

Mind Springs, Inc.	
Policy and Procedure	
Policy name:	Patient/Client Rights and Responsibilities
Policy number:	180-00-19
Department:	Quality and Compliance
Company:	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Mind Springs, Inc. <input checked="" type="checkbox"/> West Springs Hospital, Inc. <input checked="" type="checkbox"/> Mind Springs Health, Inc. </div> <div> <input type="checkbox"/> Mind Springs Asset Management, LLC <input type="checkbox"/> Health Service Programs, Inc. </div> </div>
Statutes/Standards:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CARF: <input checked="" type="checkbox"/> CDPHE: <input type="checkbox"/> CMS: <input type="checkbox"/> CRS: </div> <div> <input checked="" type="checkbox"/> BHA: <input type="checkbox"/> JC: <input checked="" type="checkbox"/> HIPAA: <input type="checkbox"/> OTHER: </div> </div>

Purpose

The purpose of this policy is to identify the individual rights to respect, dignity, and freedom from abuse and neglect within an environment that encourages client/patient participation in decisions and choices about care and treatment. This will be done in adherence with state and federal regulations regarding individual rights.

Scope

This policy applies to all staff at Mind Springs Health and West Springs Hospital regardless of their direct level of involvement with clients/patients receiving voluntary services and involuntary services, as appropriate.

Definition

Grievance: any oral or written expression of dissatisfaction by a client/patient about any matter involving the quality of care or the quality of service they receive from MSH/WSH.

Responsibilities

It is the responsibility of all Mind Springs Health and West Springs Hospital staff to respect individual rights at all times and in all situations.

Policy

1. Mind Springs Health (MSH) and West Springs Hospital (WSH) have procedures in place to ensure that individual rights are observed and respected in accordance with federal and state regulations.
2. Prior to or upon admission, staff review individual rights and responsibilities with the client/patient and/or legal guardian in a language and a method of communication that the client/patient understands.
 - a. Staff will provide communication aids to clients/patients upon admission when appropriate, including language interpreters or the use of alternative communication techniques for individuals that are deaf or blind.

- b. At no cost to the client/patient, individuals with limited English proficiency (LEP), hearing or speech impaired individuals will be offered effective communication methods that may include use of the language services, bilingual personnel interpreters, qualified sign-language interpreters, and/or written material.
 - c. Access to language services will be posted on the units and easily accessible to all direct-care providers and staff.
 - d. Minors will not be used as interpreters.
 - e. Other clients/patients will not be used as interpreters.
 - f. A Telecommunication Device for the Deaf (TDD) is available for use for a client/patient with hearing or speech impairments.
3. Clients/Patients will be provided copies of individual rights and responsibilities along with other relevant information related to services provided at the time of admission.
 - 180-00-19-01 Outpatient Voluntary Rights of Adults & Children English
 - 180-00-19-02 Outpatient Voluntary Rights of Adults & Children Spanish
 - 180-00-19-03 Outpatient Client Responsibilities English
 - 180-00-19-04 Outpatient Client Responsibilities Spanish
 - 180-00-19-05 Inpatient Voluntary Rights of Adults & Children English
 - 180-00-19-06 Inpatient Voluntary Rights of Adults & Children Spanish
 - 180-00-19-07 Inpatient Client Responsibilities English
 - 180-00-19-08 Inpatient Client Responsibilities Spanish
4. The following notices will be posted in areas where clients/patients can access or review:
 - a. List of Rights,
 - b. List of Responsibilities
 - c. Notice of Privacy Practices including procedures for requesting records and disputing issues with records requests,
 - d. Section 504 Notice of Program Responsibility prohibiting discrimination,
 - e. Notice of Grievance Procedures and information on how to contact the Patient Representative for patient questions, grievances, and/or additional information about bilingual personnel, organizations, and other relevant patient services.
5. Additional Rights of Children Receiving Outpatient Services
 - a. Children who are twelve (12) years of age or older, without the consent of a parent or legal guardian, have the right to consent to release of information.
6. Additional Rights of Children in Hospitalization:
 - a. In addition to the rights in Appendix A of this policy, children who are fifteen (15) years of age or older, with or without the consent of a parent or legal guardian, have the right to:
 - i. Consent to receive behavioral health services rendered by an agency, professional person or mental health professional pursuant to section 27-65-104(1), C.R.S., in any practice setting;
 - ii. Consent to voluntary hospitalization;
 - iii. Object to hospitalization and to have that objection reviewed by the court under the provision of Section 27-65-104(6), C.R.S; and
 - iv. Consent to release of their information.
 - b. Children who are under the age of fifteen (15) have the right to:

- i. Object to hospitalization and to have a guardian ad litem appointed pursuant to Section 27-65-104(6)(b)(c), C.R.S.
- c. These rights do not apply to any youth admitted under Title 27, Article 65, C.R.S., Care and Treatment of Persons with Mental Illness, for behavioral health purposes pursuant to the Children's Code, Title 19, C.R.S., when there have been judicial proceedings authorizing the placement of the youth.
- d. Appropriate educational programs shall be available for all school age youth who are residents of WSH in excess of fourteen (14) calendar days. The educational program shall be approved by the Colorado Department of Education.

7. Restriction of Rights in Hospitalization

- a. While patients can exercise their rights, it may be necessary to deny certain rights to protect the patient and/or others. The following guidelines may be utilized:
 - i. That the exercise of the specific right would be injurious to the patient;
 - ii. That there is evidence that the specific right, if exercised, would seriously infringe on the rights of others;
 - iii. That WSH would suffer serious damage if the specific right is not restricted; and/or
 - iv. That there is no less restrictive way of protecting the interest specified above.
- b. Restrictions of rights are evaluated for therapeutic effectiveness by the treatment team every 24 hours.
- c. A provider will place an order including clinical justification for the rights restriction.
- d. The patient and/or legal guardian will be informed of the restriction, including what behavior is expected for the restriction to be lifted.
- e. Information pertaining to a restriction of rights shall be made available, upon request, to the person or their attorney.
- f. A right shall not be withheld or restricted as a punitive measure, nor shall a right be considered a privilege to be earned.
- g. The patient and/or their legal guardian/ representative will be verbally informed of the procedure for filing a grievance if they so wish.
- h. A person may inspect their patient record within a reasonable time, which should normally not exceed 24 hours of request (excluding weekends and holidays). When the restriction of rights includes limiting or prohibiting the client's access to their health records an appeal process is explained and made available to the client. See MSI Policy 180-00-08 HIPAA Individuals Right to Access PHI for details.
- i. The patient and/or legal guardian/representative will be informed of the restoration of rights. Restoration of restricted rights will be noted in the patient's health record.

8. Rights of Medicare Beneficiaries

- a. If the patient has Medicare, the patient has the right to receive Medicare covered services, be informed about these services, be involved in any decisions about hospital stay, including the right to appeal discharge if the patient has concerns, they will be discharged prematurely. This right will be reviewed with the patient on admission and again within two days prior to discharge.
- b. Documentation in the patient's chart must include the fact that the patient received the above information and what form (verbal, copies of hand-outs, through interpretation, other) was necessary to ensure patient understanding. If a patient refused to sign this acknowledgment form, the reason will be documented.

References

- Colorado Revised Statute 27-50-502 (1) (a) (i)

- Colorado Revised Statute 27-50-502 (6)
- Colorado Revised Statute 27-50-301 (3) (c)
- Colorado Revised Statute 27-50-301 (5)
- Colorado Revised Statute 27-50-107 (3)
- Behavioral Health Administration Rules and Standards 2 CCR 502-1 2.7 Individual Rights
- Behavioral Health Administration Rules and Standards 2 CCR 502-1 8.3 Rights of Children
- Behavioral Health Administration Rules and Standards 2 CCR 502-1 11.14.3 Individual Rights for Emergency Mental Health Holds
- Behavioral Health Administration Rules and Standards 2 CCR 502-1 12.3 Safety Net Standards
- Colorado Department of Public Health and Environment 6 CCR 1011-1 Chapter 2: 7.1 Client Rights Policy
- CMS § 482.13 - Condition of participation: Patient's rights
- Section 1557 of the Affordable Care Act
- Title VI of the Civil Rights Act
- TJC: Hospital Accreditation Standards: RI.01.01.01, RI.01.01.03, RI.01.02.01, RI.01.05.01, RI.02.01.01

Additional Policy Related to Individual Rights

For additional information on how specific rights will be managed, see the following policies.

- 115-00-36 Non-Discrimination Policy
- 130-00-06 Grievance Process
- 130-00-10 Designated Client Representative
- 135-00-03 Financial Assistance Policy
- 135-00-16 Charging for Medical Records Policy
- 135-00-19 Medicare ABN
- 180-00-02 HIPAA Uses and Disclosures
- 180-00-03 HIPAA Opportunity to Agree or Object
- 180-00-05 HIPAA Privacy Notice Policy
- 180-00-06 HIPAA Minimum Necessary
- 180-00-08 HIPAA Individuals Right to Access PHI
- 180-00-09 HIPAA Clients Right to Amendment of PHI
- 180-00-10 HIPAA Accounting
- 180-00-11 HIPAA Restrictions
- 180-00-12 HIPAA Client's Request for Confidential Communications
- 180-00-17 Authorization for Use and Disclosure
- 180-00-22 Denial of Service to Medicaid Clients
- 180-00-23 Mandatory Disclosure
- 180-00-24 Consent for Behavioral Health Treatment
- 180-00-25 Mandated Reporting of Abuse and Neglect
- 180-00-39 Duty to Warn
- 180-00-41 Patient/Client Identification and Photographing
- 180-00-42 Advance Directives
- MSI Communicating Information to Persons with Sensory Impairment SOP
- MSI Language Access and Interpreter Services SOP
- MSI Forms in Alternative Languages SOP

WSH Specific Policies related to Patient Rights:

- 700-00-79 Physical Management, Seclusion And Restraint
- 700-00-08 Telephone Use By Patient
- 700-00-89 WSH Hospital Unit Assignment and Population Manag
- 700-00-71 Observation (Enhanced & Standard)
- 700-00-104 Patient Belongings and Inventory
- 700-00-106 Personal Searches
- 700-00-109 Visitors
- 700-00-54 Psychiatric Medication Consent
- WSH Reporting Injuries Due to Criminal Acts SOP

MSH Specific Policies Related to Client Rights

- 210-00-17 Psychiatric Medication Consent
- 210-00-01 Behavioral Health Outpatient and Intensive Outpatient Services
- 270-00-25 Withdrawal Management Program
- 260-00-01 Residential Programs

Forms

- 180-00-19-01 Outpatient Voluntary Rights of Adults & Children English
- 180-00-19-02 Outpatient Voluntary Rights of Adults & Children Spanish
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- 180-00-19-04 Outpatient Client Responsibilities Spanish
- 180-00-19-05 Inpatient Voluntary Rights of Adults & Children English
- 180-00-19-06 Inpatient Voluntary Rights of Adults & Children Spanish
- 180-00-19-07 Inpatient Client Responsibilities English
- 180-00-19-08 Inpatient Client Responsibilities Spanish
- 180-00-19-09 Surprise Billing Disclosure English
- 180-00-19-10 Surprise Billing Disclosure Spanish
- 115-00-36-01 Non-Discrimination Notice
- 130-00-06-01 Client Contact Form
- 130-00-06-02 Notice of Grievance Procedure Posting English
- 130-00-06-03 Notice of Grievance Procedure Posting Spanish
- 130-00-10-01 Authorization for Designated Client Representative
- 180-00-05-01 Notice of Privacy Practices English
- 180-00-05-02 Notice of Privacy Practices Spanish
- 180-00-05-03 Notice of Privacy Practices Summary English
- 180-00-05-04 Notice of Privacy Practices Summary Spanish
- 180-00-08-01 Client/Patient Request for Records English
- 180-00-08-02 Client/Patient Request for Records Spanish
- 180-00-09-01 Request to Amend PHI English
- 180-00-09-02 Request to Amend PHI Spanish
- 180-00-10-01 Request For An Accounting Of Disclosures English
- 180-00-10-02 Request For An Accounting Of Disclosures Spanish
- 180-00-11-01 Request for Disclosure Restrictions English

- 180-00-11-02 Request for Disclosure Restrictions Spanish
- 180-00-12-01 Request for Confidential Communication English
- 180-00-12-01 Request for Confidential Communication Spanish
- 180-00-17-01 HIPAA: Authorization for Use and Disclosure of PHI English
- 180-00-17-01 HIPAA: Authorization for Use and Disclosure of PHI Spanish
- 180-00-23-01 We Want You to Stay Informed Disclosure Statement Form_English
- 180-00-23-02 We Want You to Stay Informed Disclosure Statement Form_Spanish
- 180-00-24-01 Consent for Mental Health and/or Substance Abuse Treatment and Acknowledgement of Information Received Form_English
- 180-00-24-02 Consent for Mental Health and/or Substance Abuse Treatment and Acknowledgement of Information Received Form_Spanish
- 180-00-24-03 Authorization for Services for Minor_English
- 180-00-24-04 Authorization for Services for Minor_Spanish
- 180-00-42-01 Advance Directives_Medical Brochure
- 180-00-42-02 Advance Directives_Psychiatric Brochure