



Patient Advocacy Program

Telephone (619) 282-1134 Fax (619) 282-4885

**CALL PATIENT ADVOCACY WHEN MINOR IS ADMITTED
FOR PSYCHIATRIC TREATMENT TO ANY FACILITY**

Minors admission packet

Folder of patients' rights materials to be given to minor upon admission (attached):

- **County Grievance Form (multiple languages)**
- **Grievance Information Card**
- **Patient Advocacy Program Brochure**
- **Minor's Rights Handbook**
- **Independent Clinical Review Brochure**
- **Roger S. Hearing Brochure**
- **Writ of Habeas Corpus Brochure**

**Fill out Minors Admission Status Form (attached) and call
Patient Advocacy for appropriate due process advisements.**

If you have any questions about the process or require assistance filling out the form, call the Patient Advocacy Program.

Telephone (619) 282-1134 Fax (619) 282-4885

Jewish Family Service Patient Advocacy Program

Telephone (619) 282-1134 Fax (619) 282-4885

Minor's Admission Status Information

Name _____ Age _____ DOB _____
Last First

Race _____ Gender _____ Admit Date _____ Time _____

MR # _____ Doctor: _____

Medi-Cal (Circle) Y / N

Medical Facility-

Facility Contact _____ Phone # _____
(Sender)

Initial Admit Status: (1) Parental Voluntary (2) LPS/5150 (3) 14-Day Cert.
(Circle one)

Start Date of 5150 _____ Time _____ End Date of 5150 _____ Time _____

General Status Info: 1. Ward of Court; 2. Dependent of the Court; 3. Parental Authority
(Circle one)

Responsible Adult _____ Phone _____

Relative/Guardian _____ PO _____ DSS _____ Emancipated _____

*Attorney _____ Phone _____

Atty. Notified: Y N Date _____ FAX _____

Phone Message Left: Y N Actual Conversation: Y N Results _____

Amended Admit Status: (1) Roger S. (2) Dependent/Ward (6552) (3) Parental Voluntary (595)

Resolution: (1) Waiver (2) Requested Hearing/Review (3) 6552 signed on _____

Changes: (1) Originally waived, now wants a hearing/review (2) Withdrew request for hearing/review
(3) Discharged

Staff Member _____ Date _____

Roger S. Hearing/Parental Voluntary (595) Review Information:

Hearing/ICR Scheduled: Date _____ Time _____ Reviewer _____

Hearing/Review Results: (1) Patient Held (2) Patient Released

Off-Calendar: (1) Discharged before hearing/review (2) Writ (3) Other _____

Advocate _____ Student _____

Attorney advised minor for 6552 waiver

Advocate advised minor for 6552 waiver

14-day Certification Review Hearing to be Scheduled

Advocate _____

CLIENT GRIEVANCE OR APPEAL FORM

We need to be able to contact you. Please provide information that will make it easy for us to contact you even after you have left this facility.

Your Name: _____

Your Address: _____

Program/Facility Name: _____

Your Phone Number: _____

Your E-mail: _____

Tell us about your issue: (use the back if you need more space)

Contact us as soon as possible. We try to resolve problems quickly while you are at this facility. A self-addressed envelope is available to mail this form to JFS.

JFS - Patient Advocacy
8804 Balboa Avenue, San Diego, CA 92123
Call 619-282-1134 or
1-800-479-2233

WHAT IS A GRIEVANCE OR APPEAL?

- A **“grievance”** is **any** expression of dissatisfaction about your services.
- An **“appeal”** can be made when the Mental Health Plan authorization for services are denied, reduced, or stopped.
- An **“expedited appeal”** can be made when you or your provider certify that the standard appeal timeline could seriously risk your life, health or ability to function.

FACILITY NOTICE: This grievance form must be available to clients without having to ask staff for it. This grievance form and process may not be replaced by any internal facility grievance or complaint process.

FORMULARIO DE QUEJA O APELACIÓN DEL CLIENTE

Necesitamos poder contactar con usted. Proporcione por favor la información que nos facilitaría ponernos en contacto con usted incluso si ya salió de esta instalación.

Su nombre: _____

Su dirección: _____

Nombre del programa/instalación: _____

Su número de teléfono: _____

Su correo electrónico: _____

Cuéntenos acerca de su problema: (use la parte de atrás si necesita más espacio)

Contáctenos lo más pronto posible. Tratamos de resolver los problemas rápidamente mientras se encuentra en esta instalación. Se incluye un sobre con la dirección del remitente para enviar este formulario a JFS.

**JFS - Patient Advocacy
8804 Balboa Avenue, San Diego, CA 92123
Llamar al 619-282-1134 o
1-800-479-2233**

¿QUÉ ES UNA QUEJA O UNA APELACIÓN?

- Una **“queja”** es *cualquier* expresión de insatisfacción sobre sus servicios.
- Una **“apelación”** se puede realizar cuando la autorización para los servicios del Plan de Salud Mental se ha negado, reducido o parado.
- Una **“apelación expedita”** se puede hacer cuando usted o su proveedor certifican que el plazo normal para la apelación podría poner en riesgo seriamente su vida, su salud o su habilidad para funcionar.

NOTIFICACIÓN PARA LA INSTALACIÓN: Este formulario de queja debe estar disponible para los clientes sin tener que solicitarlo al personal. Este formulario y proceso de queja no se pueden reemplazar por ningún proceso interno de queja o proceso de queja de la instalación.

نموذج تظلم أو استئناف العميل

نحن بحاجة إلى التمكن من الاتصال بك. يرجى توفير المعلومات التي ستسهل علينا الاتصال بك حتى بعد مغادرتك هذه المنشأة.

اسمك: _____

عنوانك: _____

اسم البرنامج/المنشأة: _____

رقم هاتفك: _____

بريدك الإلكتروني: _____

أخبرنا بمشكلتك: (استخدم ظهر الورقة إذا كنت بحاجة إلى مساحة إضافية)

اتصل بنا في أقرب وقت ممكن. نحن نحاول حل المشكلات بسرعة أثناء وجودك في هذه المنشأة. يتوفر مظروف موجه إلى عنواننا لإرسال هذا النموذج عبر البريد إلى JFS.

JFS - Patient Advocacy
8804 Balboa Avenue, San Diego, CA 92123

اتصل على 619-282-1134
أو 1-800-479-2233

ما هو التظلم أو الاستئناف؟

- "التظلم" عبارة عن أي تعبير عن عدم الرضا بشأن خدماتك.
- يمكن تقديم "الاستئناف" عند رفض أو خفض أو إيقاف إذن خدمات خطة الصحة النفسية.
- يمكن تقديم "الاستئناف العاجل" عندما تشهد أنت أو مزودك أن الفترة الزمنية القياسية للاستئناف يمكن أن تعرض حياتك أو صحتك أو قدرتك على العمل إلى الخطر بشكل جدي.

إشعار المنشأة: ينبغي أن يتوفر نموذج التظلم هذا للعملاء دون أن يضطروا لطلبه من طاقم العمل. لا يمكن استبدال نموذج وإجراء التظلم هذا بأي إجراء تظلم أو شكوى داخلي للمنشأة.

فرم اعلام عدم رضایت یا درخواست بررسی مجدد از طرف مشتری

لازم است بتوانیم با شما تماس بگیریم. لطفاً اطلاعاتی ارائه کنید که بتوانیم به راحتی حتی بعد از خروج از این مرکز با شما تماس بگیریم.

نام: _____

آدرس: _____

نام برنامه/مرکز: _____

شماره تلفن: _____

ایمیل: _____

درباره مشکلاتان به ما توضیح دهید: (اگر به فضای بیشتری نیاز دارید از پشت صفحه استفاده کنید)

هرچه سریعتر با ما تماس بگیرید. تلاش می کنیم در هنگام حضورتان در مرکز هرچه سریعتر مشکلات را برطرف کنیم. پاکتی حاوی آدرس مشخص شده ارائه شده است که می توانید این فرم را در آن بگذارید و برای JFS پست کنید.

JFS - Patient Advocacy

8804 Balboa Avenue, San Diego, CA 92123

با شماره 619-282-1134 یا

1-800-479-2233 تماس بگیرید.

عدم رضایت یا درخواست بررسی مجدد چیست؟

- **"عدم رضایت"** به هرگونه اظهار نارضایتی درباره خدمات گفته می شود.
- در صورت عدم پذیرش، کاهش یا توقف ارائه خدمات مورد تأیید از طرف طرح سلامت ذهنی، می توانید **"درخواست بررسی مجدد"** ارائه کنید.
- اگر ارائه دهنده تان تأیید کند که زمان انتظار استاندارد برای بررسی مجدد ممکن است زندگی، سلامت یا توانایی شما در انجام امور را به خطر بیندازد، می توانید **"درخواست بررسی مجدد تسریع شده"** ارائه کنید.

اعلامیه مربوط به مرکز: این فرم شکایت باید بدون پرسش از پرسنل در اختیار افراد قرار بگیرد. این فرم اعلام عدم رضایت و کارهای اجرایی مربوطه ممکن است با هیچ روند درونی رسیدگی به نارضایتی یا شکایت در برنامه جایگزین نشود.

KARAINGAN SA KLIYENTE O FORM NG APELA

Kailangan na makapag-ugnayan kami sa inyo. Mangyari lang magbigay ng impormasyon na magpapadali para sa amin na makipag-ugnayan sa inyo kahit na nakaalis na kayo mula sa pasilidad na ito.

Inyong Pangalan: _____

Inyong Address: _____

Pangalan ng Programa/Pasilidad: _____

Inyong Numero ng Telepono: _____

Inyong E-mail: _____

Sabihin sa amin ang tungkol sa inyong isyu: (gamitin ang likod kung kailangan ninyo ng karagdagang espasyo)

Makipag-ugnayan sa amin sa lalong madaling panahon. Sinusubukan naming lutasin ang mga problema kaagad habang kayo ay nasa pasilidad na ito. Isang sobra na nakasaad ang address namin ay handang makuha para maipadala ang form na ito sa JFS.

JFS - Patient Advocacy
8804 Balboa Avenue, San Diego, CA 92123
Tumawag sa 619-282-1134 o
1-800-479-2233

ANO ANG KARAINGAN O APELA?

- Ang **“karaingan”** ay **anumang** paglalahad ng inyong hindi kasiyahan sa inyong mga serbisyo.
- Ang **“apela”** ay magagawa kapag ang awtorisasyon para sa Mental Health Plan para sa mga serbisyo ay tinatangihan, binawasan, o hininto.
- Ang **“pinabilis na apela”** ay magagawa kapag ikaw o ang inyong provider ay nagpapatunay na ang standard na timeline para sa apela ay lubos na mailalagay sa panganib ang inyong bahay, kalusugan o kakayahan para gumana.

ABISO NG PASILIDAD: Ang form ng karaingan na ito ay dapat na available para sa mga kliyente nang hindi kinakailangang hilingin ang mga ito mula sa staff. Ang form ng karaingan at proseso na ito ay hindi maaaring palitan ng anumang internal na pasilidad para sa karaingan o proseo ng reklamo.

MẪU ĐƠN KHIẾU NẠI HOẶC KHÁNG CÁO CỦA THÂN CHỦ

Chúng tôi cần phải liên lạc được với quý vị. Xin quý vị vui lòng cung cấp các chi tiết để giúp chúng tôi liên lạc với quý vị một cách dễ dàng cho dù sau khi quý vị đã rời khỏi cơ sở này.

Tên Họ Của Quý Vị: _____

Địa Chỉ Của Quý Vị: _____

Tên Của Chương Trình/Cơ Sở: _____

Số Điện Thoại Của Quý Vị: _____

E-mail Của Quý Vị: _____

Hãy cho chúng tôi biết về vấn đề của quý vị (dùng trang sau nếu quý vị cần thêm chỗ)

Hãy liên lạc với chúng tôi càng sớm càng tốt. Chúng tôi tìm cách giải quyết các vấn đề nhanh chóng trong khi quý vị đang ở tại cơ sở này. Một phong bì có ghi sẵn địa chỉ được cung cấp để gửi mẫu đơn này đến cho JFS.

JFS-Patient Advocacy
8804 Balboa Avenue, San Diego, CA 92123
Gọi Điện Thoại Số 619-282-1134 hoặc
1-800-479-2233

KHIẾU NẠI HOẶC KHÁNG CÁO LÀ GÌ?

- **“Khiếu nại”** là ***bất cứ*** cách nào để bày tỏ sự không hài lòng về những dịch vụ của quý vị.
- **“Kháng cáo”** có thể được thực hiện khi việc cho phép hưởng Chương Trình Sức Khỏe Tâm Thần bị từ khước, cắt giảm, hoặc ngưng lại.
- **“Kháng cáo cấp tốc”** có thể được thực hiện khi quý vị hoặc bác sĩ chăm sóc của quý vị chứng nhận rằng tiêu chuẩn về thời hạn kháng cáo có thể gây nguy cơ trầm trọng cho mạng sống, sức khỏe hoặc khả năng hoạt động của quý vị.

THÔNG BÁO CỦA CHƯƠNG TRÌNH: Mẫu đơn khiếu nại này phải được cung cấp cho thân chủ mà không cần phải xin nhân viên. Không một tiến trình nội bộ để khiếu nại hoặc than phiền nào của chương trình có thể thay thế mẫu đơn khiếu nại và tiến trình này.

Patient Advocacy



**Jewish
Family
Service**

Moving Forward
Together

Resolution of Grievances

San Diego County Beneficiary Complaint/Grievance and Appeals Resolution Process

When a grievance or complaint is filed with the Jewish Family Service Patient Advocacy Program regarding behavioral health services provided by inpatient facilities or other behavioral health residential facilities in San Diego County, Patient Advocates must follow State and Federally required procedures to investigate and resolve the issues.

The process may include:

- Obtaining written consent from the client to release information from treatment providers to Patient Advocates
- Contacting the provider to notify them about issues and to work collaboratively with them to resolve those issues

(Process continues on reverse)



Information and Assistance

Jewish Family Service Patient Advocacy Program
619-282-1134 | 1-800-479-2233
www.jfssd.org/patientadvocacy

Patient Advocacy

Resolution of Grievances



(Process, continued from front)

- Attempting to resolve the issue at the lowest possible level
- Investigating issues through interviews, medical chart review, and if necessary, clinical consultation by an independent clinical reviewer

Resolution of Grievances

- Resolution of the grievance must occur within 60 days from the initial request
- A one-time 14-day extension of the 60-day deadline may be approved by the client if good cause to do so exists
- Resolution of the grievance will result in a letter summarizing the investigation process and will be sent to the client, San Diego County Health and Human Services (Quality Improvement), and the treatment provider
- If the investigation reveals a violation of patients' rights, the Patient Advocacy Program may make a request to the County, asking them to work with the facility (through a Plan of Correction) to create changes which will ensure compliance with patients' rights statutes.

The Patient Advocacy Program
is funded by the county of San Diego



Information and Assistance

Jewish Family Service Patient Advocacy Program
619-282-1134 | 1-800-479-2233
www.jfssd.org/patientadvocacy

What is the Patient Advocacy Program?

We are dedicated to ensuring the rights of behavioral health clients.

Behavioral health clients have the same legal rights afforded to every American citizen.

Information & Assistance

619-282-1134 or 1-800-479-2233

Fax: 619-282-4885

www.jfssd.org/patientadvocacy

Hours: 8:00am–5:00pm, Monday–Friday



Patient Advocacy Program

619-282-1134 | 1-800-479-2233

www.jfssd.org/patientadvocacy

For a copy of our Notice of Privacy Practices, please visit our website or contact us.

Patient Advocacy Program



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is funded by the County of San Diego



Information & Assistance

(619) 282-1134 | 1-800-479-2233

www.jfssd.org/patientadvocacy

What do patient advocates do?

- Represent behavioral health clients at Certification Review Hearings for 14-day and 30-day involuntary holds.
- Represent minors at Independent Clinical Reviews and Roger S. Hearings.
- Investigate and resolve complaints received from behavioral health clients about rights violations, neglect, abuse, or confidentiality concerns.
- Monitor facilities for compliance with patients' rights laws, regulations, and policies.
- Train staff in behavioral health facilities regarding patients' rights laws, regulations, and policies.
- Consult with behavioral health professionals concerning patients' rights.
- Assist clients who are entitled under the Medi-Cal Mental Health Managed Care Plan with Grievances concerning quality of care or when there has been a denial, reduction, or termination of services by the plan.
- Ensure that patients are aware of their rights by providing materials, trainings, and ensuring that information about patients' rights is posted in all behavioral health facilities.

What rights do behavioral health clients have?

- The right to treatment services which promote the potential of the person to function independently.
- The right to dignity, privacy, and humane care.
- The right to be free from harm, including unnecessary or excessive physical restraint, isolation, medication, abuse or neglect.
- The right to prompt medical care and treatment.
- The right to religious freedom and practice.
- The right to participate in publicly supported education.
- The right to social interaction.
- The right to physical exercise and recreational opportunities.
- The right to be free from hazardous procedures.
- The right to receive services from a patient advocate.

Additional rights, which may only be denied for "Good Cause":

- The right to wear one's own clothing.
- The right to keep and use one's own personal possessions.
- The right to keep and spend a reasonable sum of one's money.
- The right to have access to individual storage space.
- The right to see visitors each day.
- The right to make and receive confidential calls.
- The right to have access to letter-writing materials, including stamps.
- The right to mail and receive unopened letters and correspondence.



Need Assistance? Have Questions?

619-282-1134 | 1-800-479-2233

PRIVATE FACILITY **BEHAVIORAL HEALTH MINORS' RIGHTS**

Introduction

If you are a minor between the ages of 14 and 17 and have been admitted to a private acute psychiatric facility for voluntary inpatient treatment, you possess the rights outlined in this document.

You have the right to see and receive the services of a patients' rights advocate. It is the advocate's job to make sure that your rights are protected. Your advocate's name and telephone number (and the hours he or she may be reached) are listed at the bottom of this document.

Your Rights

By Law you have the following rights to:

1. a clinical review
2. see patients' rights advocate
3. wear your own clothes
4. keep your personal possessions
5. keep and be allowed to spend a reasonable sum of your own money for small purchases
6. use the phone
7. see visitors
8. have ready access to letter writing materials, including stamps, and to receive and send unopened mail
9. have private storage space

Your parent or guardian cannot make an agreement with the facility that you do not have these rights.

The facility staff can deny your rights, except they cannot deny numbers [1] and [2]. In order to deny your rights, the facility staff must show that there is "good cause".

If you are denied one of the rights listed above you must be told the reasons why the right is being denied. The fact that the right has been denied and the reasons for the denial must be written in your treatment record. Your rights must be returned to you as soon as the reasons for the denial no longer exists.

You cannot be forced or threatened to give up any of your rights as a condition of being admitted or released from the facility. However you may agree not to exercise a specific right in the interest of your treatment plan.

Right to Clinical Review

If you have been placed in a private psychiatric facility by your parent or legal guardian, and if you do not want to stay in the facility, you are entitled to an independent clinical review.

As part of the admission procedure, the facility must make sure that your parent, guardian or other person entitled to your custody is given a full explanation of their treatment philosophy, the use of seclusion and restraints, the use of medication and the degree to which family members may be involved in your treatment program.

The staff must also inform you in writing that you may have an independent clinical review of your stay in the facility. You may ask for this review at any time during the first ten [10] days after your admission to the facility.

Once requested, the review must take place within five [5] days of your request, and you have the right to change your mind about requesting the review.

The purpose of the review is to decide whether you still have a mental disorder and also to determine if the facility is the most appropriate place to help you to get better.

If the reviewer decides that there is not enough cause to hold you, you will be released on the same day, probably back to your parents or your legal guardian.

The review is a private, informal meeting which is held at the facility within five days after the request for the review. It will be attended by your parents(s) or legal guardian, a patients' rights advocate, a representative from the facility, the reviewer (who is a psychiatrist not involved with your case) and you.

You may choose not to attend, in which case the patients' rights advocate will represent your wishes. You may question anyone who is recommending that you stay in the facility.

If you ask for the review, the county patients' rights advocate will be available to assist you.

In order for you to be kept in the facility against your wishes, the review must show that you have a mental health problem at the present time, and that further inpatient treatment is likely to help reduce the problem, and that the facility is the best setting for you at this time. If the reviewer decides that these conditions have been met, you will then need to remain in the facility.

Personal Possessions

You have the right to wear your own clothes, to keep and use personal possessions like your toilet articles, and to keep enough personal money for small day-to-day purchases.

Storage

You have the right to storage space for your personal belongings that is reasonably accessible to you. Your possessions cannot be searched unless adequate reasons for the search are given.

Phone & Visitors

You have the right to use the phone. You have the right to receive visitors of your own choice, during visiting hours.

Mail

You have the right to send and receive mail, unopened and uncensored. Your mail may not be read without your permission.

It must be possible for you to obtain letter writing materials, including postage. You may be required to pay for these items.

Seclusion

You have the right to be free from excessive seclusion and restraint.

Medication

The doctor may prescribe medication for you while you are in the facility. Medication may not be used as punishment, to the convenience of staff, as a substitute for program, or in quantities that interfere with your treatment program.

You and your legal guardian have the right to know about the medication you will be receiving. If you have questions about your medication, you should talk with your doctor.

Refusal

You have the right to refuse to take part in any research project or medical experiment.

You have the right to refuse psycho surgery, that is, any operation on your brain to change your behavior. No one can overrule your refusal.

You have the right to refuse Electroconvulsive Treatment (ECT) or any other form of convulsive therapy. However, ECT or shock treatment may be given without your consent under certain conditions that are designed to protect your rights and are specified in law.

Constitutional Rights

In addition to those rights already mentioned above, you have constitutional rights which include:

A right to social interaction, participation in community activities, physical exercise, recreational opportunities, religious freedom and practice.

You have the right to education, and required by state law.

Privacy

You have the right to privacy such as during medical treatment, when bathing, dressing, toileting, visiting and at other appropriate times.

Nondiscrimination

You have the right to be provided with mental health services without discrimination because of race, color, sex, religion, age or national origin.

Complaints

You have the right to contact the patients' rights advocate, if you have a problem or complaint regarding your rights. **You may not be punished for requesting advocacy services.** It is the advocate's responsibility to investigate and resolve your complaint to your satisfaction. If the advocate is unable to do so, the complaint must be referred by the advocate to the local mental health director.

If you have any questions regarding your rights, please contact your local advocate.

Local Advocate Name and Contact Information:

JFS PATIENT ADVOCACY PROGRAM
8804 BALBOA AVE.
SAN DIEGO, CA 92123
(619)282-1134
TOLL FREE 1-800-479-2233

If your problem is still not resolved, it must be referred to:

California Office of Patients' Rights
1831 K Street
Sacramento, CA 95811-4114
916-575-1610

MANUAL SOBRE LOS DERECHOS DE MENORES

Introducción

Si usted es un menor entre las edades de 14 a 17 años, y se le ha admitido a una institución privada de psiquiatría intensiva para tratamiento voluntario mientras está interno, usted posee los derechos delineados en este manual.

Usted tiene el derecho de consultar y recibir los servicios de un defensor de los derechos de los pacientes. El trabajo del defensor es asegurar que sus derechos estén protegidos. El nombre y número de teléfono de su defensor (y los horarios en que se le puede localizar) se encuentran en la cubierta posterior de este manual.

Sus Derechos

Conforme a la ley, usted tiene los derechos a continuación:

1. a una revisión clínica
2. a consultar a un defensor de los derechos de los pacientes
3. a usar su propia ropa
4. a conservar sus posesiones personales
5. a conservar y a que se le permita gastar una suma razonable de su propio dinero para compras pequeñas
6. a utilizar el teléfono
7. a recibir visitantes
8. a tener acceso inmediato a materiales para escribir cartas, incluyendo estampillas, y a recibir y a enviar correspondencia sin que ésta sea abierta
9. a tener un espacio privado de almacenaje

Su padre, madre o tutor legal no puede llegar a un acuerdo con la institución para que se le nieguen estos derechos.

El personal de la institución puede negarle sus derechos, con la excepción de los derechos estipulados en los números [1] y [2]. A fin de negarle sus derechos, el personal de la institución tiene que demostrar que existe un "motivo justificado."

Si a usted se le niega uno de los derechos enumerados anteriormente, se le tienen que decir las razones por las que se le niega ese derecho. El hecho de que el derecho se le ha negado y las razones de la negación tienen que anotarse en su registro de tratamiento. Se le tienen que devolver sus derechos tan pronto como desaparezcan las razones de la negación.

A usted no se le puede forzar o amenazar para que renuncie alguno de sus derechos como condición para ser admitido o dado de alta de la institución. Sin embargo, usted puede aceptar no ejercer un derecho específico en beneficio de su plan de tratamiento.

Derecho a una Revisión Clínica

Si su padre, madre o tutor legal le ha colocado en una institución psiquiátrica privada, y si usted no quiere permanecer en la institución, usted tiene derecho a una revisión clínica independiente.

Como parte del proceso de admisión, la institución tiene que asegurarse de que a su padre, madre, tutor legal u otra persona que tiene derecho a su patria potestad, se le dé una explicación completa sobre su filosofía de tratamiento, el uso de aislamiento y restricción, el uso de medicamentos y el nivel al que los miembros de la familia pueden involucrarse en su programa de tratamiento.

Además, el personal tiene que informarle, por escrito, que usted puede tener una revisión clínica independiente sobre su permanencia en la institución. Usted puede pedir esta revisión en cualquier momento durante los primeros diez [10] días después de su admisión a la institución.

Una vez que la solicite, la revisión se tiene que efectuar en un plazo de cinco [5] días de su petición, y usted tiene derecho a cambiar de opinión sobre su solicitud para la revisión.

El propósito de la revisión es el decidir si usted aún tiene un trastorno mental y además el determinar si la institución es el lugar más apropiado para ayudarle a mejorar.

Si la persona que lleva a cabo la revisión decide que no hay motivos suficientes para retenerle, a usted se le dará de alta el mismo día, probablemente para volver a sus padres o a su tutor legal.

La revisión es una reunión informal privada que se lleva a cabo en la institución, en un plazo de cinco días después de hacer la petición para la revisión. A esta reunión asistirán sus padres o tutor legal, un defensor de los derechos de los pacientes, un representante de la institución, la persona que efectúa la revisión (la cual es un psiquiatra que no está involucrado en su caso) y usted.

Usted puede optar por no asistir, en cuyo caso, el defensor de los derechos de los pacientes representará sus deseos. Usted puede cuestionar a cualquiera que recomiende que usted permanezca en la institución.

Si usted pide la revisión, el defensor de los derechos de los pacientes del condado, estará a la disposición para ayudarle.

Para poderlo retener en la institución, en contra de sus deseos, la revisión tiene que demostrar que usted actualmente tiene un problema de salud mental, y que tratamiento adicional mientras está interno probablemente ayudará a reducir el problema, y que la institución es el mejor ambiente para usted en este momento. Si la persona que efectúa la revisión decide que estas condiciones se han cumplido, entonces usted tendrá que permanecer en la institución.

Artículos Personales

Usted tiene derecho a usar su propia ropa, a conservar y usar posesiones personales como sus artículos de tocador, y a conservar suficiente dinero personal para sus pequeñas compras diarias.

Almacenaje

Usted tiene derecho a tener un espacio de almacenaje para sus posesiones personales, que le sea accesible fácilmente a usted. Sus posesiones personales no pueden ser registradas, a menos que se le den razones adecuadas para hacerlo.

Teléfono Y Visitantes

Usted tiene derecho a usar el teléfono. Usted tiene derecho a recibir visitantes de su selección, durante las horas de visita.

Correspondencia

Usted tiene derecho a enviar y recibir correspondencia, sin que sea abierta y sin censura. Su correspondencia no puede leerse sin su permiso.

Tiene que ser posible para usted obtener materiales para escribir cartas, incluyendo estampillas. Es posible que usted tenga que pagar por estos artículos.

Aislamiento

Usted tiene derecho a estar libre de aislamiento y restricción excesivos.

Medicamentos

El doctor puede recetarle medicamentos a usted mientras esté en la institución. Los medicamentos no se pueden utilizar como castigo, por la conveniencia del personal, como un sustituto para el programa, o en cantidades que interfieran con su programa de tratamiento.

Usted y su tutor legal tienen derecho a saber qué medicamentos recibirá usted. Si usted tiene preguntas sobre sus medicamentos, debe hablar con su doctor.

Negativa

Usted tiene derecho a negarse a tomar parte en cualquier proyecto de investigación o experimento médico.

Usted tiene derecho a negarse a recibir psicocirugía, es decir, cualquier operación en el cerebro para cambiar su comportamiento. Nadie puede anular su negativa.

Usted tiene derecho a negarse a recibir Tratamiento Electroconvulsivo (ECT) o cualquier otra forma de terapia convulsiva. Sin embargo, es posible que se le administren ECT o tratamiento de descarga eléctrica, sin su consentimiento, bajo ciertas condiciones que están diseñadas para proteger sus derechos y están especificadas en la ley.

Derechos Constitucionales

Además de los derechos mencionados anteriormente, usted tiene derechos constitucionales que incluyen:

Un derecho a interacción social, participación en actividades comunitarias, ejercicio físico, oportunidades de recreo, libertad de religión y su práctica.

Usted tiene derecho a educación, conforme lo exige la ley estatal.

Privacidad

Usted tiene derecho a la privacidad, por ejemplo durante tratamiento médico, al bañarse, al vestirse, al asearse, al recibir visitas y en otras ocasiones apropiadas.

No Discriminación

Usted tiene derecho a que se le proporcionen servicios de salud mental sin discriminación debido a raza, color, sexo, religión, edad u origen nacional.

Quejas

Usted tiene derecho a comunicarse con el defensor de los derechos de los pacientes, si usted tiene un problema o queja referente a sus derechos. **A usted no se le puede castigar por solicitar servicios de defensa.** Es responsabilidad del defensor investigar y resolver la queja a su satisfacción. Si el defensor no puede hacerlo, tiene que referir la queja al director local de salud mental.

Si tiene alguna pregunta con respecto a sus derechos, por favor comuníquese con el defensor de los derechos de los pacientes.

Nombre de defensor en los derechos de pacientes y información de contacto:

**JFS PATIENT ADVOCACY PROGRAM
8804 BALBOA AVE.
SAN DIEGO CA 92123
(619) 282-1134
TOLL FREE 1-800-479-2233**

Aun, si su problema no es resuelto, tiene que referirlo a:

**California Office of Patients' Rights
1831 K Street
Sacramento, CA 95814
916-504-5810**

PUBLIC FACILITY **MENTAL HEALTH MINORS' RIGHTS**

Introduction

If you are a minor between the ages of 14 and 17 and our parents have admitted you to a **public acute psychiatric facility**, you possess the rights outlined in this document.

You have the right to see and receive the services of a patients' rights advocate. It is the advocate's job to make sure that your rights are protected. Your advocate's name and telephone number (and the hours he or she may be reached) are listed at the bottom of this document.

Your Rights

By Law you have the following rights to:

1. a Roger S. Hearing
2. see patients' rights advocate
3. wear your own clothes
4. keep your personal possessions
5. keep and be allowed to spend a reasonable sum of your own money for small purchases
6. use the phone
7. see visitors
8. have ready access to letter writing materials, including stamps, and to receive and send unopened mail
9. have private storage space

Your parent or guardian cannot make an agreement with the facility that you do not have these rights.

The facility staff can deny your rights, except they cannot deny numbers [1] and [2]. In order to deny your rights, the facility staff must show that there is "good cause".

If you are denied one of the rights listed above you must be told the reasons why the right is being denied. The fact that the right has been denied and the reasons for the denial must be written in your treatment record. Your rights must be returned to you as soon as the reasons for the denial no longer exists.

You cannot be forced or threatened to give up any of your rights as a condition of being admitted or released from the facility. However you may agree not to exercise a specific right in the interest of your treatment plan.

Right to a Roger S. Hearing

If you are between the ages of 14 and 17 and have been placed in a public psychiatric facility by your parent or legal guardian, you will have a Roger S. Hearing.

As part of the admission procedure, the facility must make sure that your parent, guardian or other person entitled to your custody is given a full explanation of their treatment philosophy, the use of seclusion and restraints, the use of medication and the degree to which family members may be involved in your treatment program.

The purpose of the hearing is to decide whether the facility has legal cause to keep you in the hospital, against your wishes. This hearing is automatically arranged when your parents sign you in for treatment.

If you wish to stay in the hospital voluntarily, you may waive this hearing, and it will not take place. If you change your mind while you are still in the hospital, and you wish to contest your stay, the hearing will be arranged.

The hearing is a private, informal meeting which is held at the facility within five days after you are signed in by your parents.

The hearing will be attended by a San Diego Superior Court Hearing Officer, a patient advocate, a representative from the facility, and you. You may request your parents to attend as well. You may choose not to attend. Regardless if you attend, the patient advocate will represent your wishes on your behalf. You may question anyone who is recommending that you stay in the facility.

If the Hearing Officer decides that there is not enough evidence to hold you, you will be released on the same day.

In order for you to be kept in the facility against your wishes, the Hearing Officer must decide that the facility has proven that:

- You have a mental disorder
- 24-locked placement is necessary
- Hospitalization is likely to help reduce the problem
- Hospitalization is the least restrictive placement and
- The facility is in your community

Personal Possessions

You have the right to wear your own clothes, to keep and use personal possessions like your toilet articles, and to keep enough personal money for small day-to-day purchases.

Storage

You have the right to storage space for your personal belongings that is reasonably accessible to you. Your possessions cannot be searched unless adequate reasons for the search are given.

Phone & Visitors

You have the right to use the phone. You have the right to receive visitors of your own choice, during visiting hours.

Mail

You have the right to send and receive mail, unopened and uncensored. Your mail may not be read without your permission.

It must be possible for you to obtain letter writing materials, including postage. You may be required to pay for these items.

Seclusion

You have the right to be free from excessive seclusion and restraint.

Medication

The doctor may prescribe medication for you while you are in the facility. Medication may not be used as punishment, to the convenience of staff, as a substitute for program, or in quantities that interfere with your treatment program.

You and your legal guardian have the right to know about the medication you will be receiving. If you have questions about your medication, you should talk with your doctor.

Refusal

You have the right to refuse to take part in any research project or medical experiment. You have the right to refuse psycho surgery, that is, any operation on your brain to change your behavior. No one can overrule your refusal.

You have the right to refuse Electroconvulsive Treatment (ECT) or any other form of convulsive therapy. However, ECT or shock treatment may be given without your consent under certain

conditions that are designed to protect your rights and are specified in law.

Constitutional Rights

In addition to those rights already mentioned above, you have constitutional rights which include:

A right to social interaction, participation in community activities, physical exercise, recreational opportunities, religious freedom and practice.

You have the right to education, and required by state law.

Privacy

You have the right to privacy such as during medical treatment, when bathing, dressing, toileting, visiting and at other appropriate times.

Nondiscrimination

You have the right to be provided with mental health services without discrimination because of race, color, sex, religion, age or national origin.

Complaints

You have the right to contact the patients' rights advocate, if you have a problem or complaint regarding your rights. **You may not be punished for requesting advocacy services.** It is the advocate's responsibility to investigate and resolve your complaint to your satisfaction. If the advocate is unable to do so, the complaint must be referred by the advocate to the local mental health director.

If you have any questions regarding your rights, please contact your local advocate.

Local Advocate Name and Contact Information:

JFS PATIENT ADVOCACY PROGRAM

8804 BALBOA AVENUE

SAN DIEGO CA 92123

(619)282-1134

TOLL FREE 1-800-479-2233

If your problem is still not resolved, it must be referred to:

California Office of Patients' Rights

1831 K Street

Sacramento, CA 95814

916-504-5810

What is the Patient Advocacy Program?

We are dedicated to ensuring the rights of mental health clients.

Mental health clients have the same legal rights afforded to every American citizen.

Information & Assistance

(619) 282-1134 or 1-800-479-2233

Fax: (619) 282-4885

www.jfssd.org/patientadvocacy

Hours: 8:00am–5:00pm, Monday–Friday



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For a copy of our Notice of Privacy Practices, please visit our website or contact us.

Patient Advocacy

Independent Clinical Review



The Patient Advocacy Program is funded by the county of San Diego



Your Rights: If you are a minor between the ages of 14 and 17 and your parents have admitted you to a private acute psychiatric facility

Independent clinical review

If you are between the ages of 14 and 17 and have been placed in a private psychiatric facility by your parent or legal guardian, you are entitled to an Independent Clinical Review.

The purpose of the Review is to decide whether you currently have a mental disorder and also to determine if the facility is the best place to help you to get better.

The staff of the hospital will inform you in writing of your right to an Independent Clinical Review. You may ask for this review at any time during the first ten [10] days after your admission to the facility.

- The Clinical Review is a private, informational meeting which is held at the facility within five days after you request it.
- You, your parent(s) or legal guardian, a patient advocate, a representative from the facility, and the reviewer (who is a psychiatrist not involved with your case) will attend.

- You may choose not to attend, in which case the patient advocate will represent your wishes. You or your advocate may question anyone who is recommending that you stay in the facility.
- If the reviewer decides that there is not enough cause to hold you, you will be released on the same day, probably back to your parents or legal guardian.
- In order for you to be kept in the facility against your wishes, the Clinical Review must show that you have a mental health problem, that further inpatient treatment is likely to help reduce the problem, and that the facility is the best setting for you at this time.

What are your rights?

The following is a list of some of your rights while in the hospital:

- To request and receive an Independent Clinical Review
- To see a patient advocate
- To wear your own clothes

- To keep your personal possessions
- To keep and be allowed to spend a reasonable sum of your own money for small purchases
- To use the phone
- To see visitors
- To have access to letter writing materials, including stamps, and to receive and send unopened mail
- To have private storage space
- To be free from excessive seclusion and restraint
- To know about the medication you are taking
- To privacy

Your rights are protected

- Your parent or guardian cannot make an agreement with the facility that you do not have these rights.
- The facility or doctor can deny some of these rights, but they must show that there is "good cause" to do so.
- If you are denied any rights, you must be told the reason and it must be written in your medical chart. Your rights must be returned to you as soon as the reason for the denial no longer exists.
- You cannot be forced or threatened to give up any of your rights as a condition of being admitted or released from the facility.

Need Assistance?
Have Questions?

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1-800-479-2233



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Patient Advocacy

Roger S. Hearing



Patient Advocacy

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The Patient Advocacy Program
is funded by the county of San Diego



Your Rights: If you are a minor between the ages of 14 and 17 and your parents have admitted you to a public acute psychiatric facility

Roger S. Hearing

If you are between the ages of 14 and 17 and have been placed in a public psychiatric facility by your parent or legal guardian, you will have a Roger S. Hearing.

The purpose of the hearing is to decide whether the facility has legal cause to keep you in the hospital, against your wishes. This hearing is automatically arranged when your parents sign you in for treatment.

If you wish to stay in the hospital voluntarily, you may waive this hearing, and it will not take place. If you change your mind while you are still in the hospital, and you wish to contest your stay, the hearing will be arranged.

The hearing is a private, informal meeting which is held at the facility within five days after you are signed in by your parents.

This hearing will be attended by a San Diego Superior Court Hearing Officer, a patient advocate, a representative from the facility, and you. You may request your parents to attend as well. You may choose not to attend. If you do, the patient advocate will

represent your wishes on your behalf. You may question anyone who is recommending that you stay in the facility.

If the Hearing Officer decides that there is not enough cause to hold you, you will be released on the same day, probably back to your parents or legal guardian.

In order for you to be kept in the facility against your wishes, the Hearing Officer must decide that the facility has proven that:

- You have a mental health disorder
- 24-hour locked placement is necessary
- Hospitalization is likely to help reduce the problem
- Hospitalization is the least restrictive placement, and
- The facility is in your community.

What are your rights?

The following is a list of some of your rights while in the hospital:

- To request and receive a Roger S. Hearing
- To see a Patients' Rights Advocate

- To wear your own clothes
- To keep your personal possessions
- To keep and be allowed to spend a reasonable sum of your own money for small purchases
- To use the phone
- To see visitors
- To have access to letter writing materials, including stamps, and to receive and send unopened mail
- To have private storage space
- To be free from excessive seclusion and restraint
- To know about the medication you are taking
- To privacy

Your rights are protected

- Your parent or guardian cannot make an agreement with the facility that you do not have these rights.
- The facility or doctor can deny some of these rights, but they must show that there is "good cause" to do so.
- If you are denied any rights, you must be told the reason and it must be written in your medical chart. Your rights must be returned to you as soon as the reason for the denial no longer exists.
- You cannot be forced or threatened to give up any of your rights as a condition of being admitted or released from the facility.

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Patient Advocacy

Writ of Habeas Corpus



The Patient Advocacy Program is funded by the county of San Diego



Challenging the grounds if you are being involuntarily detained on a 14-day hold or 30-day hold

(619) 282-1134 | 1-800-479-2233

www.jfssd.org/patientadvocacy

Requesting a Writ Hearing

- You may file a request for a Writ of Habeas Corpus hearing if you are being involuntarily detained on a 14-day hold or 30-day hold.
- The purpose of this hearing is to challenge the grounds of your involuntary hold.
- Writ hearings are not automatic. If you want one you must request it from a member of the treatment staff. They will help you fill out the form and notify the court.
- Your hearing has to occur within 2 court days from the day you make your request. The hospital will arrange transportation.
- The hearing will take place at the county courthouse and will be a matter of public record.
- You will be represented by a Public Defender who will meet with you to help you prepare your case. You can contact the Public Defender at **(619) 338-4617**.

At the Hearing

- A judge will listen to the information from the hospital and from you and your attorney and he/she will decide if you are a Danger to Yourself, a Danger to Others, or Gravely Disabled.
- Your Public Defender will help you present information on your behalf to challenge the hold.
- The facility and/or doctor will have to prove that you meet the criteria for the hold, if they cannot do this, then the judge may release you from your hold. If you wish to receive treatment at the facility as a voluntary patient, you may still request to do so.

Preparing for Your Hearing: Grave Disability

Grave Disability means that you cannot provide or use food, clothing, or shelter due to a mental illness.

If your hold includes Gravely Disabled, it may be helpful for you to be prepared with answers to the following questions:

1. My monthly income is: \$ _____
I get money from: _____

2. I plan to live at this address:
Address: _____
City: _____
State: _____ Zip Code: _____
I will spend this amount \$ _____
on rent or mortgage payments.

3. I will provide for my food this way:

I will spend this amount of money on food: \$ _____

4. I will provide for my clothing this way:

I will spend this amount of money on clothing: \$ _____

5. There are people who will help me, they are listed below:

(Attach a note from these persons which says that they are willing to provide food, clothing, and shelter for you. Make sure it states how to reach them).

6. If I need treatment, I am willing to get treatment from this person or agency:

7. I can get to my meetings and appointments this way:

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