



FOR IMMEDIATE RELEASE

North Suburban Human Rights Authority
Report of Findings
Alexian Brothers Behavioral Health Hospital
HRA #09-100-9026

Case Summary: the HRA did not substantiate the allegations presented. The HRA's public record on this case is recorded below.

The North Suburban Regional Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission has completed its investigation of alleged rights violations at Alexian Brothers Behavioral Health Hospital (ABBHH). In January 2009, the HRA notified ABBHH of its intent to conduct an investigation, pursuant to the Guardianship and Advocacy Act (20 ILCS 3955). The complaint accepted for investigation was that personal interviews are conducted in a public area (cafeteria) where confidential information can be heard by others.

The rights of mental health consumers are protected by the Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110).

The HRA conducted an on-site visit in February 2009. While at ABBHH, the HRA interviewed a representative from the Risk Management/Recipient Advocacy Department and the Director of the Access Department.

Background

Alexian Brothers Behavioral Health Hospital is a 110-bed psychiatric hospital located in Hoffman Estates. It offers mental health and addictions treatment, including inpatient, partial hospitalization, intensive outpatient and outpatient services for children, adolescents and adults.

Findings

The complaint reported to the HRA was that personal interviews are conducted in a public area (cafeteria) where confidential information can be heard by others. A patient was uncomfortable providing information because she recognized a neighbor.

The Director of the Access Department stated that all potential patients are assessed in her area. It is during this time that the determination would be made regarding the patient's disposition. She said there were six "assessment rooms" available for interviews, each is furnished with a chair and a couch; assessments typically take between 1 ½ and 2 hours and there is rarely an occasion where a room is not available. The Director further stated that it is her preference that if a private room is unavailable, depending on the patient's "acuity" she would prefer the patient be given snacks and allowed to wait until a private space is available. She has never seen anyone interviewed in the cafeteria.

The HRA was told that staff members from the access department do not interview patients outside the confines of their area. Once assessed, should the patient need inpatient services, he/she would be escorted to the unit. Should the patient need outpatient services, typically this

begins the day after the assessment. The Director was not personally aware of the complainant's issue.

The Director of Risk Management stated that she received a similar complaint (prior to receiving the HRA allegation), and upon her investigation, found out that a Student Intern had conducted an interview with a individual receiving outpatient services at a table at the end of the waiting room. This waiting room is located within the outpatient treatment area (not within the access area). The Intern stated that the neighbor did not approach the table and was never near enough to hear the conversation. Subsequent to the site visit, the Director advised the HRA that the Outpatient Program developed a process for securing a private room to talk with clients. The process is that in the Outpatient Staff Room, there is a board listing all the rooms and times they are available. The therapist has to look at the board, locate a room/office, designate the time frame they will be utilizing the room and sign up. Therapists have access to this room locator all day.

The HRA toured the area where some interviews are conducted; a table at one end of the waiting room has been used for interviews (as stated above) and a hallway has two alcoves used for interviews. The HRA observed that both interview areas are very close to a busy and noisy cafeteria and the area is very active with patients and staff.

The hospital's Confidentiality policy states that the patient's right to confidentiality is strongly supported and promoted by the Hospital and its employees. The presence of any patient in the facility, and any and all details of the treatment process of any patient is maintained as confidential. The patient or legal guardian (e.g., parents of minor) may authorize the release of information by signing the appropriate forms specifying to whom such information may be released. Information regarding a patient (written and/or verbal) can only be released with the written consent of the patient, by court order or if permitted by statute. This policy also extends to members of the clergy.

Conclusion

Pursuant to the Mental Health and Developmental Disabilities Confidentiality Act (Act). Section 3," All records and communications shall be confidential and shall not be disclosed except as provided in this Act."

The HRA was struck by the lack of privacy and the extent of activity in the area. It is concluded that given the lack of space for private interviews, consumer rights could be compromised; the complaint is substantiated. Since the matter has been addressed with the implementation of the securing rooms for private interviews, no recommendations are issued.