

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 1:	Ethics, Rights and Responsibilities
PROCEDURE 1.16:	Privileged Conversation for Patients on Continuous or More Restrictive Levels of Observation Status
REVISED:	10/27/06; 12/14/09; 04/2013; 6/27/16; 3/30/17; Reviewed 2/18
Governing Body Approval	05/13/10; 04/25/13; 7/14/16; 04/13/17; 04/18

PURPOSE: To provide the opportunity for privileged or confidential conversations with patients who are on continuous observation status or a more restrictive level of special observation, while ensuring the safety of all involved. A patient, the patient's attorney, legal representative, patient advocate, or clergy may request a privileged or confidential conversation.

SCOPE: All Clinical Staff

PROCEDURE:

1. The Registered Nurse, upon receipt of a request for a confidential meeting with a patient who is on one-to-one observation, assesses the patient's current mental status.
2. The Registered Nurse notifies the Attending Psychiatrist or the covering Physician of the request and his/her assessment.
3. *If the clinical assessment permits change in the special observation status:* the Attending Psychiatrist/designee provides a Physician's Order which temporarily changes the order from continuous observation or a more restrictive level of special observation to a modification of the current observation status to allow staff to continuously observe the patient through a window of a closed door. This modification is in effect while the patient meets with his/her attorney, legal representative, patient advocate, or clergy member and the modification is automatically terminated at the end of the meeting.
4. The staff member assigned to the patient observation provides the patient and visitor a room with a window which allows visual contact to continue.
5. The staff member assigned to the patient remains outside the room behind the closed door maintaining continuous observation of the patient, until the meeting is completed.
6. If the patient is assessed as being too acutely suicidal or dangerously assaultive, and the risk is immediate, the Attending Psychiatrist/designee will document the reason for restricting such a meeting in the progress note. (*Restriction should be extremely rare*).
7. A non-privileged conversation may still occur with the staff member remaining in the room.
8. If the patient is restricted in having confidential meetings, the Attending Psychiatrist/designee immediately notifies the designated Division Medical Director.

9. The designated Division Medical Director consults with the Attending Psychiatrist regarding the request and may evaluate the patient face-to-face in order to ascertain whether the restriction is warranted. The Division Medical Director documents the results of his/her evaluation in the patient's progress note.