: Patient Rights (RI)

Section 2: Sexual Relations Between Patients

Policy

Sexual relations between patients are discouraged. This activity may aggravate problems the patients have and may victimize patients who are vulnerable.

Procedure

1. Appropriate supervision is provided by staff to restrict the opportunity for sexual acting-out by patients.
2. Romantic involvement between patients is discouraged.
 - 2.1. In the event that a romantic involvement occurs, strict monitoring and structure is provided to the patients involved.
3. Opportunities to develop meaningful relationships, including supervised dances, activities, and informal gatherings are provided.

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Section 3: Suggestion / Concern Program

Policy

Utah State Hospital recognizes and respects the opinions of the patients, visitors, and employees and has a Suggestion/Concern Program that acknowledges any concerns and suggestions they have. All patients, visitors, and employees may express concerns without fear of reprisal from the staff or administration. All concerns and suggestions are reviewed by the Suggestion/Concern Committee. Each identified person submitting a concern or suggestion receives a response to his/her suggestion or concern.

Procedure

1. Suggestion/Concern forms are located on each unit and in the Owen P. Heninger Building.
 - 1.1. Suggestion/Concern forms contain a place for the patient, visitor, or employee to identify if it is a concern or a suggestion.
 - 1.2. Suggestion/Concern forms contain a place on the front for the patient, visitor, or employee to write their suggestion or concern and a place on the back for the response.
 - 1.3. Patients, visitors, or employees may submit anonymous suggestions/concerns.
 2. Each completed Suggestion/Concern form is placed in a locked Suggestion Box located on each unit and in the Heninger Administration Building or given to the patient/Employee Advocate.
 - 2.1. As part of patient orientation, each newly admitted patient receives a copy of the Patient Rights Statement which explains the suggestion/concern process.
 - 2.2. Patients who are unable to write their suggestion/concern may ask a Patient Advocate or someone else to write it for them.
 3. Patient Advocates, or other committee members collect the suggestion/concern forms from the Suggestion Boxes weekly.
 4. All suggestion/concern forms are reviewed by the Suggestion/Concern Committee.
 - 4.1. The Suggestion/Concern Committee meets weekly.
 - 4.2. The Suggestion/Concern Committee assigns specific personnel to follow up and respond to each suggestion/concern.
 - 4.3. Minutes are kept of Suggestion/Concern Committee meetings. The minutes consist of a log of each suggestion/concern and the written response.
 5. Individuals assigned to follow up on a patient statement of concern have seven working days to respond.
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- 5.1. Responses are made in writing and are forwarded to the Suggestion / Concern Committee secretary for Risk Management.
 - 5.2. Responses are reviewed by the Suggestion/Concern Committee for completeness.
 - 5.3. The suggestion/concern form containing the response is dated and initialed by the reviewer, indicating approval of the response.
 - 5.4. The suggestion/concern form containing the response and approval is returned to the writer.
 - 5.5. All suggestion/concern forms and responses are maintained in the Risk Management office.
 - 5.6. The suggestion/concern minutes, or log, are retained for five years. Copies of the completed forms are kept for twelve months.
6. If the individual finds the response from the Suggestion/Concern Committee to be unsatisfactory, he/she has the right to amend the original form, submit a new form with the original form attached, or submit a new suggestion/concern.
- 6.1. The Suggestion/Concern Committee reviews the returned or new form and determines who should respond.

Implemented: 4-92

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Reviewed: 9-12

Revised: 2-13

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Section 4: Explaining Patient Rights on Admission

Policy

All patients receive an explanation and a copy of the Patient Rights upon admission.

Procedure

1. The Patient Rights and Patient Rights Statement are included in the admission packet.
2. The patient keeps the copy of the Patient Rights, and a signed Patient Rights Statement is filed in the patient's chart in the identification section.
3. If the patient does not appear to understand the Patient Rights, admitting personnel records this in the admitting progress note, and notifies the patient advocate for follow up.
4. Any questions patients have about Patient Rights that cannot be explained to the patient's satisfaction are referred to the Patient Advocate by phone or by leaving a note in a Suggestion Box.

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Section 5: Advance Directives, Personal Choice, Living Will

Policy

Utah State Hospital, in compliance with the UCA 75-2a-101, et al, provides to each adult patient upon admission written information concerning the right to make binding written directives instructing physicians and other providers of medical services to withhold or withdraw, or to provide only to the extent set forth in a directive, life-sustaining and other medical procedures in the event of a terminal condition.

Definitions

1. Advance Directive is a document in which a person states choices for medical treatment or designates who (designee must be 18 years or older) should make treatment choices in the event of a terminal condition. Advance directives include "living wills" and durable powers of attorney for health care.
2. Terminal Condition is a condition caused by injury, disease, or illness, which regardless of the application of life-sustaining procedures, would within reasonable medical judgment produce death, and where the application of life-sustaining procedures would serve only to postpone the moment of death of the person.

Procedure

1. Documentation of Patient Advance Directive. Upon admission to Utah State Hospital, each adult patient and/or legal guardian is asked if he has executed an advance directive. The patient's response is recorded in e-chart in the nursing assessment.
 2. Advance Directive Filed in Medical Record. If the patient states that he has executed an advance directive, he is asked to provide Utah State Hospital with a copy. The advance directive is placed in the patient's medical record and a copy is forwarded to the Legal Services Department. Information is documented in the nursing assessment in e-chart.
 - 2.1. The attending physician(s) is informed of the advance directive and cooperates, in the event of a terminal condition, with the circumstances set forth therein.
 - 2.2. If the patient cannot provide a copy of his advance directive to Utah State Hospital, the social worker contacts the referring agency, family, or personal representative to determine if a copy can be obtained.
 - 2.3. If a copy of the directive is not available, the staff informs the patient that he may execute a new one.
 3. Information Provided to Patient. All newly admitted adult patients are informed of the right to execute an advance directive. If the patient has questions or desires more information,
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including forms, he is referred to the patient advocate and/or patient legal counsel. Information is entered into the nursing assessment and an automatic e-mail is sent to patient advocate.

3.1. If a patient is not able to receive information regarding advance directives at admission, the Hospital Patient Advocate is notified by e-mail.

3.1.1. The Hospital Patient Advocate follows up at a later date when the patient is able to receive the information.

4. Discrimination. No patient is discriminated against, with respect to medical care or treatment, based on whether he has executed an advance directive.
5. Conflicts in Decision Making. All conflicts regarding decision making about the withholding of resuscitative services or for withdrawing life-sustaining services from an individual are referred to the hospital clinical director and/or the hospital ethics committee.
6. Directives Executed in Another State. Advance directives executed in another state are enforceable in Utah only to the extent they are consistent with Utah Law. These situations are referred to Legal Services.
7. Patient Current Desires. The current desires of a patient take precedence over and supersede any contrary directions in earlier signed directives.
8. Transfer of Patient. In the event that a patient, who has executed an advance directive, is transferred to another facility, the patient's treatment unit provides a copy of the advance directive to the receiving facility.
9. Revocation. In the event that a patient chooses to revoke his advance directive, he informs the staff by tearing, defacing, or by otherwise destroying the directive. Documented in e-chart, notice sent to Legal Services and patient advocate.
10. Education of Utah State Hospital Employees. Utah State Hospital provides information to employees regarding the hospital's policies concerning advance directives.

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Section 6: Care of Adult Transgender Individuals

Policy

USH does not discriminate against any individual on the basis of gender identity or gender expression.

Procedure

1. Care provided is consistent with USH policies based on the individual's self-identified gender.
2. USH recognizes the individual's right to competent, considerate, and respectful care in a safe setting that fosters the patient's comfort and dignity and is free from all forms of abuse and harassment based on gender identity or gender expression.
3. Room assignments are gender-based, transgender patients will be assigned to rooms based on their self-identified gender, regardless of whether this self-identified gender accords with their physical appearance and or surgical history.
4. Providing care to transgender patients may present unique situations and clinical questions and will be managed on a case by case basis, but always in accordance with USH policies.
5. Decisions regarding care and room assignments incorporate clinical judgment and patient rights for all other individuals.