

# CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION I:</b>	PATIENT FOCUSED FUNCTIONS
<b>CHAPTER 1:</b>	Ethics, Rights, and Responsibilities
<b>PROCEDURE 1.12:</b>	<b>Access to Advocates for Recovery/ Treatment Planning</b>
<b>REVISED:</b>	05/25/07; 05/31/07; 04/2011; 06/04/15; 02/18
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**PURPOSE:** This procedure establishes standards and processes to ensure access to advocates and the related rights of persons in recovery.

**SCOPE:** All clinical nursing staff and Division leadership

## **POLICY:**

In accordance with statutory, regulatory requirements as well as Department of Mental Health and Addiction Services (DMHAS) policy, and Agreements of Settlement, the patients of Connecticut Valley Hospital (CVH) as persons in recovery, are entitled to active and meaningful participation in the development and implementation of an individualized, multidisciplinary recovery/treatment plans. They may be assisted in this process with advocates of their choice. It is the policy of CVH, to support the patient's desire to have an advocate participate in their treatment planning and facilitate easy access to advocates by providing information about advocacy.

## ***Definitions:***

*Advocate* - Is an individual chosen by a person in recovery to act on their behalf and assure that the patient's individual rights are protected and respected. Advocates may be friends, family members, clinical and legal professionals. They may be affiliated with (but not limited to) an advocacy service such as: DMHAS Human Services Advocates; Peer Advocates from Advocacy Unlimited; Connecticut Community for Addiction Recovery (CCAR); Connecticut Legal Rights (CLRP) paralegals and attorneys; Advocates from the Connecticut Disability Rights Connecticut (DRCT). While a person in recovery can count on and have many individuals who advocate on their behalf, they need to choose *one individual who will* take the lead role in working with the treatment team.

*Legal Advocate* - Is an individual who is an attorney or works under the supervision of an attorney. Under these circumstances attorney/client privilege applies. Legal advocates are obligated to vigorously represent their clients expressed preferences. If the person in recovery chooses a legal advocate, this advocate takes the lead in working with the treatment team.

*Recovery* - A process of restoring or developing a positive and meaningful sense of identity apart from one's condition and then rebuilding one's life despite, or within the limitations imposed by that condition.

*Individual Recovery/Treatment Plan* - The multi-disciplinary, individualized recovery plan incorporates treatment, service, or care plans and will include a comprehensive and culturally

sensitive assessment of the person's hopes, assets, interests, goals, and preferences in addition to a holistic understanding of his or her behavioral health conditions and other social, legal or medical concerns within the context of his or her ongoing life.

**Treatment Team** - As defined by the Centers for Medicare/Medicaid Services (CMS), treatment teams minimally comprise of clinical providers directly involved in the treatment of a patient and typically include: a psychiatrist, primary nurse, clinical social worker, and rehabilitation therapies professional. As indicated by clinical need a psychologist and unit director may also participate.

## **PROCEDURE:**

Upon admission and when requested, CVH nursing staff will inform each patient of their rights, including the right to an advocate. Each patient will be provided (1) a summary page of patient's rights, (2) a copy of the DMHAS Patients' Rights Poster (*see attached pages in this section*) and, upon request, shall be provided a copy of a CVH Patients' Rights Handbook. Written confirmation of this notice will be documented in the medical record by nursing with confirmation of receipt by patient (signed by patient) on Form [CVH-606](#).

Information about patient's rights and available advocacy services will be posted on each unit in English and Spanish. Patients' rights and advocacy information will be translated to other languages as needed.

The Unit Director or designee will obtain a Release of Information ([CVH-184](#)) from the patient before a staff member speaks with an advocate if they are not employed by CVH. The form will be filed in the medical record.

CVH staff will provide or arrange for privacy for meetings or telephone conversations between persons in recovery and their advocates.

An advocate designated by the patient will be invited (Form CVH-287 (*rev. 12/05*) Invitation to Team Meeting) to treatment planning meetings. Every attempt will be made to schedule meetings at a time convenient for the advocate and to give reasonable notice of the scheduled meeting, typically a minimum of two business days. CLRP Advocates require three business days notice. When accommodations cannot be made, the reason will be documented in the medical record.

Patient Advocates meets with the treatment team as a part of formal treatment planning and also participate in other meetings that the patient has the right to attend with and/or on behalf of the patient.

In an effort to keep individuals informed when CLRP paralegals or attorneys are the designated advocates for a CVH patient, a label indicating CLRP involvement is affixed to the spine of the patient's medical record. These labels are available from Medical Records on each unit and the task of affixing them is responsibility of each unit designee.

Shorter notice of treatment meetings may be provided to the patient and advocate when extenuating circumstances require more immediate action. Treatment teams will document in the patient's medical record notice provided and the extenuating circumstances.

The Unit Director or designee notifies both the patient and advocates of treatment and discharge decisions that affect the patient. This notification will be documented in the medical record.

As in all treatment planning, when a Patient Advocate attends a formal treatment planning meeting or other meeting of the patient and treatment team, the outcome of formal meetings should be documented as part of the patient's medical record.

Advocates are encouraged to discuss treatment issues, questions about programs or concerns regarding policies with the treatment teams or other hospital staff. Division and hospital leaders may also be helpful in addressing issues.

When CLRP paralegals or attorneys are the designated advocates for a CVH patient, a label provided by CLRP will be affixed to the spine of the patient's medical record.

Persons in recovery for whom a conservator has been appointed may still designate an advocate to participate in the treatment planning process and to access the patient's medical record (consistent with state and federal confidentiality laws) and participate at treatment planning meetings unless the Probate Court has made a finding that the patient is incapable of exercising the right to participate in treatment planning.

## **Appendix:**

### *Legal and Regulatory Requirements:*

Connecticut General Statute's 17a-542; Joint Commission Standards RI 2.30; National Patient Safety Goals (NPSG) #13; CMS Conditions of Participation 482.13; Commissioner Policy Statement #33; and DMHAS State-Operated Facilities/CLRP Operational Guidelines, Implementing DOE VS. HOGAN and ROE VS HOGAN consent decrees CVH procedures, specifically the [Operational Procedure 1.9 Patient-to-Patient Sexual Harassment](#); Health Information Management procedure [Operational Procedure 1.6 Advance Health Care Directives](#) and [Operational Procedure 2.7 Discharge Planning](#). Also referenced: CVH Patient Rights Handbook and the DMHAS Patients' Rights Poster.

## **Supplemental Documents:**

### **(1) Summary page of patient's rights:**

# **WHAT RIGHTS DO CLIENTS HAVE?**

## **Basic Human Rights:**

- To be treated in an humane and dignified manner at all times with respect to:
  - Personal Dignity, Civil Rights, Privacy, the Right to Vote and to Sell or own personal property
- The right to not be discriminated against due to race, gender, sexual orientation, physical disability, age, etcetera;
- Freedom from all forms of abuse or harm
- Freedom from seclusion or restraints of any form unless medically necessary or where there is imminent danger to self or others AND a physician's order of such procedures;

- The greatest degree of freedom possible, limited only by dangerousness to self or others, potential elopement (AWOL) risk, or due to Probate or Superior Court ordered commitment.

#### **Treatment or Service Rights:**

- To have a written, individualized treatment/recovery plan that is developed with you and suited to your own goals, desires, aspirations and needs
- To be present in meetings or formal discussions involving your care, the ability to participate in decision-making processes; provide input about desired outcomes; request to review medical records and participate in discharge planning;
- To decline treatment or medication; ask for changes in treatment, services or medications\*
- To obtain medical treatment for other illnesses, injuries or disabilities

#### **Communication Rights:**

- To visit and have private conversations with clergy, attorneys or paralegals at any reasonable hour, and to include anyone who you feel may be helpful in your recovery
- To communicate with others by telephone, send and receive sealed correspondence, and receive visitors during scheduled visiting hours. Exceptions may be made for family when scheduling or other extenuating circumstances exist\*

#### **Personhood or the Right to Maintain Self Identity:**

- To wear your own clothing and maintain your own personal belongings
- Have access to and spend your own money for personal purchases\*

#### **Confidentiality Rights:**

- All records or any information that identifies you as a client, type of treatment or diagnosis cannot be provided to any unauthorized person without your explicit written consent
- Exceptions: Duty to warn, or when evidence of neglect or abuse to children, the elderly, or any other protected class of citizens

#### **Grievance Rights:**

- You have the right to be informed of your rights and responsibilities and the DMHAS Grievance Process
- To file grievances with the hospital and with the Clients Rights Officer
- To be heard concerning any other complaint
- To be free from coercion, intimidation, discipline or any form of retaliation by staff or other clients resulting from filing a grievance or complaint
- Have the written grievance be investigated in a timely manner
- Have mediation available in order to resolve a dispute
- Have the ability to request a CEO and/or Commissioner level review of a proposed resolution, if necessary

#### **Probate Court Hearings and Appeal Rights:**

- To be able to request hearings from the Court and file appeals

\*Statutory exceptions may be made to certain rights. Documentation of the reasons for any such exceptions, must be authorized by the Chief Executive Officer of CVH (or Designee) and a copy of the reasons for such exceptions be entered into a person's medical record.

## (2) The DMHAS Patients' Rights Poster:



### **Your Rights as a Client or Patient** **of the Connecticut Department of Mental Health & Addiction Services**

Miriam E. Delphin-Rittmon, Ph.D., Commissioner  
Helene Vartelas, CEO, Connecticut Valley Hospital



You are entitled to be treated in a humane and dignified way at all times, and with full respect to:

#### **❖ Personal Dignity ❖ Right to Privacy ❖ Right to Personal Property ❖ Civil Rights**

You have the right to freedom from physical or mental abuse or harm. You have the right to a written treatment plan that is developed with your input and suited to your own personal needs, goals and aspirations. You should be informed of your rights by the institution, agency or program. In addition, a list of your rights must be posted on each ward of a hospital.

#### **Other rights you have include:**

**Humane and Dignified Treatment:** You have the right to receive humane and dignified treatment at all times and with full respect to your personal dignity and privacy. A specialized treatment plan shall be developed in accordance with your needs. Any treatment plan shall include, but not be limited to, reasonable notice of discharge, your active participation in and planning for appropriate aftercare. (See CGS 17a-542)

**Personal Dignity:** While in an inpatient facility, you have the right to wear your own clothing, to maintain your own personal belongings (given reasonable space limitations) and to be able to have access to and spend your own money for personal purchases.\* Except for patients in Whiting Forensic Division, you have the right to be present during any search of your personal belongings. Any exception to these rights must be explained in writing and made a part of your clinical record. (See CGS 17a-548)

**Privacy & Confidentiality:** You have the right to privacy & confidentiality. Records that would identify your person, manner of treatment or your diagnosis cannot be given to any other person or agency without your written consent. All records maintained by the courts [as they relate to a recipient's treatment] shall be sealed and available only to respondent or counsel.\* No person, hospital, treatment facility nor DMHAS may disclose or permit the disclosure of the identity, diagnosis, prognosis or treatment of any service recipient that would constitute a violation of state or federal statutes concerning confidentiality.\* If an arrest warrant has been issued or a police complaint filed, some information – such as the fact of your presence in the facility and the basis for the complaint – will be released to the criminal justice authorities.

(See CGS 17a-500, 17a-688, 52-146f and 42 CFR part 2)

**Physician's Emergency Certificate & Commitment:** You, your advocate or counsel, can find out more about what Commitment procedures apply by reviewing the appropriate statutes. All persons admitted through a Physician's Emergency Certificate have the right, upon request, to a probable cause hearing within three business days from admission. All voluntarily admitted patients shall

be informed, upon admission, of their ability to leave after three days notice. Any voluntarily confined patient shall not be denied his or her request to leave within three days notice in writing unless an application for commitment has been filed in a court of competent jurisdiction. Different statutes apply depending on your placement in addiction treatment or for a psychiatric disorder. See CGS 17a-495 et seq.; 17a-502; 17a-506; 17a-682 to 17a-685, 54-56d)

**Visiting and Communication Rights:** You may receive visitors during scheduled visiting hours. You have the right to visit with and may have private conversations with clergy, attorneys or paralegals of your choice at any reasonable hour. Facilities may reasonably maintain rules regulating visitors. Mail or other communications to or from a service recipient in any treatment facility may not be intercepted, read or censored.\* Any exceptions to rights regarding communications must be explained in writing, signed by the head of the facility (or designee) and made a part of your clinical record. (See CGS 17a-546, 17a-688)

**Access to Your Medical Record:** You or your attorney may have the right, upon written request, to inspect your hospital records. Unless your request is made in connection with litigation, a facility may refuse to disclose any portion of the record which the mental health facility has determined would create a substantial risk that you would inflict a life threatening injury to self or others, experience a severe deterioration in mental state,\* or would constitute an invasion of privacy of another. (See CGS 17a-548, 52-146f)

**Restraint & Seclusion:** If conditions are such that you are restrained or placed in seclusion, you must be treated in a humane and dignified manner. The use of involuntary seclusion or mechanical restraints is allowed only when there is an imminent danger to yourself or others. Documentation of reasons for these interventions must be placed in your clinical records within 24 hours. Medications cannot be used as a substitute for a more appropriate treatment. (See CGS 17a-544)

**Remedies of Aggrieved Persons:** If you have been aggrieved by a violation of sections 17a-540 to 17a-549

you may petition the Superior Court within whose jurisdiction you reside for appropriate relief. (See CGS 17a-550)

**Medication, Treatment, Informed Consent & Surgical Procedures:** You, your advocate or counsel, can find out more about what procedures apply by reviewing the appropriate statutes (See CGS 17a-543a-j). If you have been hospitalized under any sections of 17a-540 to 550, you shall receive a physical examination within 5 days of admission and at least once every year thereafter. Reports of such exams must be entered into your clinical record (See CGS 17a-545). No medical or surgical procedures, no psychosurgery or shock therapy shall be administered to any patient without such patient's written informed consent, except as provided by statute.\* A facility may establish a procedure that governs involuntary medication treatments but any such decision shall be made by someone not employed by the treating facility and not until the patient's advocate has had reasonable opportunity to discuss such with the facility.\* If a facility had determined to administer involuntary medication pursuant to statute, the patient may petition the Probate Court to hold a hearing to decide whether to allow this intervention. Notwithstanding the provisions of this section (17a-540 to 550) if obtaining consent would cause a medically harmful delay, emergency treatment may be provided without consent. (See CGS 17a-543a-f)

**Treatment by Prayer:** You have the right to ask the hospital to be treated by prayer alone in accordance with the principals and practices of your church or religious denomination.\* (See CGS 17a-543i)

**Freedom of Movement:** You are entitled to the greatest degree of freedom possible, limited only by: dangerousness to self or others or potential elopement ["AWOL"] risk. (See CGS 17a-541, 178-542)

**Denial of Employment, Housing, Etcetera:** You cannot be denied employment, housing, civil service rank any license or permit (including a professional license) or any other civil or legal right, solely because of a present or past history of a mental disorder, unless otherwise provided.\* (See CGS 17a-549)

**Filing of Grievances:** Recipients of DMHAS facilities or programs have the right to file a grievance if any staff or facility has: 1) violated a right provided by statute, regulation or policy; 2) if you have been treated in an arbitrary or unreasonable manner; 3) denied services authorized by a treatment plan due to negligence, discrimination ...or other improper reasons; 4) engaged in coercion to improperly limit your treatment choices; 5) unreasonably failed to intervene when your rights have been jeopardized in a setting controlled by the facility or DMHAS; or 6) failed to treat you in a humane or dignified manner. (See CGS 17a-451-t(1-6))

**Disclosure of Your Rights:** A copy of your rights shall be prominently posted in each ward where mental health services are provided. (See CGS 17a-548)

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Other Rights may be guaranteed by state or federal statute, regulation or policies, which have not been identified in this list. You are encouraged to seek counsel to learn of or to better understand these laws and policies.

\*Many of the rights of service recipients in facilities in Connecticut are specified in sections 17a-540 through 17a-550 of the Connecticut General Statutes. There may also be other rights provided by other state and federal statutes as well as by case law, but the ones identified in 17a-540 through 17a-550 are specifically protected and must be adhered to by inpatient or outpatient facilities in Connecticut. These statutes apply to both voluntary and involuntary service recipients, unless otherwise provided.

In general, both public and private facilities are prohibited from depriving you of any of your personal, property or civil rights. These include the right to vote, to hold or convey property and contract, except in accordance with due process of law and unless you have been declared incapable pursuant to sections 45a-644 to 45a-662. Any finding of incapability should specifically state which civil or personal rights you are incapable of exercising. (see CGS 17a-541)

There may be other exceptions and limitations to some rights. Your rights are detailed in the Connecticut General Statutes, sections 17a-450 et seq.; 17a-540 et seq.; 17a-680 et seq.; 52-146d-j; 54-56d; in Federal regulation 42 CFR part 2, 42 CFR part 482.13, the Rehabilitation Act, the Americans with Disabilities Act; in the Patients' Self-Determination Act, in Section 1983 and in other parts of state and federal law.

***For more information about your rights as a recipient of substance abuse or mental health services at Connecticut Valley Hospital contact the Patient Advocacy Office 262-5121 or in your Division Addictions: 262- 5157 or 262- 5765; General Psychiatry 262-5108 or 262-5637***