

**PATIENT BILL OF RIGHTS**  
**SCREENING SERVICE**

University Behavioral Health Care (UBHC) has assembled the following “Patient Rights” as recognition of the need to protect and preserve the individual’s identity when being treated in one of its screening services. Please feel free to discuss these points with staff, relatives and your physician.

As a patient of UBHC you are entitled to the Right:

- To be free from unnecessary or excessive medication. Medication shall not be administered unless at the order of a physician. Medication shall be administered in accordance with generally accepted medical standards as part of a treatment program. Medication shall not be used as punishment, for the convenience of staff, as a substitute for a treatment program, or in quantities that interfere with the patient’s treatment program.

In an emergency in which less restrictive or appropriate alternatives acceptable to the patient are not available to prevent imminent danger to the patient or others, medication may be administered over a patient’s objection at the written order of a physician, which shall be valid for a period of up to 24 hours, in order to lessen the danger.

- Not to be subjected to experimental research, psychosurgery, or sterilization, without the express and informed, written consent of the patient. The patient shall have the right to consult with counsel or interested party of the patient’s choice. A copy of the patient’s consent shall be placed in the patient’s treatment record.
- To be free from unnecessary physical restraint and seclusion. Except for an emergency, in which a patient has caused substantial property damage or has attempted to harm himself or others, or in which the patient’s behavior threatens to harm himself or others, and in which less restrictive means of restraint are not feasible, a patient may be physically restrained or placed in seclusion only on an attending physician’s written order or that of another designated physician which explains the rationale for that action. The written order may be given only after the attending physician or other designated physician has personally seen the patient, and evaluated the episode or situation that is said to require restraint or seclusion.

In an emergency, the use of restraints or seclusion may be initiated by a registered professional nurse and shall be for no more than one hour. Within that hour, the nurse shall consult with the attending physician or other designated physician and, if continued restraint or seclusion is determined to be necessary, shall obtain an order from the physician to continue the use of restraint or seclusion. If an order is given, the patient shall be reevaluated by the nurse or the attending physician or other designated physician as to the patient’s physical and psychiatric condition and the need for continuing the restraints or seclusion at least every two hours until the use of restraints or seclusion has ended.

The patient’s attending physician or other designated physician shall enter a written order approving the continued use of restraints or seclusion no later than 12 hours after the time that physical restraint or seclusion began, after the physician has personally seen the patient. A written order by the physician for the continued use of restraint or seclusion shall be effective for no more than 24 hours and shall be renewed if restraint and seclusion are continued. A medical examination of the patient shall be conducted every 12 hours by a physician.

While a patient is in restraints or seclusion, nursing personnel shall check the patient’s hygienic, toileting, food-related, and other needs every 15 minutes. A notation of these checks shall be placed in the patient’s medical record along with the order for restraints or seclusion. A patient in restraints shall be permitted to ambulate every four hours, except when the patient’s psychiatric condition would make a release from restraints dangerous to the patient or others, and shall be permitted to ambulate every 12 hours regardless of the patient’s psychiatric condition.

- To be free from any form of punishment.
- To privacy and dignity.
- To the least restrictive conditions necessary to achieve the purposes of treatment.
- To wear your own clothes, except as necessary for medical examination.
- To see visitors.
- To have reasonable access to and use of telephones, both to make and receive confidential calls.
- To practice your religion of choice or abstain from religious practices.
- To be provided with a reasonable explanation, in terms and language appropriate to your condition and ability to understand, of:
  - Your general mental condition, and physical condition if the screening service has conducted a physical examination of you;
  - The objectives of your treatment;
  - The nature and significant possible adverse effects of recommended treatments;
  - The reasons why a particular treatment is considered appropriate; and
  - The reasons for the denial of any of the patient’s rights;
  - To have a discharge plan prepared and to participate in the preparation of that plan.
- To be given a copy of these rights as soon as possible upon admission to the screening service.
- A patient’s rights may be denied only for good cause when the attending physician feels it is imperative to deny any of these rights; except that, under no circumstances shall a patient’s right to communicate with the patient’s attorney, physician, or the courts be restricted. The denial of a patient’s rights shall take effect only after a copy of the written notice of the denial has been filed in the patient’s treatment record and shall include an explanation of the reason for denial.