

BEHAVIORAL HEALTH RIGHTS OF PATIENTS

The following rights are guaranteed to you under Florida law. These will be fully explained to you at the time of and following admission to this facility. A copy of this form will be given to you to keep. You have the right to read the Baker Act law and rules at any time. Your signature on the form, if you choose to sign, only acknowledges that you have had the rights explained and that a copy of this form was provided to you.

Access to Care

You have the right to impartial access to treatment or accommodations that are available and medically indicated, regardless of race, sex, national origin, religion, physical handicap, or source of payment.

Respect and Dignity

You have the right to considerate, respectful care at all times and under all circumstances, with recognition of personal dignity, and with protection of your need for privacy and safety.

The hospital must ask you whether you want the hospital should notify a family or primary care physician.

You have the right to have a family member or representative of your choice, and your physician notified promptly of your admission to the hospital.

You have the right to receive care in a safe setting.

You or your family have the right to consent of donation of organs.

You have the right to be free from all forms of abuse or harassment.

You are entitled to have access to all constitutional rights, including those afforded under the Federal Americans with Disabilities Act (ADA).

You have the right to freedom of movement and access to fresh air daily, unless restricted by your physician based on risk factors.

You have the right to have staff knock/announce themselves appropriately when entering your private area.

Right to Request Discharge by Voluntary Patients

If you are a voluntary patient you have the right to be discharged within 24 hours of your request, unless you withdraw your request or you meet criteria for involuntary placement. If you meet the criteria for involuntary placement, a petition must be filed with the court for continued stay within two (2) working days of your request for discharge.

Advance Directives and Designation of Representative

You have the right to formulate advance directives, and to appoint a surrogate to make health care decisions on your behalf to the extent permitted by law. In the event that you have not established an advance directive, you will be asked to identify a person to be notified in case of an emergency. Further, if you are at this facility for involuntary examination, and do not have a guardian appointed by the court, you will be asked to designate a person of your choice to receive notification of your presence in this facility, unless you request that no notification be made. If you do not or cannot designate a representative, a representative will be selected for you by the facility from a prioritized list of persons. You have the right to be consulted about the person selected by the facility and can request that such a representative be replaced. The facility is required to make reasonable efforts to honor those choices or transfer you to another facility that will honor your choices.

You have the right to participate in decisions about your end of life care, with competent attention to physical, psychological, spiritual and cultural needs.

Confidentiality of Information and Records

You have the right, within the law, to personal and informational privacy. Information may not be released except under special circumstances, without your consent (or consent of a legally authorized representative). Special circumstances include release of

information to your attorney, in response to a court order, to an aftercare treatment provider, or after a threat of harm to another person.

You have the right to be interviewed and examined in surroundings which assure reasonable visual and auditory privacy. Individuals not directly involved in your care may not be present without your consent.

You have the right to waive the confidentiality of your presence at this facility to all or specified individuals, as determined by you.

Information

You have the right to be provided information regarding your rights and treatment in a manner which ensures your understanding. In keeping with Civil Rights Laws, interpretation services will be provided if you speak languages other than English. The use of alternative techniques or aids will be employed if you are deaf or blind to ensure effective communication.

You have the right to know what rules and regulations apply to your conduct.

You have the right to reasonable access of information contained in your record, unless such access is determined to be harmful by your physician, in keeping with Florida law.

Treatment

You have the right to quality treatment.

You have the right to know the professional status of any person who is providing treatment and who is responsible for care.

You have the right to know the reasons for any proposed changes in the professional staff responsible for your care.

You have the right to receive appropriate and timely psychiatric and physical assessments (including the assessment of pain) to facilitate the formulation of recommended plans of care which are appropriate for the treatment and management of problems identified. Assessments provided will be in keeping with Florida law.

You or your authorized legal representative have the right to request review of your individualized treatment plan.

You, your authorized legal representative or other persons you desire, have the right to participate in the development and implementation of your treatment and discharge plan.

You have the right to a treatment environment that utilizes positive incentives in assisting you to acquire and maintain positive behavior.

You have the right to access a schedule of daily activities.

You have the right to prompt and reasonable response to questions and requests.

You have the right to receive treatment in the least restrictive manner which is available and clinically appropriate within this setting.

You have the right to information regarding the criteria, procedures, and required staff training used for restraint, isolation, emergency treatment orders, close levels of supervision or physical management.

You have right to be free from unnecessary use of physical or chemical restraint and/or seclusion as a means of punishment, coercion, convenience of staff or to compensate for inadequate staff.

You have the right to request, at your own expense, the opinion of a consultant.

You have the right to be fully informed of, and to consent or refuse to participate in, any unusual, experimental or research project without compromising access to services.

You have the right to be informed of the sources of the facilities reimbursement for your care and any limitations that may be placed on your care.

You have the right to know the reasons for any proposed transfer within or outside of the hospital.

You have the right to know the relationship(s) of the hospital to other individuals or organizations involved in your care.

You have the right to have pain treated as effectively and appropriate for this setting.

You have the right to treatment for any medical condition that will deteriorate from failure to provide treatment.

You have the right to have the facility, seek appropriate legal alternatives or orders of involuntary treatment, or in accordance with professional standards terminate the relationship with you, upon reasonable notice if you refuse treatment.

Express and Informed Consent

You have the right to be given, by the health care provider, information concerning diagnoses, proposed treatment, the purpose of treatment, common side effects, alternative treatments, and approximate length of care in order to provide an informed and expressed consent for treatment. Clinically significant changes in treatment (i.e., any changes in psychotropic medications, or an order for E.C.T.), in which consent has not already been given, will require additional written consents upon full explanation to you.

You have the right to withdraw informed consent at any time.

You have the right to ask questions concerning proposed treatment.

You or your authorized legal representative have the right to request or refuse treatment, except as provided by law.

Clothing and Personal Effects

You have the right to keep your clothing and personal effects unless they are removed for safety or medical reasons. If they are taken from you, an inventory of the possessions will be prepared and given to you to sign. Your possessions will be immediately returned to you or your representative upon discharge or transfer from this facility.

Photography

For the safety and security of our patients you may be photographed. The hospital is equipped with closed circuit video. You may be "videotaped" as part of this system since public areas may be filmed throughout the hospital. These areas include hallways, lobby, and entrances. Videotapes are kept not more than 30 days and are then taped over. Only security and administrative personnel will have access to ensure confidentiality is maintained.

Visitation

A patient (or support person, where appropriate) has the right to be informed of his or her visitation rights, including any clinical restrictions or limitations on such rights.

A patient (or support person, where appropriate) will be informed of right subject to his or her consent to receive visitors whom he or she designates, including, but not limited to a spouse, domestic partner (including same sex partner), another family member or friend, and his or her right to withdraw or deny such consent at any time.

A patient has the right to have their visitors enjoy full and equal visitation consistent with the patients preferences.

The patient has the right to impartial access to visitors, regardless of race, color, national origin, religion, gender identity, sexual orientation, or disability.

Inform each patient, or support person where appropriate, of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her rights under this section.

Inform each patient (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including but not limited to , a spouse, domestic partner(including same sex partner), another family member, or a friend, and his or her right to withdraw that consent at any time.

Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, sex, gender identity, sexual orientation, or disability.

Ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

Communication

You have the right to request limitations in whom may visit or inquire about your status as a patient.

You have the right to communicate freely and privately by phone, mail, or visitation with persons of your choice during your stay at this facility, provided there are no violations of law. You have the right to make free local calls and will be given access to a long distance service for collect calls. If communication is restricted, you will be given a written notice including the reasons for the restrictions. This facility is required to develop reasonable rules governing visitors, visiting hours, and the use of telephones but you cannot be limited in your access to your attorney, or religious counsel to a phone for the purpose of reporting abuse, in contacting Disability Rights Florida. Several toll-free telephone numbers provided to you are:

Florida Abuse Registry
Disability Rights Florida

1 800 96-ABUSE - (800) 962-2873
1 800 342-0823

Habeas Corpus

You or your representative, have the right to ask the Court to review the cause and legality of your detention in this facility or if you believe you have been unjustly denied a legal right or privilege or an authorized procedure is being abused. A petition form will be given to you by staff upon your request. If you wish to file a habeas corpus petition, you can submit it to a facility staff member, and it will be filed with the court for you by the facility no later than the next court working day.

Grievance

You have the right to express grievance regarding any violation of your rights, as stated in Florida law, through the grievance procedure within this hospital or with the appropriate State licensing agency.

To file a grievance within the hospital, please call 305-264-5252 extension 1513 or 305-558-9700 extension 5205, and ask for the Risk Manager. Your complaint can be verbal or in writing.

You may file a grievance directly with the State agency regardless of whether you have utilized the hospital's grievance process.

Financial Information

You have the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.

If you are eligible for Medicare you have the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assigned rate.

You have the right to receive, upon request and in advance of treatment, a reasonable estimate of charges for treatment.

You have the right to receive a copy of a reasonably clear and understandable, itemized bill, and upon request, to have charges explained.

Voting

You have the right to register to vote and to vote in any elections unless the court has removed this right from you. Staff will assist you in arranging for registration or voting.

Discharge

It is your right to have a discharge plan that meets your needs, follow-up care and service.

You have the right to seek treatment from the professional or agency of your choice after your discharge from this facility.

Right to Contact the Court

You or your representative, have the right to ask the Court to review the reason and legality of your detention.

You or your representative, have the right to ask the Court to review a denied legal right or privilege.

You or your representative, have the right to ask the Court to review a procedure that is not being followed.