



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PATIENT RIGHTS AND GRIEVANCE PROCEDURE INFORMATION

Effective Date: August 15, 2007

Policy #: PR-04

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- I. PURPOSE:** To ensure a systematic process for informing patients about their rights and the hospital grievance procedure.
- II. POLICY:**
 - A. Patients admitted to Montana State Hospital are afforded the protection of a number of rights established under state and federal law. Information about patient rights and the hospital grievance procedure will be provided to patient upon admission to the hospital. Information will be communicated in both written and oral form.
 - B. If a patient's condition prevents meaningful communication about patients' rights, this information will be provided at a later time as soon as it is clinically feasible.
 - C. Information about patients' rights and the grievance procedure will be posted on every hospital unit.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. Social Workers are responsible for ensuring patients are aware of their rights within three (3) days of admission.
 - B. The Treatment Team is responsible for communicating patient rights periodically during ward meetings and explaining patient rights versus responsibilities.
- V. PROCEDURE:**
 - A. Within the first three (3) days following admission, a social worker or other designated and appropriately trained staff person will review and discuss patient rights information with the patient. The patient will be asked to review and sign a Patients Rights Form. The original copy of the form will be given to the patient, and the duplicate will be entered into the medical record. The staff member will also review the Patient Grievance Procedure with the patient.
 - B. If a patient is unable or refuses to sign the form or is unable to comprehend the

MONTANA STATE HOSPITAL RIGHTS OF PATIENTS

As a patient at the Montana State Hospital, you are guaranteed a number of rights under the Constitution and Laws of the United States and the State of Montana. These include:

The right to receive treatment.

The right to participate in the development of an individualized treatment plan implemented no more than 10 days after admission, and to have the plan regularly reviewed by a mental health professional.

The right to be informed of your medical condition and to participate in the ongoing planning of your treatment.

The right to regular physical exercise several times per week.

The right to be transferred or discharged only for medical reasons or for the welfare of you or other patients.

The right not to be subjected to experimental research or hazardous treatment.

The right to be free from unnecessary or excessive medication.

The right not to receive treatment without one's informed, voluntary, and written consent, except in an emergency situation, or as permitted by law in the case of a person committed to a facility by a court.

The right to be free from physical restraint and isolation.

The right to an adequate diet.

The right to humane psychological and physical environment.

The right to a safe, clean and attractive living facility which meets state and local fire and safety standards.

The right to special provisions if you have a physical disability.

The right to the least restrictive conditions necessary to achieve the purposes of your commitment.

The right to confidentiality of your medical record.

The right to privacy and dignity.

The right to receive visitors during visiting hours.

The right to make and receive phone calls.

The right to send and receive mail.

The right to wear your own clothing and use your personal possessions.

The right to keep and spend a reasonable sum of your money.

The right to religious worship.

The right not to be fingerprinted.

The right not to be photographed except for identification purposes.

The right to be paid for any required work which involves the operation or maintenance of the Hospital.

Privileges or release from the facility shall not be based upon participation in work programs.

The right to opportunities to interact with members of the opposite sex with adequate supervision.

The right to be referred, as appropriate, to other mental health service providers.

The right to assert grievances when you believe your rights have been violated.

The right to consult with your attorney, advocate, or legal representative.

The right to be free of coercion, discrimination or reprisal for exercising one's rights.

The Hospital may restrict or deny certain rights based upon court action, treatment considerations, or security requirements.

You may give permission to waive certain rights.

The Hospital has a grievance procedure that patients may use if they believe that their rights are violated.

Questions concerning patient's rights may be referred to Hospital staff members or the Warm Springs office of the Mental Disabilities Board of Visitors.

I have been informed of my rights as a patient in the Montana State Hospital.

Patient Signature _____ Date _____

Patient Name _____ Hospital Number _____ (Print)

I have presented a statement of patient rights to the individual named above and have afforded him/her an opportunity to have any questions clarified or referred to an appropriate authority.

Employee Signature _____ Date _____

Patient Grievance Form

Before you complete this Patient Grievance Form, please attempt to resolve the matter informally with a staff

member on your treatment unit, your Treatment Team, or someone else you trust. If a satisfactory resolution cannot be reached, complete this form and forward it to the Team Leader on your treatment unit. A staff member from your unit will meet with you to discuss your concern(s) in an attempt to resolve the matter. Your cooperation in finding a resolution is appreciated.

I would like resolution on a possible violation of patient rights at Montana State Hospital.

Name of person making complaint _____

Address/Treatment Unit _____

I request assistance from the Board of Visitors _____ Yes _____ No

Date(s) of incident(s) _____

Right(s) violated _____

Describe Incident: _____

Suggestion(s) for resolution: _____

Signature _____ Date _____

Please send this form to your Treatment Team, Team Leader or Nurse Supervisor.

~~Do not write in this section until you have discussed this grievance with MSH staff.~~

I am satisfied _____, not satisfied _____ this matter has been resolved by informal means.

Signature _____ Date _____

Patient Grievance Action Form

Date Patient Grievance Form received _____

Received by _____

